

FAMILY CARE COUNCIL FLORIDA

Frank Carroll, Chairperson

Sheraton Suites, Orlando Airport

Orlando, Florida

November 20, 2010

MEMBERS PRESENT:

Frank Carroll, Chairperson (Area 3)
Phil Pearson, Vice Chairperson (Area 12)
Pauline Lipps, Treasurer, (SunCoast Region East)
Patty Houghland, Secretary (Area 1)
Betty Kay Clements, Past FCCF Chairperson (Area 13)
Melinda Willaford (Area 4)
Nancy Simmons (SunCoast Region West)
Chris Dugan (Area 7)
Sharon Berry (Area 8)
Jean Malacko (Area 9)
Jean Sherman (Area 10)
Rosa Maria Barbara (Area 11)
Sandy Dayton (Area 13)
Pete Wesley (Area 14)
Lisa McGlone (Area 15)

GUEST:

Coleen Spillman
Don & Virginia Taylor
Sara Howerton
Stephanie Willaford
Mary Pringle
Ruth Wingate
Donna Rauber
Aaron Nangle
Julie Byers
Connie Ivins

I. CALL TO ORDER

Chair Carroll called the meeting to order at 8:30 a.m. and welcomed everyone. The contents of the information packet were reviewed and included the following:

- FCCF Agenda
- FCCF September Minutes
- Agenda and materials for APD update by JR Harding
- Family Care Council Florida November Newsletter
- Testimony provided by Jean Sherman at the ADD Summit
- Testimony provided by Phil Pearson at the ADD Summit
- Information sheet on the use of seclusion and restraint on students with disabilities
- Information on the Services for Children with Developmental Disabilities Task Force

II. BUSINESS

Review of Minutes—Patty makes a motion to accept the minutes as submitted, Phil seconds the motion. The minutes were approved by consensus.

Budget Report—Pauline Lipps explained the expenditures to date for FCCF. Area 13 has voted another \$500 to FCCF. There was discussion about the process of how to transfer money from the individual councils to FCCF. Jenny Hart is the individual that can follow up on the

transfer of money to FCCF. If council has problems getting the money to transfer, they were advised to call and also send an email to Jenny Hart and cc Stephanie Rogers. That will start the paper trail for getting the money transferred in a timely manner.

Old Business—Chair Carroll requested that all council send to Phil Pearson the time and dates of their local council meetings. Phil will put that information on the FCCF web site.

III. APD UPDATES BY JR HARDING

JR discussed the following topics:

- The number one topic is the travel issue. The Memorandum of November 9, 2010 concerning FCC travel policy. There was a question and answer session. Conferences will need to be taken on case by case basis and the earlier the better.
- Disabilities Mentoring Day—Florida is the first state to have all the geographic areas represented in mentoring day. The formal report on Mentoring day should be completed around Christmas time. It was reported that between 5 to 6 thousand people participated.
- Project SEARCH—Rosen project is going well and 2 individuals may even be offered jobs. Leon County SEARCH is experiencing some difficulty finding individuals to participate in the project. However 2 of the 10 participants have already received jobs. St. Petersburg is looking at opening a project SEARCH.
- Florida Disabled Outdoors Association—The Director has engaged FDOA in a contract to bring leisure and wellness activities with an emphasis to the wait list throughout the state. JR will make sure that FCCF gets all the information on the project as it rolls out. Membership was encouraged to call Laurie the Director at 850-201-2944 and also check the FDOA web site which is **www.FDOA.org**
- Transportation—APD is using some of the MIG infrastructure dollars for a research study with Florida State University on the standardization of cost. The goal is to get more trips for the customers and utilize all the assets in the communities. First part of the report on the standardization should be ready by the end of December.
- Americans with Disabilities Act—There are new standards for accessibility in the Federal regulations which will need to be followed, starting in March of 2011, with new construction. Title 2, which prohibits local and state government from discriminating has been codified. So beginning January 2012 County, state, and city governments can be sued for the first time. For more information on this go to Access-board.gov or go to the US justice Department web site under ADA. There you can find the actual standards.
- Medicaid Infrastructure Grant—there is verbal approval that APD is getting the 2011 dollars. Some of the 2010 money will be used for the “Think beyond the label” campaign. Florida has not been able to get the Medicaid Buy In passed. The APD did purchase Chamber of Commerce membership for all the Areas. The members of FCC in the areas are encouraged to get with the liaison from their area to the Chamber and see how they may use that connection.

IV. CAROL Gormley, Health and Family Services Council Florida House of Representatives

Questions and Answers from Carol Gormley
FCCF meeting on November 22, 2010

Ms. Gormley made some general comments. She stated that the legislature passed the resolution to seriously look at the Medicaid program. The legislature is looking at controlling cost but also looking at quality of services. Medicaid is performing at less than an optimal fashion. In the system now people can't get access to the services they need. The House leadership goal is to manage the cost and improve the value. It is a 20 billion dollar program.

The waiver program for persons with developmental disabilities has had both cost issues and access issues. There continues to be individuals on a wait list that the legislature has not been able to serve.

Q: What are the 6 regions that are being proposed?

A: The map in the FARF presentation defines the six regions. However there is room for debate about whether those same regions need to be exactly the same for the waiver program. That issue can be revisited and even the number of regions could be debated. The desire was to have a small number of very large plans that would be capable of getting systemic efficiencies out of the size of the regions. Then within those large geographic areas there would be specific access standards as well as specific standards of provider availability.

Q: In the original proposal last year it started out with 15% for overhead and then it got knocked down to 8%. However APD overhead is at 4% so why spend extra on something that is working pretty well?

A: 15% is kind of the rule of thumb. By doing both the medical care and the HCBS the thought was any savings in the medical care would be put into the HCBS. It is not known if 8% for overhead is the correct number. APD 4% may not be including all the overhead in the DD program because a provider participating in the program would have some administrative overhead for complying with the Agency's regulations. If at that level you have to ask: Are you getting the outcome you want? Do you have in every instance quality providers who meet the needs of people enrolled in the program?

Q: How will the wait list be addressed if the program goes to managed care? Will people be taken off the wait list?

A: Severing the wait list requires appropriation from the legislature. It is an issue of funding.

Q: What may happen to independent waiver support coordinators or solo providers if something isn't put into place to protect their jobs? Managed care companies may go with the larger agencies.

A: First think about the services these individuals supply. The case management, the care coordination and specialized knowledge of community resources, and how to meet the needs of the people with developmental disabilities, are absolutely qualities and services that any system of care would have to have. The current practice of independent, solo and small companies continuance in the new system is a question that can be debated through the process. Last year's proposal did not have provisions for independent support coordinators. Since then support coordinators have met with them and made suggestions as to how that independent nature could be protected in a managed care environment. That will be up to the legislature to debate and decide that. Certainly the service itself, the relationship families have with an individual who knows how the system is structured and finding the resources that are needed is a very necessary service that people will pay to have delivered.

Q: Most Medicaid patients are medical and most can pretty much think for themselves and as a result they can defend themselves and they can complain about when they don't get good services. Most of our folks can't. Who in this scheme is going to represent those individuals that can't advocate for themselves and do not have family to speak for them?

A: That was one of the changes in the proposal last year in the role of APD. APD would have the time to be the over sight quality monitors the quality improvement stimulators and the advocate for the individuals they are serving. There was specific requirement for managed care organization to have methods of accepting input and advice from family member. There may be other assurances or methods to ensure that the individual being served has a voice because clearly they need to.

Q: So part of the overhead is a watchdog agency in addition to the managed care organization?

A: APD would continue to exist. Their work and their efforts would be redirected to make sure the system functioned appropriately.

Q: This all goes through and legislation is passed, it (waiver) needs to be approved by CMS. What happens if CMS does not approve whatever happens to the waivers? Is there a mechanism in place to address that?

A: The portion of the program that relates to persons with developmental disabilities, there would be federal approval needed. A five year time line was anticipated in last year's legislation. The changes that would affect persons with disabilities was postponed until the end of that five year time frame with the idea that it was not approved, or if in the process of making the changes problems came up, you could pull back and readjust and go in some different direction if needed. Medical assistance was done earlier because there is already federal permission to do statewide managed care.

Q: We spent a number of years empowering families to manage themselves in the CDC+ program. It is effective and it gives families choices. The comment is that CDC+ should be kept because it takes out the middle man.

A: In last year proposal they tried to emphasis that they should keep CDC+ and make that a priority for the competitive bid process. It was not made mandatory though. It was encouraged. However it could be made mandatory that any managed care organization would have to offer a CDC+ like program.

Q: Would the legislature consider contracting case management separately from the managed care plan?

A.: Last year independent support coordination services would have been provided by the case managers and coordinators within the managed care organization. Over the summer some WSC's contended that they needed to keep their independent nature and that will need to be debated by the legislature.

Q: What happens to the FCCs?

A: They would continue to remain a valuable way to gather input and comments from families and hopefully use that input to adapt and modify the program as time goes on. The house proposal last year required the families and consumers to have input as to how the plans were structure. That would be a likely role for FCC.

Q: Provider Service Networks and CDC+. Right now CDC+ hires their own workers and they do not need to be in the Medicaid system as it is now.

A: It would operate as it does now and the managed care plan would be the 3rd party payer. In last years plan they referred to CDC+ as it is in statute and would have given priority to those plans who included the CDC+ piece.

Q: Parent has died-- Do you have any evidence as to the future financial impact to the government of folks on the wait list?

A: I have heard the number a billion dollars as what it would take to serve everyone on the wait list. I have not seen a comprehensive analysis to support that amount. It is a very important issue. It will only get addressed when the legislature authorizes more money and approves more slots.

Q: Is there any information on the cost to society because individuals with DD are not receiving services and end up in jail or homeless or mental hospital or institutions?

A: It is an important point. I have not seen a study that evaluates that. I would be interested in seeing a study done on that impact. If anyone has some studies along that line please forward them to us.

Q: How will continuity between the regions be assured?

A: On the point of moving from one side of the region to the other side you wouldn't change networks. The network must serve the entire region. Now, changing region to region was not addressed in legislation last year. It may be necessary to look at that. I would expect the agency contract to require each network and managed care organization to automatically accept transfers.

Q: CDC+ needs to be requirement. Shouldn't all regions offer the same services?

A: Last year it was a preference and priority, but maybe it needs to be a requirement.

Q: On this issue of regions—you know that someone will live right on the boundary of a region and will they be restricted to get services in the region they live in?

A: For the most part it is expected that you get services in the region where you reside. Any boarder is going to be arbitrary and so there will be somebody that the line does not make sense for. It was not addressed in legislation but I would hope that the contract would specify some type of inter regional cooperative possibilities that would cover this issue. It may be something that will need legislation.

Q: Provider Service Networks—Who does this work? Would a person have to use one agency provider?

A: A provider does not equal a provider service network. PSN is made up of a bunch of providers that organized themselves to have the capabilities to provide every type of service that is in the list of services. Consumer choice and information is very important. The concept of a provider network is that some providers are in and some providers are out. The law last year required the networks to post who the providers are and all the services they were offering online. If a family became dissatisfied with the provider network within the first 90 days they could opt out for no reason at all. After that you can still opt out for cause.

Q: How many providers would there be to choose from in each region?

A: There was a minimum 1 PSN and 2 managed care organizations. That may or may not be the right number.

Q: What do you envision for the independent group homes?

A: Required PSN or other type of managed care organization to contract with all residential providers who were currently serving anyone in the waiver. The only way they could exclude a residential provider is for specific quality violations.

Q: So what will happen if the managed care organization takes too much for overhead and the independent group home cannot stay in business with what the managed care organization is going to reimburse them for the service?

A: We are not looking at a change in what residential providers are paid. For the ICF/DD the state would establish the rates and that would be passed through to the managed care organization to the provider. The savings and the overhead will be supported by the improvements in the system and efficiencies in the system rather than the change in provider rate. This works well in the medical assistance managed care, but is unknown in the home and community based system. However HMO's can only participate if they do the medical and the waiver services.

Suggestion was given that the present residential rates would be the starting point for negotiations and that could be put into law.

Q: What would be the role of Delmarva in this new system?

A: There is a need for ongoing evaluation of the managed care organizations in this model. Whether APD might be inclined and able to do that or have a contract with an entity would be a decision of APD, because it was not addressed in the legislation.

Q: In order to form a PSN isn't there some capital necessary and if so how much?

A: There is some capitol necessary and I believe there is requirement for reserve of a million dollars.

Q: The competitive bidding: Who writes bid and then who does the contract with the managed care organization.

A: The legislation had AHCA offering the bid. APD has a role in defining the qualification and criteria and participate in the selection process.

Q: What percentage of the bidding amount goes into the winning bidder?

A: It isn't automatically going to the lowest bidder.

Q: How long are the managed care organizations contracts for?

A: Last session there was a 5 year time frame with no automatic renewal.

Q: In that 5 year bid period could the managed care organization raise their rates?

A: What we would anticipate is that the bid process would be for a base rate and some schedule of increases whether or not that schedule of increase would be funded by the legislature or not.

Q: Where will iBudget fit in?

A. I think the components of the iBudget system can be integrated into a managed care system in a variety of ways. Assessment process and the algorithm would be used as

part of setting needs base or risk adjustment capitation rate. With iBudget now, the consumer either spends all the funds or less than their amount. They may not spend more. If they spend less, then the unspent funds would revert to general revenue. The application of the iBudget concepts to a managed care approach uses all those steps to set a rate and that rate is paid to a managed care organization. That managed care organization is on the hook. They are at risk and they are obligated by contract to meet the needs of that individual. So as circumstances change the managed care organization has the obligation to find the resources to meet those changed needs.

V. WORKING GROUP REPORT:

FCCF Legislative platform—Changes were suggested to the legislative platform. Phil made the motion to accept the changes in wording and Pauline seconded. Motion carried.

The Vice Chair was instructed to research and purchase a laser printer. The price range was up to \$550.

Meeting adjourned at 2:30

NEXT MEETING IS: January 15, 2010
[Sheraton Suites Orlando Airport](#)
7550 Augusta National Drive
Orlando FL. 32822
Phone: (407) 240-5555