

# A Fork in the Road: Mapping Out My Options:

- What is the Agency for Persons with Disabilities
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- Comparison of Services (Waivers and the Intermediate Care Facilities For the Developmentally Disabled (ICF/DD) Program
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“When you come to a fork in the road, take it.”

Yogi Berra

What is the



*THE PRIMARY MISSION OF THE APD IS TO SUPPORT PERSONS WITH DEVELOPMENTAL DISABILITIES IN LIVING, LEARNING, AND WORKING, IN ALL ASPECTS OF COMMUNITY LIFE.*

In October 2004, the Agency for Persons with Disabilities (APD) became an agency separate from the Department of Children and Families, specifically tasked with serving the needs of Floridians with developmental disabilities. Florida's definition of "developmental disabilities" includes autism, cerebral palsy, mental retardation, Prader Willi and spina bifida. The APD works in partnership with local communities and private providers to assist people who have developmental disabilities and their families.

Through the dedication and leadership of Governor Bush and steadfast commitment from the Florida Legislature, our budget has increased by 144 percent since 1999, and in 2004-2005 served over 33,000 Floridians with developmental disabilities. APD expects to reach approximately 40,000 persons with developmental disabilities this fiscal year.

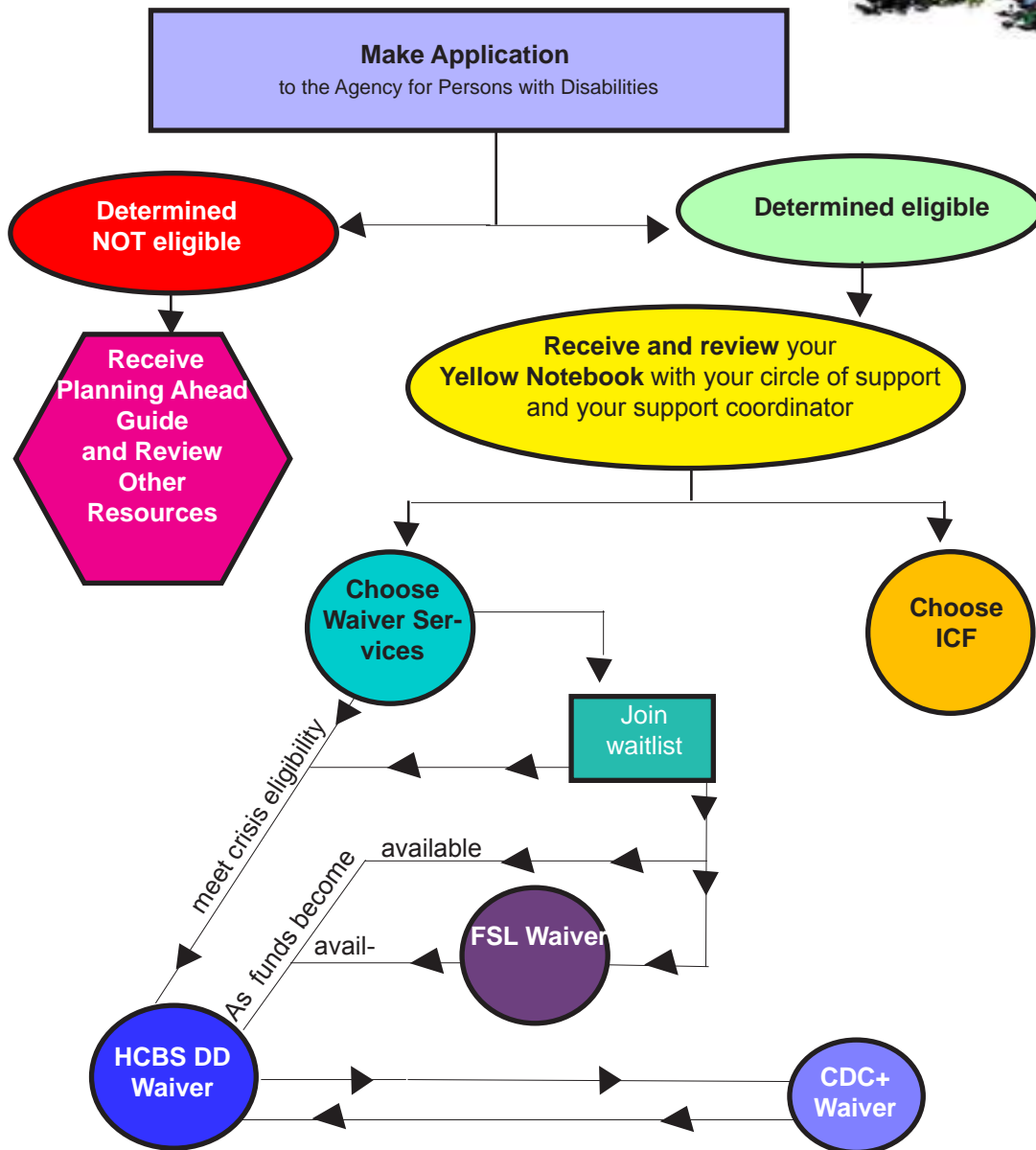
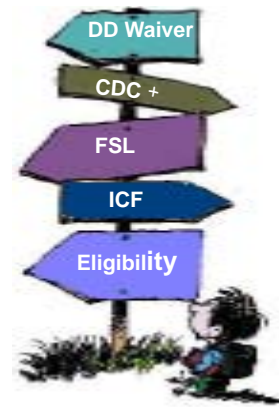
The APD receives funding from the State of Florida (General Revenue funds) and from the federal government. Each year the Florida Legislature determines what portion of the state's budget will be used to fund APD. The **General Appropriations Act** specifies how much of the General Revenue funds are to be matched with federal medicaid waiver funds. Currently, that match is approximately 55 cents on every dollar. A small portion of the General Revenue funds are set aside for some supports and services for people who do not qualify for medicaid waivers and who have been receiving their services for many, many years. In addition to establishing the amount of money to be used for ICF services and each waiver's services and supports, the Legislature also defines what money is to be used for salaries and other operating expenses for the APD to run statewide.

The Medicaid waivers in the APD are the Home and Community-Based Services waiver (HCBS), the Family and Supported Living waiver (FSL) and the Consumer Directed Care Plus waiver (CDC+). The supports and services provided through the waivers help people participate in their community in the ways in which they would like, live in the home of their choice, and have meaningful things to do during the day. These services and supports are provided to allow people with developmental disabilities to live in their community and out of an institutional placement. The Legislature also determines how much money is available to serve people who live in public and private intermediate care facilities (ICFs).

We hope the following pages help you and your circle of support to better match your needs with the

# Following Your Map

Once you have been found eligible, you have decisions to make about how you want to receive services. Even if you are on the waiting list or have been receiving services for a while, you may also want/need to make changes. That's what this Yellow Notebook is all about: learn about your options. You will be smart to involve your support coordinator and circle of support to assist you with this process. You can learn more about circles of support in APD's 7/05 and 9/05 ebulletin. You can find ebulletins by clicking on the particular month at the following website - <http://apd.myflorida.com/news/>. Let's begin the journey!



**See next page for additional information related to each map point.**

**Make Application**  
to the Agency for Persons with Disabilities

If you want to apply for services, you may do so at any time by completing the Application Form available on-line at [http://apd.myflorida.com/about/docs/Appli\\_Ser.pdf](http://apd.myflorida.com/about/docs/Appli_Ser.pdf) and forwarding it to the APD area office where you live. Or you can make an appointment at the APD area office that serves you and complete a paper application. Use the Driver's Assistance: Contact Information section of this notebook to find the Area office that

General information about eligibility can be found on Page 112 or you may look for more details in Chapter 393.065 of the Florida Statutes.

Eligibility

During this process of determining your eligibility, staff will review your personal information in order to determine whether you meet certain criteria. People found **not eligible** are to be given a Planning Ahead Guide, which should be helpful identifying other governmental benefits to consider, as well as some useful planning materials. If you **are eligible** for services, you should be given a Yellow Notebook, which

not only contains a Planning Ahead Guide, but other useful information related to your service options from the Agency for Persons with Disabilities (APD). More eligibility information is on page 112 and the most detailed information is located in Appendix F within Section 8.

**ALL SERVICES PROVIDED BY APD MUST BE MEDICALLY NECESSARY**  
*whether provide by an ICF or through one of the waivers. (See this definition on page 113).*

**Your 1st Decision**

Choose Waiver Services

or

Choose ICF

Your first decision is whether you will receive services and supports through one of the waivers or in an Intermediate Care Facility and we hope that Page 114 will be helpful in comparing these two options. Whether you are just beginning to navigate the system or you are already receiving services we hope this section is helpful. The great majority of the 33,000 people currently receiving services from APD have chosen to do so through one of the 3 waivers. However, some people with significant behavioral and medical challenges have chosen ICFs. You and your circle of support should read about both of these options, and talk to people already receiving services to learn from their experiences. If you want to live outside of your family home, we strongly advise you visit the various options and talk with the residents. If you believe an ICF is right for you or you are currently residing in one, Section 4 provides much more detail about this option. Sections 5-9 also contain information specific to ICFs that should be of interest to you

Join waitlist

Since most people want to live in their community and there has not been enough money to support everyone's needs, a waitlist has been developed. Appendix F of the Developmental Services Waiver Services Medicaid Coverage & Limitations Handbook explains the waitlist. It includes an explanation about application and eligibility, contains a Crisis Identification Tool and a Wait List Form. A copy of Appendix F is included in Chapter 8 of this notebook, as well as can be accessed on line at <http://floridamedicaid.acs-inc.com/index.jsp>. When you get to this website, click on the Developmental Services Waiver in order to view the correct

HCBS

CDC+

FSL

It is important to note that APD tries to put persons with developmental disabilities first. We recognize that by being good steward of our funds we can serve even more persons with the same critical services and supports that our consumers deserve. Therefore there are currently three different waivers: the Home and Community Based Waiver (HCBS), the Family and Supported Living Waiver (FSL), and Consumer Directed Care Plus Waiver (CDC+). Specific information about these waivers and the services covered by each can be found in Section 3. Sections 5 - 9 also contain information related to the waivers.

**REGARDLESS OF YOUR SITUATION, WE HOPE THAT THIS NOTEBOOK HELPS YOU TO NAVIGATE THE DD PROGRAM!**



# Eligibility for Services

Eligibility for services from the Agency for Persons with Disabilities (APD) is explained in detail within Chapter 393.065 of the Florida Statutes. Very generally the requirements are:

1. **You must be a resident of the State of Florida.**
2. **You must either be:**
  - A. **over the age of 3 and have a diagnosis (before the age of 18) of autism, cerebral palsy, mental retardation, Prader Willi or spina bifida (as defined in Chapter 393 of the Florida Statutes) OR**
  - B. **between the ages of 3 and 5 years old and at high risk of developing a developmental disability (as defined in Chapter 393 of the Florida Statutes).**
3. **You must be eligible for Medicaid** which is administered through the Social Security Administration, **if you want to receive services through a waiver or reside in an ICF.** Most APD consumers receive either Social Security Disability Income (SSDI), Supplemental Security Income (SSI), or Social Security (SSA). An excellent resource to use for Medicaid is <http://best.ssa.gov>. BEST stands for Benefit Eligibility Screening Tool and can be used to find out if you could be eligible for benefits from any of the programs Social Security administers. The Department of Children and Families, Economic Self-Sufficiency coordinates with APD on eligibility determination for both Medicaid and Institutional Ccare Program (see #4 below).
4. **You must be financially eligible for the Institutional Care Program (ICP)** by the local Department of Children and Families Economic Self-Sufficiency program.
5. **You must satisfy ICF/DD level of need standards and one of the following disability conditions:**
  - A. Your primary disability is mental retardation with an intelligence quotient (IQ) of 59 or less **OR**
  - B. Your primary disability is mental retardation with an intelligence quotient (IQ) of 60-69 inclusive; and you have at least one of the following handicapping conditions: ambulation deficits, sensory deficits, chronic health problems, behavior problems, autism, cerebral palsy, epilepsy, spina bifida, or Prader-Willi **OR**
  - C. Your primary disability is mental retardation with an intelligence quotient (IQ) of 60-69 inclusive; and you have severe functional limitations in at least three of the following major life activities: self-care, understanding and use of language, learning, mobility, self-direction, or capacity for independent living **OR**
  - D. You are is eligible under the category of autism, cerebral palsy, spina bifida, or Prader-Willi; and you have severe functional limitations in at least three of the following major life activities: self-care, understanding and use of language, learning, mobility, self-direction, or capacity for independent living.

# Medically Necessary Definition

## Florida Administrative Code

### 59G-1.010(166)(a)(c)

1. “Medically necessary” or “medical necessity” means that medical or allied care, goods or services furnished or ordered must:
  - (a) meet the following conditions:
    1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
    2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;
    3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
    4. Be reflective of the level of service that can safely be furnished; for which no equally affective and more conservative or less costly treatment is available statewide; and
    5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider.
2. “Medically necessary” or “medical necessity” for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type.
3. The fact that a provider has prescribed, recommended, or approved medical or allied care, goods or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

**Effective July 1, 2005 all services requested in annual updates to the support/cost plan, and addendum to the support/cost plan, will be reviewed for medical necessity based on the updated handbook (effective June 23, 2005).**

## Comparison of Services

Available Waivers	Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Program
<p>Through any of the three waivers you may receive necessary services in a variety of locations in your local community. The locations may include your family home, your own home or apartment, a licensed group or foster home, in addition to a variety of other settings in your community. These may be places like community centers, training centers or therapists' offices. With a waiver you may select a waiver support coordinator or consultant to assist in identifying and selecting services you need. That person will help you develop a plan for those services (support plan) as well as select the service providers and helps set up your services. The purpose of the waiver is to provide services so that people can continue to live at home or in their community.</p> <p>In summary:</p> <ul style="list-style-type: none"> <li>• You may choose a support coordinator who prepares an annual support plan and a cost plan that identifies all medically-necessary service and support needs.</li> <li>• You choose your service providers.</li> <li>• Your health care needs, including physician and pharmacy services are provided through the Medicaid State Plan.</li> <li>• You may receive services in a variety of settings (i.e., own home, group homes, foster homes, community center, therapist's office, etc.).</li> </ul>	<p>ICF/DD's are residential options designed to serve individuals with severe disabilities. To be served in an ICF/DD, you must require continuous "active treatment." Treatment plans and goals are determined by a group of professional staff who are employed or contracted by the agency running the facility. Most services are provided where you live. A day program must be provided in a building separate from where you live but it is usually operated by the ICF/DD. When ICF/DD services are requested, your preferences for placement will be considered, but placement will be offered at any ICF/DD facility that has a vacancy and provides services at a level to meet your identified needs.</p> <p>In summary:</p> <ul style="list-style-type: none"> <li>• A team of individuals employed by or under contract with the facility prepares an annual habilitation plan. The "hab" plan identifies all service needs.</li> <li>• You receive those services identified on the "hab" plan, by providers under contract with, or employed by the facility.</li> <li>• Your health care needs, including physician and dental services are furnished by providers employed by, or under contract with the ICF/DD.</li> <li>• You have a case manager or social worker employed by the facility, who assists in preparing your habilitation plan.</li> <li>• ICF/DD's are licensed and regulated by the Agency for Health Care Administration.</li> </ul>

# Overview of Residential Options

## For Individuals Receiving Services from the Agency for Persons with Disabilities

Individuals who receive funding for services from the Agency for Persons with Disabilities have several options on where they reside while receiving services. If you choose one of the first three below, your supports would be provided through one of APD's waivers. Basically your options include:

- ◆ Family Home
- ◆ Living on Your Own with Supports and Services
- ◆ Licensed homes: Foster Homes, Group Homes and Residential Rehabilitation Centers
- ◆ Intermediate Care Facilities

### Family Home

- ◆ You choose your own support coordinator or consultant who helps to prepare a support plan identifying all service needs, and coordinates those services.
- ◆ You choose all support and service providers.
- ◆ You choose your physician and dentist. The support coordinator may coordinate any necessary appointments.
- ◆ You set your own daily routine.
- ◆ You retain all of your own money. You are responsible for your own living expenses.
- ◆ There is no licensure or physical inspection requirement. However, the support coordinator sees you on a monthly basis, and should do monitoring of supports and services

### Living on Your Own with Supports and Services

- ◆ You choose where and with whom you will live.  
(Your personal finances will impact on whether you will need to have roommate(s) or need to request a stipend. Stipends cannot be guaranteed from year to year.
- ◆ You choose your daily routine.
- ◆ You select your own support coordinator who assists in the development of an annual support plan to identify all needed supports and services, and coordinates these services.
- ◆ You choose all of your service providers.
- ◆ You may choose a supported living coach, who assists you in managing your daily life, or may create your own array of supports with the assistance of your support coordinator. Alternatives include, in home supports, companion, and residential habilitation.

- ◆ You choose your physician and dentist. The support coordinator or your supported living coach may coordinate any necessary appointments.
- ◆ You retain all of your own money and may receive a stipend from the Agency for Persons with Disabilities. You are responsible for your own living expenses.
- ◆ Since you are responsible for the selection of his/her own home, licensure is not required. However, you will work with the support coordinator to choose a home that is consistent with your health and safety needs.
- ◆ There is ongoing dialogue with the support coordinator about the quality of life in the home.
- ◆ The support coordinator sees you regularly, and there is ongoing monitoring by the support coordinator of supports and services.

### **Foster Homes, Group Homes, and Residential Habilitation Centers**

- ◆ Foster homes are 3 or fewer people
- ◆ Small group homes have 4-6 people, which can be operated by agencies or individual providers.
- ◆ Larger group homes range in size from 7-15 people, and, almost all are operated by agencies.
- ◆ Residential habilitation centers have 16 or more clients, and all are operated by agencies.
- ◆ All of these types of homes or facilities are licensed by the Agency for Persons with Disabilities (APD).
- ◆ You designate who the payee will be for SSI/SSA. It can be the facility, a family member, or a guardian. Most of this money is used for room and board.
- ◆ Your personal needs allowance increases on an annualized basis and is part of your SSI/SSA. A copy of the latest letter is in Section 8 (Social Security Cost of Living Increase).
- ◆ You choose your dentist and physician. The facility operator and the support coordinator schedule appointments.
- ◆ You select your own support coordinator who assists in the development of an annual support plan to identify all needed supports and services, and coordinates these services.
- ◆ You may be able to choose your roommate(s). However, this varies by provider.
- ◆ In these options you choose (subject to provider acceptance) where you will live.
- ◆ You may have control over your daily routine, however, as in any group setting, the needs of the group may effect your routine.
- ◆ The facility is primarily responsible for services relating to where you live. As to other

services, you have a choice of providers who will furnish services.

### **Intermediate Care Facility for the Developmentally Disabled (ICF/DD)**

- ◆ This option refers to both private ICF/DD's and public ICF/DD's (Developmental Services Institutions).
- ◆ You won't necessarily be able to choose your roommate(s).
- ◆ The ICF/DD provider may receive SSDI/SSI/SSA payment, but the provider, you, or your family member or guardian may be the representative payee.
- ◆ You must receive a personal needs allowance of \$35.00 each month.
- ◆ Your medical and dental services are provided by or coordinated by the facility.
- ◆ You don't have a choice of various service providers.
- ◆ Your daily routine is usually more structured.
- ◆ ICF/DD's are licensed/certified by Agency for Health Care Administration (AHCA).
- ◆ A social worker or case manager employed by the facility is assigned to you.
- ◆ The facility conducts an annual habilitation plan meeting to prescribe services needed. However, requests for evaluations to determine your need for therapies and services are usually honored.
- ◆ All needed services are provided or coordinated by the ICF/DD provider.
- ◆ Size ranges from 6 to 120 beds.

# Overview of Making Changes

Available Waivers	Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Program
<p>If you have a support coordinator, you currently live with your family, by yourself or with others in your community (in your own home or apartment, a foster home, a group home or a residential habilitation center).</p> <p>If you feel all of your needs are not being met:</p> <ol style="list-style-type: none"> <li>1. Use the materials in this notebook to help you identify those unmet need(s). Talk with your support coordinator and ask for your support plan to be updated to include the additional supports and services. (Remember that some services require an evaluation.)                     <ol style="list-style-type: none"> <li>A. Your support coordinator will submit your support plan to the district for approval or denial. If the requested supports or services are approved they will appear on your new approved cost plan (and you should receive a copy).</li> <li>B. If the requested supports or services do not appear on your new cost plan or you are not pleased with the level of service that does appear, you may appeal that decision.</li> </ol> </li> <li>2. You can choose to receive services in an ICF. Complete the Documentation of Choice form and give it to your local Agency for Persons with Disabilities office (See the Contact Information in Section 10).</li> </ol>	<p>If you have a social worker, you currently live in either a public or private ICF.</p> <ol style="list-style-type: none"> <li>1. If you don't want to move but are not receiving needed services or supports, use these materials to help you identify your needs.                     <ol style="list-style-type: none"> <li>A. Ask your social worker to readdress your need(s) in your hab plan and get whatever evaluation is needed.                             <ol style="list-style-type: none"> <li>1. You can do this at any time.</li> <li>2. You can appeal the decision.</li> </ol> </li> <li>B. If the need is already addressed in your hab plan but you are not receiving the services, talk with your social worker to determine why they are not being provided and when they will begin (resume).                             <ol style="list-style-type: none"> <li>1. If they do not, talk with your local Agency for Persons with Disabilities office. See the Contact Information (Section 10) of this notebook for the number of your area office and file a concern with the Agency for Health Care Administration. (Their number is also in Section 10.)</li> <li>2. If you want to move to another ICF or DSI, complete the Documentation of Choice form and give it to your district office</li> </ol> </li> </ol> </li> <li>2. If you want to move out of the ICF or DSI, complete the Documentation of Choice form and give it to your local Agency for Persons with Disabilities office. Also review the transition process information included in</li> </ol>