



## Position Statement

The Council supports Medicaid home- and community-based services (HCBS) that provide people with intellectual and developmental disabilities(I/DD) and their families access to life in the community. People with intellectual and developmental disabilities(I/DD) want to live as independently as possible, no matter the level of support necessary to make that happen.

## Issue

Medicaid home- and community-based services (HCBS) provide support to people who need assistance with everyday activities, like bathing, dressing, making meals, and so many more. The problem is there isn't enough funding in many state's Medicaid waiver programs to support everyone who needs it. In Florida, this means that over 23,000 individuals who have been pre-enrolled for services have not received them and others, who are in crisis and need services immediately, are having trouble finding providers.

The alternative is more costly segregated institutional care that limits people and their choices. It often forces them to live away from their family and friends without access to the care needed to live in their own homes and communities.



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# Recommendations

## **Include the iBudget waiver in the Social Service Estimating Conference.**

Estimating increases in utilization that reflect the additional needs of individuals currently on the iBudget waiver is a crucial way to predict and contain costs. The actual primary reasons for increased service needs are crisis situations, aging caregivers, aging waiver recipients, and an individual's graduation from high school.

## **No one waits for services from the iBudget waiver.**

Florida should provide a system with the goal of increasing the capacity to provide services to individuals with I/DD who need assistance. Six hundred individuals waiting for I/DD services in Miami-Dade County will volunteer for a pilot program that combines services from the Long-Term Care Waiver and the iBudget Waiver. The chosen provider will also include traditional medical care in the service package. The Council will be monitoring the pilot for quality services, person-centered care, and informative outcome measures.

## **Require a well-trained support coordination workforce that uses the best techniques identified by case management experts to address the needs of individuals with I/DD.**

The State needs to encourage employment of people to provide support coordination services that are essential to create and implement a person-centered service plan. Incentives can include rates commensurate with experience and training, along with streamlined reporting systems and reduced burdensome regulations. This will increase the availability of support coordinators and improve workforce stability.

## **Address the behavioral needs of individuals with I/DD.**

**a)** Individuals with I/DD who have a co-occurring mental illness or behavioral problems are having extraordinary challenges finding behavioral services even when they are in crisis situations. Involuntary commitments through the Baker Act and voluntary hospitalizations are on the rise because families and providers are unable to care for those in crisis at home. One solution is a successful intervention by a mobile response team that includes a behavior analyst trained to help those with I/DD. The mobile response team's primary role is to assess, de-escalate and stabilize the individual in their current residential setting, if possible. The team can determine if a psychiatric inpatient admission is needed as a last resort.

**b)** Active recruitment of providers and priority funding for Intensive Behavioral (IB) and Behavior-Focused (BF) group homes are recommended. Specialized training and recruitment of experienced behavior therapists who should receive a larger rate differential will also increase the management of people in their own homes, less restrictive community settings, and specialized behavioral settings. This will prevent placement in institutional settings.