

FAMILY CARE COUNCIL FLORIDA

PATTY HOUGHLAND, CHAIRPERSON

Holiday Inn Select Orlando Airport

Orlando, Florida

November 17th, 2007

MEMBERS PRESENT:

Patty Houghland, FCCF Chairperson
Joy Frazier, FCCF Secretary
Ann Millan, Past FCCF Chairperson
Lynn Carper, A1 Chair
Frank Carroll, A3 Representative
Maria Quinones, Area 4 Representative
Pauline Lipps, Suncoast East Region Chair
Donna Rauber, A7 Co-Chair
Maria Eash, A8 Chair, FCCF Treasurer
Jean Sherman, A10 Co-Chair
Phil Pearson, A12 Chair
Betty Kay Clements, A13 Chair, FCCF Vice Chair
Pete Wesley, A14 Representative
Todd Decker, A15 Chair

STAFF & GUESTS

Stephanie Khan, APD Central Office
Denise Arnold, APD Central Office
Diane Ciccarelli, Area 15 Guest

The mission of the Family Care Council Florida is to advocate, educate, and empower individuals with developmental disabilities and their families, partnering with the Agency for Persons with Disabilities, to bring quality services to individuals for dignity and choice.

I. CALL TO ORDER

Chair Houghland welcomed everyone to the FCCFlorida meeting and asked for introductions. She was especially pleased to see such good council representation and welcomed new representatives, Maria Quinones from Area 4 and Pauline Lipps, from Suncoast East Region. She began the meeting by reviewing the FCCF information packet. Items include the following:

- FCCF Agenda
- FCCF Expenditure Report
- APD Central Office Telephone log
- AHCA Timeline for Rules and Waiver Amendments, Developmental Disabilities, Tiers and FSL Waivers
- AHCA Program Review of the Medicaid Reform Pilot Project, Requested by the Office of the Inspector General with Table of Contents and Executive Summary. The 74 page document can be reviewed by entering into your web browser "Review of Florida Medicaid reform pilot project"
- Excerpt from The Power of Attitude titled: The Good News Girl
- Comparison of Services, Overview of Residential Options taken from the Yellow Book
- Parent Support Services website, www.special-mates.co.uk . It's a world based type of website with an array of disability information.
- The Dash Poem
- Barney's Harmonica – The Language of Us and Them
- A copy of the Governor's Executive order creating the Governor's Commission on Disabilities. Discussion followed sharing it is a commission for all disabilities which is good because we have to partner to get what is needed but they need to respect the needs of individuals with developmental disabilities which are a little bit different sometimes in

duration, intensity, etc. It's important for FCCF to follow what's taking place within this commission.

- Florida Work Incentive Medicaid Coverage flyer announcing Public Forums around the state.

II. WORKGROUP REPORT

The workgroup met on Friday from 2:30 until after 4:00.

Residential Options: ICF/DD

Chair Houghland advised there is a possible initiative of trying to change 20 six-bed group homes into Intermediate Care Facilities (ICF) for persons with developmental disabilities. The state institutions (Tachale, Sunland & Gulf Coast) are also ICF/DD's. The proposal is referring to the private ICF facilities of which there are 86 statewide. If the 20 six bed homes were to be approved as ICF's that would increase the total to 106 statewide. Chair Houghland was advised this will not affect the Medicaid waiver. She has done research that proves this statement to be inaccurate. She talked to Medicaid and APD and it does hurt the waiver. ICF/DD is funded with general revenue money and federal match money. Waivers are funded with general revenue money and federal match money. If ICF's are going to increase by 120 beds they are going to need more general revenue money. All monies are taken out of that GR pot. There is no new money coming in. Every year those 120 beds will take a bigger pot of GR money. Ann asked if the federal match is the same. Jean shared it's not exact but very close. Diane asked what is the yearly dollar figure per resident. Chair Houghland advised the last figure she received from Pam Kyllonen was \$120,000. Even though it would technically take 120 people off the Medicaid Waiver, it does not free up any money from the waiver. One reason providers are in favor of this is the ICF monies are guaranteed dollars each year. They won't have to deal with reductions in res-hab dollars from year to year. Chair Houghland shared there are several things that have to happen and there are entities looking to block it if it moves forward. There is considerable lobbying of families to encourage this proposal. To move forward with changing to an ICF, they must obtain a Certificate of Need. APD has no say in this matter. Also, if a resident moves to an ICF/DD they give up their right to a waiver. If you want out of the ICF/DD you're back on the wait list unless it's in the same fiscal year as when you went into the ICF. Betty Kay shared it's a very stringent process to go through to obtain a Certificate of Need. Jean stated it's very important for families to recognize the difference between an ICF six bed home and a typical group home. Betty Kay stated she has families interested in the ICF concept as they see it as a win-win because the funding is there to provide whatever service is needed. They don't have to deal with support coordinator's and the APD process of submitting paperwork and the long drawn out process of getting approval for every need. Chair Houghland advised families currently have the right to choose ICF placement. There are about 40 beds available so if want that security, they have it now. Another factor of importance is if the family wants ICF placement, the private ICF providers can refuse to take the individual. Therefore, they have the right to refuse to take an individual with significant needs. Jean shared that families need to realize that even though the ICF's provide a menu of services that support the needs of individuals with severe behavioral and medical needs, if the child doesn't fall into that category of needs the charge is still the same. It's a guaranteed dollar amount per person that APD can't touch from year to year and it's coming out of the same budgetary source. Chair Houghland mentioned the group home model does not seem to be working well. Group homes are funded with Room and Board which consists of SSI, SSDI or GR money. Group homes get all but \$98.00 of the clients SSI money. If the client doesn't have a full SSI check going to the group home, the difference is supplemented by the area GR money. If the client has no SSI or SSDI, the GR money covers whatever the SSI amount would be. The group home res-hab money pays for training and the staffing for that training. It doesn't cover any of the overhead costs such as

insurance, rent, workman's comp, etc. The res-hab monies have been paying these costs as the SSI monies have not been enough to maintain the overhead costs of the home. Also, there are provider administrative costs that must be included. The newly established res-hab rates pertain to how many direct care staff hours are needed per client for training. Chair Houghland emphasized these rates are short term. Diane mentioned these rates do not include monies for overnight staff. Chair Houghland mentioned this is a flaw in the rate structure and Betty Kay shared families with children in group homes are very concerned about it. Also not included is food, toiletries, etc. Discussion followed concerning lack of adequate funding to cover group home staffing, room & board, and overhead costs. Chair Houghland mentioned when the tier's go into effect and the res-hab rates no longer exist, it will result in a difference of funding and no one knows what will result from that difference. She has heard a ruling on the tiers should take place sometime in December. Discussion followed regarding the primary issue with the legislature is money. It's anticipated the next three years will result in a decline of revenue resulting in overall statewide deficits. Chair Houghland summarized if anyone gets solicited to support the ICF/DD issue that it's done with the understanding of what it means in the overall picture and to share the information with anyone interested in learning about what they are being asked to support. It will be a difficult year as to what gets funded and what doesn't. She fears that families are not getting the information, especially with regards to understanding the funding all comes from the same GR dollars. Phil suggested putting an information fact sheet on the FCC website which could include pros/cons and where to obtain additional information. Jean mentioned another reason to be informed is she is already seeing in some areas that group home providers and organizations are coming forth with threats and fear tactics of closing homes and residents will end up back in state institutions and ICF's. It's very important to be able to discriminate between what is actual fact and not have families threatened or scared into backing a stand they don't really understand.

Florida Work Incentive Medicaid Coverage:

Chair Houghland mentioned this a good thing. This is Medicaid buy-in. There is a consortium of agencies/groups that are going to try their very best to get the legislature to approve. It is for all people with disabilities. Individuals with developmental disabilities will definitely benefit from it and the Ticket to Work would work. There is a flyer in the APD information packet announcing public forums to take place the latter part of November in four areas of the state. It's very important to learn about this in order to lobby the legislators to make it happen.

Family CAFÉ:

Chair Houghland mentioned that Maria is the FCCF representative on the Family CAFÉ executive committee. Jane Johnson asked that possibly APD and Family Care Council could do a joint presentation at Family CAFÉ. Chair Houghland agreed to this and Maria made the recommendation for a joint presentation at such a time that families can see the partnership. Chair Houghland advised the exhibit table is still an issue because of the \$900 cost. She could suggest to Denise that we jointly "man" the table with APD but FCCF is way over budget now and does not have the funds to pay the \$900 fee. It was decided that APD should fill out the paperwork for both the presentation and exhibit table. Stephanie will follow through on this.

APD Strategic Planning Committee Meetings:

Several representatives were able to attend the meetings in their area. APD is working on a strategic plan for the future. Phil and 6 to 12 families attended the Area 12 meeting. Also in attendance were some providers and the rest APD staff. They worked through some prepared view graphs with suggestions on what APD should strive for in the future. Then APD reps. asked for input from the audience. One message heard loud and clear was the lack of communication between APD and families. It was acknowledged APD would send out an overview of the meeting but Phil has not received yet. Pauline attended the one in Suncoast Region which included Area 14, Area 8 and Suncoast region. They also received the prepared

draft at the meeting plus she did receive a draft of the suggestions made during the meeting. She indicated that communication was a big issue throughout the meeting. She expressed concern that there was a lot of positive information about managed care. She doesn't know who the people represented that were talking about this alternative being the solution to the problem. Betty Kay reminded everyone that Amerigroup's headquarters are in the Tampa area. Lynn attended the workshop in Area 1 and 2. She was very disappointed in the turnout with only about 20 people. Their workshop was divided with APD staff in the morning and all other stakeholders were in the afternoon. She indicated she and Chair Houghland were the only parents in attendance. She shared that she appreciated the discussion within the small group and hopes APD Central Office will listen to some of the ideas expressed as it could be very beneficial. Chair Houghland shared their suggestions included to change employee satisfaction to employee effectiveness. They also made reference to the order presented which included "get in budget" as being last. Overall consensus from their group was to make that number 1 on the list. Another suggestion was they really need to have a paid position that does resource development. At some point APD Central office will summarize all the meeting information into one document for distribution.

III. TELECONFERENCE CALL - Sherry Jackson, CDC+ Program Administrator

Chair Houghland introduced Sherry. Sherry asked if there were any other CDC+ participants in the room besides Frank Carroll. Diane Cicarelli advised she is with the program. Sherry advised that Jane Johnson is very supportive of consumer direction. AHCA is moving ahead with the 1915 J waiver application which will take over the current CDC+ program. It is her understanding there will be few to no changes at the consumer level when they transition to the new waiver. Chair Houghland asked Sherry to send AHCA confirmation when received specifically relating to the PCA minors moving to state plan Medicaid. The concern is if families will continue to be paid. Sherry shared they are very much aware of the current problems with payments, customer service, inaccurate check amounts, etc. They are working on each issue. They have had multiple meetings with PPL (Fiscal agent) including she and Denise traveling to Phoenix a few weeks ago. They are working on simplifying the IP system which will be primarily in-house improvements with the accounting system but will have no noticeable change to the consumer. It should take affect sometime in early December. She shared some of the problems have been a result of exchanging data with PPL. They are looking at authorizations not actual cash. They think the fix taking place in early December will correct the issue of insufficient funds. Denise asked Sherry if it was correct to say the insufficient funds are from July, August & September. Sherry said absolutely. Payrolls for October & latter part of September are not creating them anymore. Denise explained the problem and how the change will make a huge difference. It will result in the data matching between PPL and APD. She encouraged families to work with CDC+ customer service if unsuccessful with PPL. She shared they will do their absolute best to work with families issues individually. Diane shared some of the problems she has encountered with PPL and states it is not running smoothly at all. Sherry acknowledged they have received enough feedback to understand this is true. Their focus is getting the payment problems fixed. Once this is solved they will work on improving the other issues. Frank would like to see a copy of procedures that should be used in case of overpayment or underpayment. There needs to be a clear road for families to address those type situations without everyone being an emergency. There should be written procedures that all consultants, representatives and consumers have to address specific issues. Sherry advised she agrees and stated she would talk to the project manager about this. Frank expressed his concerns with PPL customer service. Denise shared they really expect this fix to make a major difference. If there are still issues after that, they may have to look at other fiscal agent options. Sherry acknowledged with all the preparation involved for many months in transitioning to PPL, it's

really in everyone's best interest for APD to keep working with them, for now. Denise shared some of the problems incurred with transitioning from one fiscal agent to another, some issues definitely PPL's fault but some related to APD. Testing wasn't done as it should have been which resulted in a huge problem. Sherry emphasized to please contact their office with any good experiences, bad experiences or in need of help if PPL can't get it done. Chair Houghland shared with Sherry that when she had to call the office with a health and safety issue, she appreciates the efforts taken to solve the problem within 3 days.

Issues with Social Security and Medicaid:

Chair Houghland provided Sherry with some situations within Social Security prior to the meeting. The first situation had to do with being told the asset limitation for SSI was \$1,200 rather than \$2,000 for some people with no explanation being given. Sherry advised that is not correct. She mentioned whoever was told this should challenge it with Social Security. The SS regulations are on-line and fairly easy to read once you learn how to navigate them. J.B. Black from APD was also on the call. He shared that each area APD program office has an employment liaison who has participated in a 10 day training program for APD. It was sponsored by Florida Benefits and Information Referral Network. Sherry asked J.B. if he had a list of the liaison's that he could send out. He advised, yes he does and will do so. Sherry will forward on to Chair Houghland. Ann asked if the Support Coordinators know to contact those liaisons when a parent calls screaming they received a letter from SS and are losing their benefits. J.B. replied some do and some do not. APD needs to be more effective about getting that information out to people. They have additional people attending the second class and when they pass the test and are certified, APD will have 55 people trained. Discussion followed with questions from Phil regarding his son's benefits. He and Ann both mentioned major concerns with the DCF letter as parents don't understand what it is or understand the information contained within the letter which includes losing their benefits in 10 days. J.B. advised APD is working on establishing a DCF liaison in each area that could work closely with each area office. Also, APD is creating a presentation based on the 10 day benefits training program that employment liaisons can present to support coordinators and families. Sherry mentioned there is a lack of communication between Social Security and DCF representatives. SS rep. lacks knowledge in how their rules interact with DCF and vice-versa. The purpose of these trainings is to focus on that interaction between SS & DCF. Sherry provided everyone with 2 handouts:

- Social Security Disabilities, SSI and Medicaid Waiver – Frequently Asked Questions
- Medicaid Eligibility for SSI-Eligible versus Non-SSI Eligible Waiver Participants with Earned Income.

She provided an overview of both handouts and answered many questions. She suggested contacting her, J.B. or employment liaisons in each area if in need of additional information or with questions. Chair Houghland thanked Sherry and J.B. for taking the time to call in and providing everyone with this much needed information. Maria suggested that the list of liaisons that have gone through this training per area should be listed on the APD website. Ann suggested a flyer or brochure be developed for families.

Ann and Chair Houghland both mentioned since much of the SS, SSDI issue pertains to employment that supported employment coaches should be actively involved in understanding the process and working with their clients on these issues. Supported employment coaches are way overpaid for what they do. Denise mentioned APD needs to look at the supported employment coach definition in the handbook to determine if this has been clarified as an expectation. Jean suggested inviting Area 10's employment liaison (Bob Wessels) to present at an FCCF meeting.

IV. APD UPDATE - Denise Arnold, Chief of Community Development

Chair Houghland introduced Denise and shared how much the council has always appreciated her openness and willingness to work with FCCF. Denise asked for introductions as there are a few she doesn't know. She began by reviewing the information in the APD folder which includes:

- Florida Center for Inclusive Communities – Open House Working Outline
- APD Strategic Plan Summary Draft
- Waiver Enrollment Data by Area of Service, County of Residence & Client Age groups
- Wait List Data by Area of Service, County of Residence, Client Primary Disability and Client Age Group
- Wait List Data by Area and FSL Waiver Enrollment status
- APD Procedures for Implementing Revision to Residential Habilitation Rates
- APD Residential Habilitation Rate Re-Structure
- APD Procedures for Implementing PCA Services Change in Law effective 10/1/07
- Example of Questionnaire for Situational Information (QSI)
- APD Implement Assessment Process – Updated 11/14/07
- Copy of Senate Bill 1124

Denise asked what topic the council would like to discuss first.

Residential Habilitation:

Chair Houghland began by sharing with Denise what was previously discussed prior to her arrival regarding the difference between ICF/DD's and group homes. Also, they both come from the same GR funding source, thus it could take dollars away from the waiver. Denise agreed but stated there is much more involved in licensing an ICF. There must be a Certificate of Need. Denise referred to the two documents in the APD folder. She stated Res-hab is a real problem. She referred to the question: Does the current Group Home business model work? The group homes are really dependent on res-hab. Res-hab is supposed to be training and supervision for training. It's not supposed to create and sustain a group home. As previously mentioned SSI dollars are what's used as room and board in group homes. Group home providers are stating it's not sufficient so they are looking for their income to be from res-hab. That's where the problem lies. Ann brought up one of the basic group home room and board issues being the res-hab training dollars is not covering the 24 hour care. Denise agreed. The providers are looking for res-hab to pay for that. It just can't fund the basic tenants of room and board. Ann questioned why it's room and board when it's staff. Denise advised because its basic supervision, that's what room and board is. The problem is in thinking that the basic SSI check minus personal allowance will cover it. She doesn't know where the money will come from but it can't come from res-hab. Discussion followed sharing the differences between how group homes were run years ago and the need for fund raising to obtain additional dollars for operating the group homes compared to the world in which we live has changed. The surplus of beds today was not the case years ago. The state was at a shortage of beds for years. The surplus has arisen from people who have purchased expensive properties, have big mortgages and were counting on other sources of income to operate the homes. Denise mentioned there may have been business decisions made, property purchased and other things done as a business. It's not the state's liability to cover all of that. Jean mentioned their area FCC provided some suggestions during its strategic planning meeting. They suggested that families advocate with the legislature to make some exceptions for insurance costs and real estate exemptions for people who were truly providing this service of group homes. Another suggestion would be to change the rules so individuals living in the group homes could receive food stamps. It was mentioned that providers should start thinking of ideas such as these. Denise referred to the APD res-hab document which included concessions that APD has made to providers based on their input. Chair Houghland asked Denise what happens between the tiers and res-hab rates, is there a

merge that takes place or what. Denise advised yes, because tier 4 is the FSL waiver, tier 3 will be a little more money than that. The people above the basics will be covered in the upper tiers. Then APD will look at individual budgets within those tiers. Chair Houghland gave an example of a person who goes into the 55,000 tier. She asked if everyone in that tier will have the same res-hab budget. Denise advised no. So if the person in that tier has a high res-hab budget the rest of her money will have to be very creatively used to meet her needs. Denise said exactly. Chair Houghland advised that many people don't understand that. Discussion followed using an example of a person living in a rural group home who requires transportation costs over and above because of the distance to get to shopping, etc. Will the more needed transportation costs be taken into consideration? Denise mentioned that's a good point and advised they are just starting to look at what a service package would look like. Denise mentioned there is a big gap between tier one and two. She said even in tier one your individual budget will be more strictly based on both assessments plus age (age in life dictates a lot of what kind of supports a person needs), where a person is living (living in own home, family home, group home) and these formula's still need to be calculated. When they start the assessments in January, all of that is not going to be ready. She emphasized that nobody's budget will be calculated off two assessments only. With regards to the wait list, Chair Houghland mentioned Pennsylvania's process for the wait list called PUNS. It breaks down on a time line which individuals will need services. Chair Houghland emphasized that APD's current method of providing services based on a chronological order is no longer a viable way of removing people from the wait list. There are family members in their 70's, 80's and 90's still caring for their loved ones. If they are way down in wait list order, they can end of in a crisis situation. Denise mentioned that is a good point. Maybe they need to start looking at other methods besides chronological order. Jean mentioned there are life factors that need to be considered in the caregiver's role also. Denise asked for a copy of the PUNS document.

During lunch Denise gave an overview of the assessment tool, process to be used and answered questions.

QSI Training: Frank asked Denise who will be certifying the assessors. Denise referred everyone to the Schedule for QSI training in the APD folder. Several asked if FCC members could be trained or observe training within their areas. It was emphasized the need to observe the original training of the assessors. Chair Houghland requested of Denise that at least one member of every Family Care Council be allowed to sit in on their area training. Denise advised she would see what she could do about that. Denise reviewed the training schedule and stated the initial trainers will be Central Office master trainers. Also, they have hired a person from FSU who will be helping them with the certification process. The initial training sessions will begin in December and be held at the DSI locations because of time and logistical purposes. They want as part of the certification some actual interviewing of clients as a way of assessing the assessor's ability to interview someone. The APD staff attending the December trainings will be their area trainers who will be certified in administering the assessment tool. They will be the people training the actual OPS staff hired to be the assessors. The assessors will go through the same certification process. Denise mentioned people in res-hab and high cost will be the first assessed then it will be the rest of the people on the big waiver (will need to be prioritized somehow) then the FSL waiver and wait list. Joy asked when the assessment is complete and the consumer and/or family member does not agree with the new budget, what type of recourse do they have. Denise advised you have a due process right. It was mentioned the assessor will also be responsible for completing the cost plan. Donna asked with regards to the cost plan, she knows of families who have allocated dollars for respite/PCA in the home but haven't had the need to use the service. It's there in case of need. Those dollars are part of the total dollar amount in the cost plan which adds to the budget but if not used results in an overstatement of the deficit. How is that taken into consideration? Denise advised they do use a decreased factor

because typically people don't use 100% of what's obligated. She thinks it may be up to about 12% now. She mentioned there has been some discussion about how long do they see that sitting there before they take it back. Do you question it say after six months, find out if the intent is to use it, or just leave it alone. Ann mentioned she thought the cost was based on actual billing, not support plans. Denise advised the projected deficit is sort of based on both. Examples, you have people who don't turn in invoices on a timely basis (they have a year to bill), you have people sitting with a \$30,000 cost plan but only use \$15,000. That's why it's difficult to project their budget.

IFS dollars: Denise shared she wanted the council to understand how the IFS (Individual Family Supports) dollars are funded as FCC's could help advocate for more dollars. She advised \$1 million is GR dollars and \$18 million is called social services block grant. The \$18 million is federal dollars. It's all service dollars which includes non-medicaid eligible. The block grant dollars have decreased over the years. It is allocated by district and is basically committed dollars. Anybody on the wait list getting any services, the money comes from IFS dollars. Denise mentioned if you want to get people served on the wait list, while APD is figuring out the waiver, advocate with legislators to increase GR IFS dollars. Ann requested, as its part of the Florida Statute 393.502 to monitor the district APD program offices, she wants to see a total budget on how these dollars are spent per district. She advised the districts won't give FCC's this information. Denise mentioned it's probably because in the mandate it is called Family Supports not IFS. She also mentioned she doesn't know what was intended under this section of 393. She will send Patty the IFS spending plan, a document that describes the services and a copy of the memo sent to area AA's describing the 3 top priorities then all remaining dollars should go to people on the wait list. Denise shared a breakdown of how budget dollars are allocated.

Assessment Information: Denise asked for suggestions on how to get assessment information to families. It was previously mentioned to develop a brochure. They are currently working on a draft. That really isn't enough. Jean mentioned in area 10 the area AA and Medicaid Waiver supervisor, who will be the trainer, have attended their FCC meeting and will continue to attend future meetings and provide assessment information to at least the people attending their meetings. Chair Houghland suggested holding informational meetings for family members at provider locations such as UCP, ARC, etc. She believes more families will attend if it comes from the provider's environment. Ann suggested seeing that all support coordinators receive brochures and they be expected to give to their consumers. Discussion followed sharing with Denise some of the problems a few area councils are having with their area program office staff. Also, Frank shared he has lost five good potential FCC members because of the excessive delay in getting Governor Appointments. Some had waited two years. It was also mentioned a lack of interest among area FCC liaisons to do the FCC new member orientation trainings. Denise advised they could draft something from Jane that would re-emphasize the importance of the councils and also see if she can help with the Governor Appointment issue.

Personal Care Assistance: Chair Houghland mentioned that PCA rates start to decrease on January 1. She asked Denise if the rule making process will take place for PCA rates. Denise advised no because it was in the legislative special session. Chair Houghland asked if adults who are getting over 180 hours now and they were never cut back, are they in danger? Denise mentioned she would have to find out how many people and why they weren't ever cut back. She will have to do some research. She will discuss with Linda Mable who has the lead on this. Chair Houghland shared with everyone for information purposes that children's PCA was not to be turned into Medicaid because they are not ready for it yet.

Florida Center for Inclusive Communities: Denise shared with everyone the announcement in the folder from FCIC titled "Open House Working Outline". She mentioned this is their university affiliated program. She believes this group should be listed as one of the FCC

partners. They are funded from the federal government and located at the University of South Florida. Their goal is to help individuals and families to build inclusive communities. They are research and education oriented. She shared she is on their output advisory board. Denise indicated this is a critical thing for Florida and is a huge resource if it can be developed and supported. The open house is on March 1st from 1:00 – 4:00 at the University in Tampa. She asked everyone to visit their website and learn about them. She will also send additional information. One issue APD will be asking them to help with is competency based training for support coordinators. They met with the APD Director. They want to do research where it's needed, they want to do training for families and they want to be a resource for families. She feels it really needs our attention and support. Joy asked for an update on the support coordinator training that was developed by David Alexander. Denise advised they do have the pre-service training for support coordinators re-worked. That is the curriculum they want to share with FCIC to work towards competency based training. They are making the final changes on it so it can be implemented. Discussion followed with concerns about some of the actions taken by a few of the FCIC member group. Denise mentioned she understands but the resource to the state is essential.

Chair Houghland mentioned it was close to time for Denise to leave. She thanked Denise very much for attending the meeting and how much everyone enjoyed having her and hope she can attend future meetings. Everyone agreed with their applause. Denise shared her appreciation and that she will help the council anyway she can.

V. BUSINESS

Review of Minutes - Chair Houghland asked if there were any corrections to the minutes. There were none. Frank makes a motion to approve the minutes as submitted. Phil seconds the motion. The minutes were approved by consensus.

Treasurer's Report - Stephanie provided everyone with an FCCF expenditure report which is in the packet of information. A summary of the travel costs was provided. Stephanie has all the backup documents to support each expense. Chair Houghland asked if FCCF wants someone from the council attending the rule making workshops in Tallahassee. The council agreed FCCF should have representation. Maria asked if councils have submitted additional funding dollars to FCCF. Stephanie advised just Area Seven. Chair Houghland mentioned that area councils who have committed extra dollars need to contact their area offices to make sure the transfer has been made.

Old Business – Ann shared that she attended the FVMR (Florida's Voice on Mental Retardation) annual conference. The name has been changed to FVDD (Florida's Voice on Developmental Disabilities). She was very impressed with the fund raising cocktail party the night before and the Saturday workshop. The major focus was on residential housing (group homes, supported living, and ICF's). Jack Kosik talked about his Noah's Landings. One of the issues covered was the 1000 ft. rule. It was decided through discussion that the issue is not the 1000 ft. rule itself, the issue is that APD is applying it wrong. They are denying supported living services for some and using the 1000 ft. rule as the excuse. Ann was very impressed with the group and quality of speakers. She was very concerned that the APD representative stayed just long enough for her presentation then left. APD needs to be there the whole day to hear the concerns of families. Ann shared the following day she went to a Halloween party at Bob Wessels group home that serves 15 individuals. She expressed what a shame it is that APD staff doesn't see the camaraderie of all the families being there and relating to each other's individuals and the fun and fellowship of what families do, what their days are like and how they are protected and care about their loved ones.

FASC Conference – Betty Kay attended the FASC conference which was well attended. She indicated there was a lot of bitterness among support coordinators. Ann asked if it was ever determined how many belong to FASC. Chair Houghland advised no but indicated it doesn't really matter. She talked to Brad Hunt, past president of FASC, who indicated it was good that Jane wasn't there. Betty Kay mentioned the managed care workgroup session was lead by Brad and Janice Phillips.

Direct Support Staff Certification - Frank shared the advisory committee is holding monthly phone calls. There are approximately 20 direct care staff people, sponsored by the agencies they work for, who have submitted membership applications to go through the training process to become certified in the state of Florida. Frank shared it is a good process and very tough certification training. Chair Houghland gave an overview of the program for those in attendance who were not at the last meeting. The training process is web-based.

FICD meeting - Chair Houghland shared FICD (Florida Institute for Community Disabilities) needs board membership. She is asking each Family Care Council's member to think of 2 names. They do not have to be FCC members, in fact she would prefer they be community based people who would like to work on the board of a 501(c)3. It's a board that is going to help promote training and education for persons with developmental disabilities in a variety of settings. She would like names and phone numbers E-mailed to her by December 10th. She will personally contact them, explain and ask them to consider. It will be a statewide board and meet via telephone meetings. Time and desire are important to get this organization up and running.

VI. ADJOURNMENT

With no further business to come before the council, Chair Houghland adjourned the meeting at 4:00.

The next meeting will be held on January 19th, 2008 at The Holiday Inn Select.

RESPECTFULLY SUBMITTED,

**Donna Rauber,
Florida Institute on Community and Disability (FICD)**

