

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Individual Budgeting/Home and Community Based Services Waiver Waitlist Funding
2. Date of Submission: 12/11/2015
3. House Member Sponsor(s): Ray Rodrigues

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	16,860,659	0	16,860,659	16,860,659	8,600,000	0	8,600,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
- f. New Recurring Funding Requested for FY 16-17 will be used for:

5. Requester:

- a. Name: Margaret J. Hooper
- b. Organization: Florida Developmental Disabilities Council

- c. Email: MargaretD@FDDC.org
- d. Phone #: (850)921-7263

6. Organization or Name of Entity Receiving Funds:

- a. Name: Agency for Persons with Disabilities
- b. County (County where funds are to be expended) Statewide
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The Individual Budgeting Home and Community Based waiver administered by the Agency for Persons with Disabilities offers supports and services to assist individuals with intellectual and developmental disabilities (I/DD) to live in the community by ensuring that their health and safety needs are met, as well as providing services to improve their access to their community and a meaningful life.

There are 21,500 individuals on the waitlist for Waiver services as of December 2, 2015. Funding was allocated during the 2015 legislative session to take about 2039 individuals off the waitlist, making this the third time in eight years that individuals were taken off the waitlist. The problem of the Waiver waitlist is a longstanding one and reducing the number of people on the waitlist requires continued long-term support. The Council understands the financial commitment needed to compensate providers and still wants to maintain the positive waitlist reduction momentum from the past three years. Therefore, the Council requests funding to remove new individuals on the iBudget Waitlist in categories three through five with the understanding that the provider infrastructure must be addressed first before addressing the needs of individuals in categories six and seven. This funding will be used statewide for iBudget Home and Community Based Services for 1,222 individuals in priority categories 3, 4, and 5. The funding will draw down a 59% Medicaid match.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

- Federal: 531,000,000
- State: 369,000,000 (Excluding the requested Total Amount in #4d, Column G)
- Local: 0
- Other: 0

9. Is this a multi-year project requiring funding from the state for more than one year?

Yes