# The Role of the Florida ICF/IID Community-Based Residential Program

## Introduction

Florida ARF supports a community-based "Continuum of Care" services approach that includes privately owned and operated community-based Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) as well as DD Medicaid Waiver service options. While we believe individuals should be served in the least restrictive environment that adequately meets their needs, some individuals require intensive care that is typically not available in an individual home.

Residing in ones' own or family home typically is the desired option, however, certain individuals require more specialized care that is best offered in a facility setting with adequate and appropriate resources to meet their needs. And while the funding classification is "institutional," ICF/IID settings are community-based and range in size from a six-bed community home model to larger community-based programs.

Some argue care funded through community-based waivers is less costly and should be used in lieu of ICF/IID care. Data show that funding specialized care in an individual's home can be much more costly than in facilities where economies of scale are realized. Also, serious concerns arise as to the adequacy of home-based care when specialized health care needs, such as 24-hour nursing care are involved - what happens when someone fails to show up to provide life-sustaining services?

Supporting a comprehensive continuum of care protects and supports individual and family rights to choose services that best meet their needs while offering a "safety net" for individuals to be served regardless of the severity of need. Currently, Florida has 2,071 community-based privately owned and operated ICF/IID beds that provide the most extensive type of care needed by individuals with intellectual and developmental disabilities, many of whom are considered medically fragile.

## Background

The community ICF/IID program has not expanded in many years and will likely not grow beyond 2,071 beds. Concurrently, over 30,000 individuals are served per year via Home and Community-based Service (iBudget) waivers and another approximately 20,000 remain on a waitlist for waiver services. About 75% of the Medicaid expenditures that serve individuals with intellectual and developmental disabilities are for services provided through community waivers. While some propose that funding should be removed from ICF/IIDs and transferred to community-based waivers, Florida ARF is adamantly opposed to the "gutting" of this program and sees such a move as being detrimental to the individuals who need, or will need, ICF/IID care.

## Community ICF/IIDs

Community ICF/IIDs provide comprehensive health and habilitative services to individuals with intellectual and developmental disabilities in a community-based setting. Services include ongoing evaluation, service planning, 24-hour supervision, coordination, and integration of health/habilitative services to help individuals function at their greatest ability.

ICF/IIDs feature active treatment which means consistent, specialized, and generic training, treatment, and health services. Individuals served tend to be the most severely disabled, including those on

respirators and feeding tubes. The programs are designed to provide the highest level of intervention and supports funded by the federal government for people with intellectual and developmental disabilities. All of the 87 community ICF/IIDs are located in the community, and they offer community integration activities and experiences.

**Types of ICF/IIDs** (87 total):

Florida offers several models of ICF/IID care, including:

- **Six Bed (38):** Six-bed homes look and operate similarly to small group homes but provide more intensive services than a waiver-funded group home. These homes are located in residential neighborhoods. Individuals living in these homes are actively involved in community activities.

- **Clusters (27):** Cluster facilities feature three homes co-located in close proximity that operate as separate living units. Each home has four semi-private rooms. Clusters specialize in extensive medical care and habilitative services, such as therapies, and provide 24-hour nursing care. Clusters provide deep-end care to medically fragile individuals.

- **64-Bed Campus (6):** The 64-bed model has four separate living units. Each unit has eight semi-private rooms. These facilities offer 24-hour health and personal care and habilitation services targeted to assist the person in achieving their goals and maximizing their abilities.

- **Other (16):** Other ICF/IIDs are variations of the models described above and have more than 12 residents per home. One site has 120 residents housed in multiple buildings.

ICF/IIDs differ from other long-term care programs and occupy a unique position in the community continuum of services. The program also features “active treatment” which is an individualized service overlay plan that ensures that individuals are receiving ***all*** of the health and rehabilitation services specifically designed to enhance their functional levels.

- ICF/IID services are only provided after a preliminary evaluation and comprehensive functional assessment occurs for each individual followed by development of an individual program plan. Providers must provide or arrange for the provision of the necessary care and services required for each recipient to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with federal guidelines, including the following: Activity services, dental, dietary (including therapeutic diets), nursing, pharmacy, physician, rehabilitative (including physical, speech, occupational, and mental health therapies), room/bed and maintenance, routine personal hygiene items, and social services.

- Individuals are admitted into the existing facilities following a stringent review of their needs and the person’s/family’s choice of service modes. Semi-annual reviews occur following client admission to ensure that placement in the ICF is the most appropriate service option.

- Many ICF/IID residents have multiple disorders and are also non-ambulatory, have seizure disorders, behavior problems, mental illness, are visually or hearing impaired, or a combination of these conditions.

- Because of “economies of scale,” the health intervention and nursing services provided by ICF/IIDs can be more cost effective than providing these services one-on-one in an individual’s family home.

- ICF/IID payment is based on a cost reimbursement model, meaning the state only pays recognized costs in pre-approved rates, thus avoiding flaws within a fee-for-service system. Individuals contribute toward the cost of their care when assets are available.

- The ICF/IID program is highly regulated by the federal government with the state providing compliance oversight. The stringent review process ensures that frail individuals are receiving quality services and supports that are responsive to their needs.

The following chart provides the historical funding for this program:

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| FY 11-12 | $274,824,281 | |
| FY 12-13 | $253,756,898 | |
| FY 13-14 | $243,312,338 | |
| FY 14-15 | $245,734,888 | |
| FY 15-16 | $247,027,755 | ($3.9 million vetoed) |
| FY 16-17 | $255,284,544 | |
| FY 17-18 | $254,270,666 | |
| FY 18-19 | $266,461,108 | |
| FY 19-20 | $268,954,029 | |
| FY 20-21 | $305,212,442 | ($38.3 million vetoed) |
| FY 21-22 | $298,585,101 | ($18,322,025 for new Level of Care 3) |

**Conclusion**

Florida ARF believes the long-term care needs of people with intellectual and developmental disabilities must be addressed on an individualized basis, in the least restrictive environment, and must be responsive to overall individual needs that can occur during any stage of life. Ultimately, the choice as to where individuals live will be based on a variety of service and support options.

Continuation of a comprehensive service model is important to adequately provide for the intensity of supports and individuality of needs presented by some individuals with intellectual disabilities. The State has sought to fund the transition of individuals out of ICF/IIDs by creating a type of “Money Follows the Person” funding strategy. At one time, the ICF/IID program was funded adequately to cover this concept; however, funding for this program has been reduced significantly and is now creating a “Rob Peter to Pay Paul” scenario. Many of the individuals residing in ICF/IIDs cannot be adequately served in other community-based settings that feature less medical oversight. To “defund” this program to grow another model represents a disservice to the families and individuals who need the level of care and habilitation that an ICF/IID offers.