

Developmental Disabilities Program and Med-Waiver

The Agency for Persons with Disabilities (APD), formerly known as Developmental Services, is a program funded by state and federal money that provides support to people with developmental disabilities from age three through adulthood. APD is a separate program and is totally voluntary, which means **YOU MUST APPLY.**

Eligibility

Eligibility is not based on income. You do not even have to disclose your income. The only criteria is the applicant's diagnosis. To become a client of ADP you must have one of the following five diagnoses:

1. Mental Retardation: an IQ below 70 prior to age 18 and the inability to perform daily activities required for personal and social self-sufficiency (Note the category is NOT Downs Syndrome, but is measured by the IQ)
2. Autism: Not Asperger syndrome, PDD, PDD/NOS or Autistic-like. It must be simply autism.
3. Prader Willi
4. Cerebral Palsy
5. Spina Bifida: though not all forms.

Your child may qualify at age 3 with a category of high risk; but after five years of age, the child must have an IQ score below 70 to continue in the program under Mental Retardation. If a retest of the IQ places them above 70 at any time prior to their 18th birthday, the file may be closed as the child would no longer be eligible for the program. Likewise, a child may have a diagnosis of high functioning autism that later is labeled Asperger syndrome (before age 18). Given that diagnosis change, the child would no longer be eligible for the program.

To become a client of APD call your district office and apply:

District 3 (Alachua, Gilchrist, Dixie, Lafayette, Suwannee, Hamilton, Columbia, Levy, Union, Bradford and Putnam) : **1-888-665-4955**

District 13 (Marion, Citrus, Hernando): **1-352-330-2162 x6292**

If you qualify, it will be between one and two months before you are given your first appointment. It will be with a state support coordinator, who will prepare a support plan with you to specify your requested services based on the needs of the consumer.

Services and Funding

There are two pots of money that APD uses to fund its program: the general revenue fund and the Medicaid waiver fund. The general revenue fund is very limited compared to the Medicaid waiver fund. The Medicaid waiver is able to fund more services and fund at a higher level of support. The following are a list of services that are offered under APD:

- adult day training
- adult dental services
- behavior analysis
- chore
- companion
- consumable medical supplies
- dietitian services
- environmental modifications
- homemaker
- in-home support
- nonresidential support services
- occupational therapy
- other adaptive equipment
- personal care assistance
- physical therapy and assessment
- private duty nursing
- psychological assessment
- residential habilitation
- residential nursing service
- respiratory therapy and assessment
- respite care
- skilled nursing
- specialized medical home care
- speech therapy and assessment
- support coordination
- supported employment services
- supported living coach
- therapeutic massage and assessment
- transportation
- wheelchairs, related adaptations and repairs

Med-waiver (also called the Home and Community Based Waiver) is not a program, but a funding source. It is designed to provide APD clients who need institutional level care adequate support to be able to remain in the home. **If your child qualifies for institutional level care, then they are eligible for med-waiver funding; however, you must begin by becoming a client of APD.** All APD clients who are eligible have their name placed on a state wide wait list. Approximately, 30 clients monthly are put on the waiver statewide. One prerequisite for receiving funds through med-waiver is that the APD client have Medicaid. Your state support coordinator can help you qualify for

Medicaid even if your family does not meet low income guidelines. **Family income is not used to determine eligibility for med-waiver.** As with becoming a APD client, you do not have to disclose your income. Eligibility is determined only by the applicant's income and assets.

Choosing a Med-Waiver Support Coordinator

Once you are determined eligible for the Medicaid waiver, APD will provide you with information on choosing a Med-waiver Support Coordinator. This person is similar to a case manager and works independently from the state, but whose work is overseen by APD. You and your Med-waiver Support Coordinator will write up a "support plan" and a "cost plan" (a budget) that gets submitted to APD for funding. All services must be medically necessary before funding is approved. Your support coordinator will explain the medical necessity and help you locate service providers. Providers rates are set statewide based on the service.

Med-waiver Support Coordinators either work for an agency (like Adept and People Systems) or work alone as "sole providers". In either case they are paid through Medicaid. They are considered service providers themselves; their service being support coordination. Currently, they receive \$148.39/month per case and are allowed up to 36 cases. They are required to contact you every month. If they bill Medicaid and fail to contact you monthly, it is considered Medicaid fraud.

There are some things to keep in mind when choosing between an agency and a sole provider. First of all, support coordinators are required to have a backup should they become ill or take time off. The agencies have an on-call system to cover for people who are out. The sole provider must make arrangements, so it's important to find out who will be the backup in case of emergency. Secondly, the agencies typically cover the entire district, whereas a sole provider may only know the resources offered in the town in which s/he works. If you choose a sole provider, make sure they know the resources in your area. Finally, and in defense of the sole provider; since they work alone, they must meet more stringent job specifications (equivalent to the agency's supervisory level).

The important thing to remember is that YOU ARE THEIR BOSS; and if you are not happy with the job they are doing, you can change to another support coordinator. Never stay with someone with whom you are unhappy.

Service Providers

Finally, a note on providers. The Waiver Support Coordinator has a list of providers certified in the district they work in. If you currently have someone that you use, they can get certified to be paid by med-waiver. The process can take up to six months before final approval. The process includes screenings through both FDLE (Florida Department of Law Enforcement) and the FBI (Federal Bureau of Investigation). As a rule, family members cannot become med-waiver providers. Again remember that YOU ARE THEIR BOSS: if you are unhappy with the job they are doing, you can change providers.

To qualify as a med-waiver service provider contact Jane McFarland 352/ 955-5777 in District 3 or Jim Davis 352/330-2162 x6265 in District 13.

Questions:

Contact the Center for Autism and Related Disabilities at 800/754-5891 or in Gainesville 846-3701,

OR

Call your district office and ask to speak to a worker or supervisor.

Complaints: The Family Care Council (FCC) is an advisory board made up of parents and consumers that oversees APD. Parents can call for information and are welcome to attend FCC meetings. The FCC reports directly to the governor's office. **Parents are urged to report complaints concerning APD to the FCC, contact Melinda Morrison 352/335-3663 in District 3 or Sally Poteete 352/637-3749 in District 13.**