Florida Children and Youth Cabinet
Recommendations for Administrative Flexibility
Supporting Interagency Efforts to Reconnect Disconnected Youth

Florida Department of Children and Families

1. The Family Educational Rights and Privacy Act (FERPA) limits data sharing between state Departments of Education and/or local school boards and DCF/partners. This is true in Florida and many states. Currently, only the parent can access educational data of the child. Some agencies are exempt, such as DJJ. However child welfare entities are not exempt. We propose that Federal DOE renders an opinion that exempts state child welfare entities, or the exemption is added to the legislation.

2. The SNAP (Supplemental Nutrition Assistance Program, formerly known as food stamps) law does not require interviews as part of the eligibility determination process, but the regulations require face to face interviews. The regulations are written for a 1960s service delivery model where clients physically came to agency offices, filed paper applications and were interviewed. In the current world, people including applicants for public assistance, do business electronically with tools like web based applications and data exchanges. In this environment it is more appropriate, convenient and respectful, not to mention less expensive, to either interview by phone or not at all when the information needed is available and or verified electronically.

   Over the past several years, Florida and other states have had to request federal waivers to adapt the interview process to this automated system. These waivers provide for telephone interviews, but are bureaucratic and labor intensive to administer. They all limit flexibility and do not fully reflect modern day business needs. By contrast, Medicaid, TANF (Temporary Assistance to Needy Families) cash assistance and most other public assistance programs have no interview requirements.

3. Better integration between the IV-E waiver and Medicaid and administrative simplicity with substance abuse. This is complicated by the fact that some of the problem is 1) our drug treatment programs failure to claim Medicaid and 2) some of these problems could be solved by corrections to our state Medicaid plan.

4. Adult Protection needs a federal waiver for funding; now that they have to do 1970s Random Moment Sampling every quarter. The argument is that we have 40 years of data so should be able to use statistics to justify funding.

5. Simplify and expand Medicaid claiming process for substance abuse treatment. Substance abuse is a trauma based problem which is co-occurring with mental health problems. As such, it merits the same treatment modalities and Medicaid claiming opportunities as mental health treatment receives. This artificial distinction should be eliminated.

6. Substance abuse information is tightly protected by federal privacy laws/rules. Eligibility is much more limited for adults needing substance abuse services and is limited to adults receiving supplemental security income. Substance abuse is not a recognized disability for receiving SSI. This severely limits the number of eligible adults in Florida. Additionally, the Medicaid substance abuse benefit is limited compared to the mental health benefit.

Medicaid-reimbursable substance abuse services are medical in nature (e.g., hospital detoxification, hospital emergency room services, hospital inpatient treatment) and do not recognize that substance abuse is a chronic disease.

Medicaid eligibility could be expanded to include any adult at or below 150% FPL with documented need for substance abuse services based on evidence-based clinical assessment. Additionally, the Medicaid IMD exclusion should be waived for substance abuse residential services; Florida will save money by redirecting Medicaid reimbursement from inpatient to residential. Medicaid should reimburse screening, intervention, brief treatment as a diversion from more intensive, acute services. Medicaid should place Vivitrol on its formulary immediately. This medication has profound success with alcohol dependence and DCF has the outcomes data to prove it. Florida will save money by preventing detox and residential admissions.

Florida Department of Health

Sharing of Information: Confidentiality Issues

In order to streamline eligibility for publicly funded insurance programs, federal rules around sharing of information and confidentiality related to programs such as WIC and education programs need to be modified. For example, we would like to streamline eligibility for Medicaid and the Child Health Insurance Program, but we continue to experience confidentiality barriers in WIC and the school systems. The same is true for managing a toddler's care that is served through the Individuals with Disability Education Act (Part C) where information needs to be shared between and among day care centers and health care providers.

Multiple Funding Sources for Case Management/Care Coordination

One of the hallmarks of comprehensive care is the ability to coordinate care across delivery systems and even within delivery systems. The financing of case management or care coordination occurs in multiple federal programs: Title IV, Title V, Title XIX, Title XXI, etc. In some cases there are different definitions and in other cases there is no clear delineation of responsibility. For example, there are multiple ways of financing case management under Title XIX and they do not necessarily fit the more recent approaches to health care delivery (e.g., medical home, managed care). In other instances, there is a form of care coordination delivered in a social services setting and another form of care coordination delivered in a health care setting; however, there is no integration of activities. Some of this is driven by definition, rule, and funding source. It is also recognized that methods of communication are not efficient and at times individuals are unaware of activities of other professionals with the same case.

This is a very complex issue and one that calls for a few test sites to work through the funding and coordination issues. In particular, sites that are involved in child welfare and child health care.

Examples of barriers posed by the Family Education Rights and Privacy Act (FERPA)

(1) FERPA has caused most school districts to not utilize the free Medicaid Tracking System software to do monthly mass verification of student eligibility for Medicaid and then provide the information to the county health department. In many cases the county health department is the sole provider of school health services in the district but since they are not a part of the school district it is deemed that FERPA prevents sharing of this information. As a result, county health departments have to check eligibility one student at a time every month, creating a deterrent to Medicaid Certified Match being a feasible means of paying for services provided to children in the school setting, this combined with low reimbursement rates makes it difficult for county health departments to have a viable payment source.

(2) Some school districts do not allow county health department staff to review hard copy Certificates of Immunization (DH 680) and log-in to SHOTS (the state online system for immunizations) Registry at schools to update student immunization records online - even if the student already has a record in SHOTS. An existing record in SHOTS has a corresponding parental consent to enter immunization information into the SHOTS system; these consents are kept on file at the county health department.

Examples of barriers related to Title XXI funding for School Health Services

To use Title XXI funding for school health services, Florida applies an adjustment factor that backs out Medicaid eligible students and students 19 years or older. This has a direct impact on the amount of state revenue match required to receive the full amount of Title XXI funds appropriated by the Florida Legislature. Despite backing out the Medicaid students and applying the rate adjustment factor, for the past ten years county health departments have been prohibited from contracting Title XXI to school districts due to an apparent conflict with school district Medicaid Administrative Claiming. Although the school district may be the main provider of school health services, this situation forces the health department to hire the staff funded by Title XXI and in some cases let the school district school health coordinator (RN) provide clinical supervision to the CHD Title XXI funded school health staff. In 2010, 13 school districts received no Medicaid administrative claiming payments.

Infant, Maternal, and Reproductive Health Funding Issues:

- Different requirements for federal programs - for example, the financial eligibility for Medicaid is different for Title X (Family Planning): Solution: all federal grants will require the exact same financial eligibility requirements
- Title X: Statewide Family Planning medical director requirement: Solution: delete this requirement - there is already a requirement that the providers that work with the Title X program have Title X training and if they are a direct clinical provider they must have experience in delivering family planning services
- Title X: Requirement to serve all men and women of reproductive age with the requirement that a provider cannot require payment for services: Solution: allow for clinic sites to utilize a sliding fee scale that does not allow for a refusal to pay or refusal to apply for a payment source such as Medicaid
- All grants: submission of grant applications often have a very short turnaround time which makes it difficult for entities to apply for them: Solution: all grants will have a minimum of 45 - 60 days to submit a grant application
- Title X: some states have a three year grant and others have a five year grant Solution: consistency across all states
- Title X: Needs assessment every three years is too often and does not coincide with Title V's (Maternal and Child Health Block Grant) needs assessment requirement of every five years Solution: Require a needs assessment every five years for Title X and Title V and ensure that the state has the same five year cycle for both grants

Women, Infants, and Children Program

We have looked at this and the focus on disconnected youth and the types of activities mentioned in the referenced paper are not particularly relevant to the WIC program. We then tried to look at WIC administrative flexibility that might impact pregnant teens on WIC and WIC clientele in general. One thought is to better align the income eligibility requirements between federal programs. An applicant that is on Medicaid, SNAP, and TCA is automatically income eligible for WIC. This automatic eligibility has been effectively used to determine income eligibility for 79% of WIC clients, saving WIC staff and clients time in the eligibility process. Manual income determination is used for the remaining applicants. Efforts in the past to investigate a one stop income eligibility process have been stymied by differing federal rules governing eligibility. Programs differ in whether they use gross or net income, what constituents

a family or household, what is counted as income and what is excluded, etc. The timing of income data collection (currency of income information) is also critical. A better alignment of the income eligibility requirements between federal programs and the ability to share that information could allow states an opportunity to improve efficiency in operations.

Florida Department of Juvenile Justice

Successful integration of juvenile justice youth back into the community following residential commitment is hindered by policies in various systems. Elimination of the following barriers will enable youth to be educated and employed, move forward into responsible adulthood, and lessen the risk of future reoffending.

1. Remove the barrier that juveniles who have been adjudicated delinquent for a nonviolent felony are ineligible for Job Corps. A waiver will assist homeless youth or those who have no stable environment and who have completed their sanctions transition from commitment to benefit from the program. Currently, vocational rehabilitation services are not provided to all eligible juvenile justice involved youth. Prioritizing these services to eligible youth in residential juvenile justice facilities will help these youth transition to work-readiness and job placement.
2. Combine federal social services and juvenile delinquency funding streams to provide housing assistance to homeless youth or those who have no stable environment to transition to upon aging out of DJJ residential commitment.
3. Provide fiscal incentives or specific allocations for federal Department of Labor and Florida's Agency for Workforce Innovation to provide job training and placement services to youth within, and transitioning from, residential commitment programs. All juveniles in residential commitment are eligible for Workforce Investment Act funding but lack dedicated funding.
4. Establish post-secondary and adult education tuition waivers for juveniles committed to residential facilities
5. Provide options for waivers from federal guidelines, such as prior No Child Left Behind teacher certification requirements, unable to be met by small institutional programs with limited educational personnel.
6. Provide a waiver to the Perkins Act prohibition that federal funding cannot be used to enhance a state-owned facility. A waiver will enable juveniles committed to residential facilities to apply learned vocational skills onsite with existing plumbing, carpentry, masonry, landscaping or other facility needs.
7. Provide incentives to employers willing to hire individuals with former criminal records or increase options for these individuals to overcome such barriers to employment. Revisit policies that automatically exclude juveniles with certain arrests from federal student aid to encourage continued education for these youth.
8. Channel funding allocated for foster care youth who are also juvenile justice involved youth to provide mental health or substance abuse overlay services essential to better serve these youth in the juvenile justice system
9. Allow funds allocated for "out of school youth" to be available to court-involved youth in juvenile justice programs who only attend school due to statutory requirements but who are otherwise eligible.
10. Waive the federal restriction that juveniles detained in a hardware secure residential facility lose Medicaid eligibility. A waiver will maximize revenue for essential health and pharmaceutical services to incarcerated youth.
11. Remove a barrier to a youth's ability to attain an education and employment and move into responsible adulthood by prohibiting public access to juvenile criminal history records

maintained by the Florida Department of Law Enforcement and establishing a system that provides for automatic expunction of certain offenses.

Florida Interagency Barriers

1. Enhance data sharing for youth involved in multiple systems to ensure coordination of care and eliminate redundancy in services, assessments, and evaluations.
2. Eliminate requirements for parties to Memoranda of Understanding and Interagency Agreements state agreement to follow federal and state statutes thereby saving funds on creation, distribution, legal reviews, routing, signing and storage of documents required for federal or state funding.
3. Replicate the successful Family Services Planning Team model initiated in Florida as a multiagency team model identifying and accessing eligible services for youth at risk of out of home placement due to behavioral issues. The model provides for cost-effective interagency coordination of service needs and reduces or eliminates the need for residential juvenile justice placement.