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Option Type	Service	Change to Consider	Maximum Service Limits	Total Number of Clients	Total Clients Affected	Overall Financial Impact (Savings)	Cost Shift	Client/Agency Impact and/or Risks	Being Done in Other State(s)	Implementation Requirements			Implementation Barriers
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Rate Reduction	Provider Service Rates Reduction	Reduction of 1% Reduction of 2% Reduction of 3%	N/A	34,000	34,000	\$11,717,837 \$23,435,674 \$35,153,511	No	<input type="checkbox"/> Possible cost shift to AHCA if providers are no longer willing to serve client and clients choose ICF settings <input type="checkbox"/> Ensure compliance with USDOL minimum wage requirements <input type="checkbox"/> No Hearing Rights for Client about rates, but budget reductions may require hearing rights <input type="checkbox"/> Some providers may be unable to render services at new rates <input type="checkbox"/> Repeals rate changes put in place through previous rate studies or legislative appropriations		Yes	Yes		<input type="checkbox"/> Providers may be unwilling or unable to serve clients <input type="checkbox"/> If client budgets are reduced, this may require noticing of all clients
	Residential Habilitation	<ul style="list-style-type: none"> Assisted Care Services, inclusion of APD group homes to AHCA's rules for residential habilitation payment 	N/A	9,000		\$40,000,000	Cost shift to AHCA				Yes		<ul style="list-style-type: none"> Providers will have to bill in two systems
Service Limitation / Service Change	ADT	<ul style="list-style-type: none"> Reduction in number of levels, client shift to next higher ratio Implement a redesign to promote employment Introduce a lower rate for "adult day care" 		13,502 11,405		\$15,000,000 \$19,000,000	No	<ul style="list-style-type: none"> Possible ratio shifts may not be feasible for all clients with complex medical or behavioral needs Providers may not be willing to serve client at lower ratio 		Yes	Yes		<input type="checkbox"/> Providers may be unwilling or unable to serve clients <input type="checkbox"/> Will require notice and hearing rights to all clients impacted by change <input type="checkbox"/> Will require manual entry in cost plan system to update service plans and authorizations
	Life Skills (Companion, Supported Employment, and ADT)	<ul style="list-style-type: none"> Combination of companion, supported employment, and ADT services not to exceed 1440 hours annually 	1440 hours annually	18,593	1,557	\$2,570,210	No	Some individuals will experience less hours of services.		Yes	Yes		<ul style="list-style-type: none"> Will require notice and hearing rights to all clients impacted by change Will require manual entry in cost plan system to update service plans and authorizations Some individuals may choose a more expensive service array

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Service Limitation / Service Change	Occupational Therapy	Limit of 2 hours per week if only therapy service If the individual has other therapies (OT, ST, PT) limit is 1 hour per week per therapy Limited to 1 hour per week if the individual receives nursing services	416 QH Annually 208 QH Annually 208 QH Annually	870	> 416 QH =17 > 208 QH=475 >208 QH = 47	Service Plans = \$1,831,109 Expenditures = \$864,677	No				Yes		<input type="checkbox"/> Will require notice and hearing rights to all clients impacted by change <input type="checkbox"/> Will require manual entry in cost plan system to update service plans and authorizations
	Personal Supports	✘Revise definition to exclude supervision" ✘Require hours beyond 12 hours to be at higher ratios (1:2, 1:3, etc.) ✘Limited to 180 hours a month, or 720 quarter hour units of this service per month unless the individual requires total physical assistance, to include lifting and transferring, in at least three of the basic areas identified due to physical, medical or adaptive limitations. Additional hours a month over the 180-hour limit may be requested for intensive physical, medical or adaptive needs when the hours are essential to maintain the recipient's health and medical status. Any recipient who requires Personal Supports during sleep hours shall provide documentation from a physician stating that services are medically necessary during this time. The support plan shall also explain the duties that the Personal Supports provider will perform.	10 hours per day 12 hours per day 14 hours per day 16 hours per day	13,395	650 351 214 119	\$12,260,352 \$7,142,561 \$4,362,000 \$2,611,256	No	Natural Supports / Community Resources may need to increase Client health and safety needs must be met Client may not be able to remain in current living setting with reduction of paid support hours May result in client moving to a Group Home or more costly living setting		Yes	Yes		<input type="checkbox"/> Will require notice and hearing rights to all clients impacted by change <input type="checkbox"/> Will require manual entry in cost plan system to update service plans and authorizations
	Physical Therapy	Limit of 2 hours per week if only therapy service If the individual has other therapies (OT, ST, PT) limit is 1 hour per week per therapy Limited to 1 hour per week if the individual receives nursing services	416 QH Annually 208 QH Annually 208 QH Annually	1,367	> 416 QH =83 > 208 QH=456 >208 QH = 62	Service Plans = \$1,947,849 Expenditures = \$1,074,622	No					Yes	

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Range	Residential Habilitation	<ul style="list-style-type: none"> Reduce number of levels Revise the annual medical necessity determination process to include a third party for recommendations Res Hab at Moderate/Minimal rate if individual is receiving high levels of nursing through waiver or Medicaid State Plan or personal care through Medicaid State Plan 	Where client has Residential Nursing in the Group Home: <ul style="list-style-type: none"> 0-12 hours of Nursing (17,520 QH max), Res Hab level remains the same 13-16 hours of Nursing (23,360 QH max), Res Hab at the moderate level 17-24 hours of Nursing (35,040 QH max), Res Hab at the minimal level 	134	22	\$600,000	No	Some individuals may have to move out of current stable living arrangement and locate alternate placements.		Yes	Yes		Provider push back / unwilling to serve client at lower Res Hab level
	Respiratory Therapy	Limit of 3 hours per week	624 QH Annually	87	> 624 QH =43	Service Plans = \$261,142 Expenditures = \$120,376	No				Yes		<input type="checkbox"/> Will require notice and hearing rights to all clients impacted by change <input type="checkbox"/> Will require manual entry in cost plan system to update service plans and authorizations
	Respite	Limited to 720 Hours / 2880 Quarter Hours for children ages 3-14 No Changes for ages 15-20	Limited to 720 Hours / 2880 Quarter Hours for children ages 3-14	703	210	\$1,000,000	No	Natural Supports / Community Resources may need to increase Client health and safety needs must be met		Yes	Yes		<input type="checkbox"/> Will require notice and hearing rights to all clients impacted by change <input type="checkbox"/> Will require manual entry in cost plan system to update service plans and authorizations

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Service Limitation / Service Change	Specialized Mental Health	Limit of 2 hours per month	96 QH Annually	294	> 96 QH =241	Service Plans = \$511,301 Expenditures = \$247,113	No				Yes		<input type="checkbox"/> Will require notice and hearing rights to all clients impacted by change <input type="checkbox"/> Will require manual entry in cost plan system to update service plans and authorizations
	Speech Therapy	Limit of 2 hours per week if only therapy service If the individual has other therapies (OT, ST, PT) limit is 1 hour per week per therapy Limited to 1 hour per week if the individual receives nursing services	416 QH Annually 208 QH Annually 208 QH Annually	816	> 416 QH =36 > 208 QH=252 >208 QH = 13	Service Plans = \$999,584 Expenditures = \$296,906	No				Yes		<input type="checkbox"/> Will require notice and hearing rights to all clients impacted by change <input type="checkbox"/> Will require manual entry in cost plan system to update service plans and authorizations
	Supported Living Coaching	Limit of 20 hours per month	960 QH Annually	4,321	> 960 QH=771	Service Plans = \$2,449,377 Expenditures = \$2,052,941	No				Yes		<input type="checkbox"/> Will require notice and hearing rights to all clients impacted by change <input type="checkbox"/> Will require manual entry in cost plan system to update service plans and authorizations
Waiver Change	Child Waiver	Waiver for children under age 18 with a cap. Doesn't provide res hab to children		225			Possible	<ul style="list-style-type: none"> Impacts children in foster care who live in APD licensed facilities Some families may choose ICF or nursing care, where the institutional settings are less conducive to meeting the developmental needs of children Provider capacity must be developed 	Yes				<ul style="list-style-type: none"> Alternate services would need to be sought for children who already reside in licensed settings. AHCA may need to engage in provider development to ensure nursing, personal care, behavior, and therapeutic providers are available to meet the needs of this population

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Waiver Change	Crisis Enrollment	Limit monthly crisis enrollment to 30	30 crisis enrollees per month	FY 17/18 average was 106 p/m, total of 1,272 FY 18/19 average is 97 p/m, total as of 5/31/19 was 1,067	Estimated average of 740 annually	•Year 1: \$8,195,180.16 •Year 2: \$29,980,305 •Year 3: \$55,749,809 •Year 4: \$84,454,750 •Year 5: \$115,499,896	Possible				Yes	• Some individuals may seek placement in ICFs • APD will experience an increase in fair hearings related to crisis determinations • APD must ensure that crisis requests meet federal timelines for reasonable promptness	
	Host Home Model	Most home model (similar to foster care model) instead of a group home							Yes			Yes	
	Individual Caps	Introduce caps at the individual level for all living settings (possibly 2 waivers)	Individual CAP at % of ICF Rate: 100% = \$133,000 125% = \$166,250 150% = \$199,500 OR At \$150,000	34,000	460 178 94 272	\$16,675,995 \$7,046,812 \$2,930,764 \$10,521,746	Possible	Change of living settings for clients (i.e.: from family home to group home or from family home or group home to ICF)		Yes	Yes	Yes	<input type="checkbox"/> Will require notice and hearing rights to all clients impacted. <input type="checkbox"/> Will require transition planning.
	Managed Care	Hybrid managed care model through AHCA for medical services. APD maintains companion, res hab and ADT, etc.		34,000	14,166	\$66,604,816	Cost shift to AHCA	would we be able to expand to just this population, or would it open it to all?	Yes	Yes		Yes	
	Managed Care	Long Term Managed Care model plan for all services. APD contract or AHCA administered?											
	Medicaid State Plan Services Budget Transfer for Aging Out	Allow budgetary transfer from AHCA to APD for clients aging out of MSP services upon turning 21			Aprox. 800	Aprox 4-5 Million						Yes	

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Waiver Change	TeleCare	Independent living technology involves the use of remote monitoring services and/or equipment in conjunction with additional technological support and services				In Ohio - Reduction in support costs for over-night staffing of \$15,000 per person	No	Impacts clients living in Supported Living and Independent Living	Yes - (19 states) Ohio Washington Montana New Mexico South Dakota Minnesota Missouri Arkansas Tennessee Indiana Maine Vermont Connecticut Pennsylvania West Virginia Virginia North Carolina Maryland Washington D.C.			Yes	
	Waiver Support Coordination	APD contract with limited number of Waiver Support Coordination agency(ies) regionally/statewide Make Waiver Support Coordination the role of an FTE or contract employee											
Non-Waiver Change	ICF for Intensive Behavior	Smaller ICF Home with an increased rate specifically for the Intensive Behavior Client population											