

FAMILY CARE COUNCIL FLORIDA

Pauline Lipps, Chairperson
May 21, 2016 Meeting Minutes
Embassy Suites, Orlando Airport

Members Present:

Pauline Lipps, FCCF Chair, SC East
Mary Smith, FCCF Vice Chair, FCC4
Jean Sherman, FCCF Past Chair, FCC10
Ruth Wingate, FCCF Interim Secretary, FCC15
Dan Bayley, FCCF Treasurer, FCC7
Betsy Hill, FCC3
Joanna Rydzewski, SC East
Paula James, SC West
Patricia Oglesby, FCC8
Karen Oberg, FCC9
Marty Norris, FCC10
Mary Ellen Ottman, FCC12
Karen Huscher, FCC13
Melody Hearn, FCC15

Guests:

Allison Swink, FCC4
Ann Bayley, FCC7
Reshawna Owens, FCC7
Jeannette Hand, FCC10
Sara Brothers, FCC7
Daniel Hosack, FCC7
Manyvone Champavannarath, Liaison, APD
Melanie Eters, Communications Director, APD
Meghan Murray, Community Supports, APD
Martha Stuart, FCC9
APD FCCF Liaison: Stephanie Rogers
Guest Speakers:
Shevaun Harris,
Bureau Chief/Medicaid Policy, AHCA
Denise Arnold,
Deputy Director of Programs, APD
John Finch Jr., Director, ABLE United

CALL TO ORDER:

FCCF Chair Pauline Lipps called the meeting to order at 8:40 a.m. She welcomed members and guests and went over housekeeping details. She announced a change in agenda, as Secretary Carroll could not attend as noticed. Ruth Wingate identified folder contents, including:

- May 21, 2016 FCCF Agenda
- March 19, 2016 FCCF Draft Meeting Minutes
- 2015/2016 FCCF Year to Date Expenditures
- 2016/2017 Proposed Spending Plan
- Family Café Conference at a Glance
- Provider Rate Changes Effective 7/1/2016
- May 17, 2016 Florida Medicaid Health Care Alert, Behavior Analysis Services Provider Enrollment
- 2016 Agency for Persons with Disabilities Legislative Wrap-Up Report
- A Vision for Attendant Services and Supports for the New Millennium
- Required Eligibility Documentation for Developmental Disabilities
- The TRAIN Florida Learning Management System
- How to Apply for Services from the Agency for Persons with Disabilities
- Statutory Crisis Status Criteria
- Article: "New Data on Autism: Five Important Facts to Know"
- List of websites: A Federal Vision for Attendant Services and Supports; Risks of Restraints: Understanding Restraint-Related Positional Asphyxia; Policy Issue Brief from Justice In Aging: Representative Payees; Paying Minimum Wage and Overtime to Home Care Workers: A Guide for Consumers and their Families to the Fair Labor Standards Act; and HCBS Final Regulations – Questions and Answers Regarding Home and Community-Based Settings Planned Construction of Presumed Institutional Settings

Pauline Lipps presented the inspirational DVD "The Power of Attitude" from the collection available at SimpleTruths.com online. By consensus, members approved the DVD be shown during the FCCF workshop at CAFÉ.

II. BUSINESS

A motion was made to accept the minutes of the March 19, 2016 FCCF meeting as presented by Mary Ellen Ottman and seconded by Patricia Oglesby. Motion approved unanimously.

FCCF Treasurer's Report: Pauline Lipps assisted Dan Bayley in reporting, stating that the FCCF's 2015/2016 YTD expenditures total \$11,130.58. It was noted that the last three items pending in this report be identified as May expenditures. After outstanding CAFÉ funds, approximately \$3,000 remains available.

A motion was made to spend the remaining FCCF funds on FCCF brochures, a new banner and office supplies by Mary Ellen Ottman and seconded by Karen Oberg. Motion approved unanimously.

A motion was made to approve the proposed 2016/2017 FCCF Spending Plan by Paula James and seconded by Karen Huscher. Motion approved unanimously.

A motion was made to approve paying July 13/14/15/16 travel expenses for Pauline Lipps and Mary Smith to attend the Delmarva Quality Council meeting in Orlando and continue the following day to the July, 2016 FCCF workgroup and statewide meeting by Karen Oberg and seconded by Karen Huscher. Motion approved unanimously.

Pauline Lipps noted that Elizabeth Perkins from the University of South Florida will present at the July, 2016 meeting on the new waitlist campaign with the Center for Inclusive Communities. She needs ten family stories, five currently on the waiver, and five waiting for services to initiate this project. This information will be shared with legislators and the public for an active media announcement. Elizabeth Perkins will also research other families to include in the project. Five individuals currently receiving Waiver services volunteered for this project, and one yet to receive services.

III. AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA) BUREAU CHIEF OF MEDICAID POLICY, SHEVAUN HARRIS

Bureau Chief Harris began by saying that AHCA has federal authority to develop the policies of the Medicaid program, including medical, dental and behavioral health services, including prescribed drugs. AHCA is also responsible for the administration of all Home and Community Based Waivers. APD has day-to-day and operational responsibility for the iBudget waiver. AHCA has the authority to maintain the waiver with the federal government, and is the liaison with the Center for Medicare and Medicaid. AHCA is also responsible for developing contracts with the health plans. Shevaun Harris explained that two entities, the Department of Children and Families and Social Security Administration determine if individuals are financially eligible for Medicaid. Once individuals qualify, they then must follow policy developed by AHCA for Medicaid plans, located in the coverage Handbooks. These Handbooks are now under review to reduce their content, in many instances to 10 or 15 pages for ease of use, and to remove information outside the scope of AHCA's responsibility, such as quality and practice standards. The Handbooks identify what is covered, who is eligible to receive the service, who's eligible to provide the service, how many service units can be received and if there are service authorization requirements. AHCA identifies documentation required in the medical record and when prior authorization is required. Most Medicaid services do not require prior authorization. In a managed care Medicaid program, the

provider handles prior authorizations and must offer the minimum services covered in the Handbook. They also cannot be more restrictive in how many service units individuals receive. In fee-for-service Medicaid plans, AHCA is responsible to manage prior authorizations. AHCA contracts out the prior authorization function to eQ Health for certain home health services like personal care, private duty nursing, skilled nursing intermittent visits and certain durable medical equipment (DME) high cost items like customized wheelchairs. Most DME items do not require prior authorization. eQ Health also authorizes in-patient admissions, physical, occupational, speech, and in a limited capacity, respiratory therapy when provided in a prescribed pediatric extended care center (PPEC). eQ Health also authorizes ancillary services such as adult dentures, ultrasounds and others. There are no service exclusions/limitations for children when the definition of medical necessity is used. This definition includes services to protect life, prevent illness or further injury, is not experimental or investigational, is not for the convenience of family or the recipient and is solely to help alleviate, treat or prevent a medical issue. Again, for children, if limits stated in the Handbook indicate 2 units of coverage, but 3 units are medically necessary, the 3 units will be approved. A provider can request an exemption to any limitation in coverage policy for a child. The Handbook identifies averages, but if the recipient is under age 21, limits can be exceeded. Also, for children, if medically necessary and other methods are unsuccessful, an unlisted service or piece of equipment may be approved on an individual basis.

For adults, the federal government says Medicaid services can be limited, do not require a process to exceed service limits and in general are not covered in the same way as policy for children. Dental care for adults only covers dentures, extractions and limited oral surgery under state Medicaid plan. Managed care plans often cover expanded dental services such as cleanings, x-rays and in some cases restorative care for adults. Shevaun Harris noted that a more robust prior authorization process exists for applied behavior analysis (ABA). Beacon Health Solutions will start providing prior authorizations for ABA services for children with Autism tentatively in Fall, 2016. ABA is available if a doctor feels the service would be beneficial to the recipient, a request is then submitted to AHCA, is processed and the provider can begin this service. When Beacon comes on line, they will be exclusively responsible for ABA prior authorizations. AHCA is developing a coverage policy for behavior analysis services to expand the population eligible to receive the service to children other than those diagnosed with Autism or Autism Spectrum Disorder, based on a physician's prescription and must be shown as evidence-based to treat that condition.

Shevaun Harris noted that individuals can sign up for health care provider alerts at AHCA's website to stay up-to-date on the Florida Medicaid program. A recent alert advised of the changes in ABA services, indicating providers needed to enroll again in Medicaid if they offer ABA for children through the iBudget waiver, community behavioral health centers or early intervention programs. They will receive a different provider type of Medicaid enrollment number. Providers of adult ABA do not need to reenroll in Medicaid.

AHCA is responsible to ensure that any qualified and willing provider enrolls in the Medicaid waiver to provide service. They continue to recruit and attempt to remove enrollment barriers, including making sure the rate of pay is not a hindrance to becoming a provider. They examine what other programs reimburse for ABA to establish rates for this service. They are aware of concerns that particular ABA providers have a waitlist. Each provider agency is required that all provider staff have an individual Medicaid number to identify specifically who is providing the service, for greater accountability and to avoid potential fraud and abuse. The top ten billers of service, with over 1,000 providers under a single entity will be connected with liaisons to help process applications. AHCA will also send notices to group agencies asking for lists of lead analysts, their behavior assistants, etc., to track where they are in the applications process to prompt completion of paperwork. Behavior assistants can enroll in Medicaid but by 2019 must become registered behavior technicians.

Shevaun Harris noted that the HMO Medicaid plans appear to be stabilizing, from 19 plans at the beginning, with attrition through some acquisitions, to 11 standard plans, and also specialty plans that cover individuals meeting certain criteria. Individuals can change plans if family feels service is not adequately provided. AHCA handles both inquiries and complaints with a 24-hour turnaround time frame. A Choice Counselor can request a plan change that would become effective the first of the following

month. This includes children assigned to a different managed care plan when removed from the home, when they, through their representative, prefer the previous plan choice. Shevaun Harris noted that AHCA does auto-assign plans, but it is her understanding that policy allows for plan choice prior to this auto-assignment. It was suggested that continuity of care from familiar providers is imperative to children either temporarily or permanently away from their family

Families in need of services for their family member that are unaware of the Medicaid application process can be reached through DCF community education. Often a family is seeking other assistance and becomes aware of Medicaid availability for their child. AHCA is reviewing their materials to place in hospitals, to engage with social workers and discharge case managers who serve special needs individuals. This brochure would include available services and a contact number for further information. Schools would also be a good location for outreach information about what is available to piggyback with school-provided services to support families. AHCA will share this informational brochure with FCCF for their review and comments.

It was suggested that individuals on the wait list for iBudget receive a packet of information from the QSI assessor including which services are immediately available through State Medicaid.

Questions or assistance navigating the system for individuals with special needs can be addressed by calling the Medicaid Helpline at 877-254-1055. If concerns are brought up online, the case is not closed until the complainant says the problem is resolved.

Medicaid pays for targeted case management such as targeted mental health case management, including children diagnosed with behavioral health needs. Targeted case management for children receiving medical foster care services is also available. The case manager would help meet the child's needs and help the family navigate the system. There is enhanced care coordination for children in nursing facilities and for children receiving private duty nursing services. This assigned care coordinator works for eQ Health to help families understand what Medicaid covers, helps navigate the system and assists in acquiring prior authorization for services. Managed care plans also provide care coordinators to the child, or a coordination department to assist the family. It was felt that children with multiple hospitalizations should trigger a care coordinator to keep the child from entering a nursing home. AHCA Medicaid contracts can be accessed through AHCA.myflorida.com, click on Medicaid on the home page in the top banner, go to the quick resource links in the box and choose health plan contracts.

If a child is not in a health plan with an assigned care coordinator, they can access consumables and durable medical equipment through the AHCA Medicaid Helpline.

Services generally do not follow the child if they change providers, if the authorization is tied to the provider. The same amount of hours should transfer to another provider.

Personal care services and nursing services need to be renewed every 6 months to comply with eQ Health requirements that requires a 13-14 page document. Shevaun Harris will discuss it with the eQ Health team to examine the existing "Light Touch" procedure.

It was suggested that Medicaid hours become more flexible as in the iBudget Medicaid waiver. State Medicaid does not plan to allow hours the individual receives to be accessed flexibly as families need them.

The PPEC program is like medical day care for children up to age 21 with complex medical needs. Medicaid will pay for half or full-day care and is an alternative to private duty nursing services. It fosters community integration and allows physical, occupational, speech and respiratory therapy along with medical staff and personal care needs, and can be coordinated with parent work schedules. Children may also leave the PPEC site to allow for appointments. Limited to 12 hours a day, but can be available 24/7.

Hospice providers can be used as personal care providers, as long as they meet qualifications to provide personal care services.

Children can receive unlimited doctor visits as medically needed.

Medicaid considers it double billing to pay for care in a hospital setting and at the same time pay a separate provider to support the individual during their hospital stay. Families feel it is a health and safety issue to leave their loved ones in the hands of hospital staff without training to communicate with and provide for each individual's specific needs. These could include feeding, mental health support and

explanation to the individual what is expected of them to receive a successful medical outcome along with other concerns. Sitter services are available through hospitals, but they are an out of pocket cost to the family. Shevaun Harris said the policy quoted to deny this service should be investigated, if it is in the iBudget, and how changes to the Handbook could allow adults have their PCA provider or group home staff bill for the service to stay with individuals while hospitalized. Shevaun Harris will work with APD regarding this recurring concern. She will let her team at AHCA know that meeting with the Council on a more frequent basis would be beneficial, and offered to update the Behavior Analysis transition process during her next visit, and continue discussion how FCCF can help make this successful.

IV. DEPUTY DIRECTOR OF PROGRAMS FROM APD, DENISE ARNOLD

Deputy Director Arnold estimated that approximately 32,000 individuals are currently served on the Medicaid waiver as compared to the past 3 years when there were about 28,000 participants. She explained that the number on the waitlist continues to grow because the numbers are dynamic. Yearly, an average of 500 individuals in crisis are added to the waiver. These crisis numbers are usually not included in the general enrollment figures. The number of individuals enrolled each year often replicates the number of individuals signing up for the waitlist. Approximately 2,500 enrollment offers were made in this fiscal year for Waiver service with supplemental dollars provided by the legislature. Approximately 1,500 have accepted the offer. A second offer to the 1,500 not responding will not be made, but if they received an enrollment letter and contact APD during this fiscal year, they will be enrolled. Another 1,500 offers will be made beginning on July 1. Denise Arnold will send the May 23, 2016 waitlist client information to Pauline Lipps.

Stephanie Rogers will provide the link to the Department of Children and Families website for special needs. There are testimonial videos of families who have adopted or fostered special needs children. The DCF campaign to promote adoption and fostering is about 2 years old, and new partners such as the Council will be asked to assist with recruitment while out in the community. The Path to Parenting document from DCF will be sent electronically to the Council. It includes definitions, discusses training, orientation, Medicaid and APD. The Council is asked to review the document and suggest additional outreach methods to recruit foster/adoptive families.

V. DIRECTOR OF ABLE UNITED, JOHN FINCH

John Finch noted his previous position was with the ARC Florida dental care project. The new contact for dental service application to this program is blopez@arcflorida.org. \$3 million of funding will be available starting July 1, 2016, since the previous year funding has been expended except for emergency cases.

John Finch reminded the Council that Qualified Disability Expenses do not have to be either medically necessary or be limited to the sole benefit of the individual with the disability during his review of the previous meetings presentation. He then focused on how these trust accounts interact with Supplemental Security Income. SSI provides cash to meet basic needs for food, clothing and shelter, and individuals must meet disability, income and resource requirements to qualify. They can receive up to \$733 in SSI benefits a month or \$1,100 per couple, along with Medicaid coverage.

Individuals can financially qualify for SSI by utilizing deposits to ABLE accounts so they will not exceed the \$2,000 SSI resource limit. To avoid the 1/3 reduction in SSI benefits, an individual can deposit their household expenses into the ABLE account, rather than paying it directly. This allows the account to pay these expenses, consequently not reducing the individual's full SSI benefit. Housing expenses must be withdrawn and used during the same month, or withdrawn funds will be identified as a countable resource. ABLE account withdrawals retained for Qualified Disability Expenses other than housing are not considered a resource by SSI for the months leading up to the expenditure. These withdrawals must remain unspent and identifiable, and are not considered income. The purpose for a retained withdrawal can be changed, but to remain an uncountable resource, they must be used for an alternative Qualified Disability Expense.

Currently there is a withdrawal limit of 2-4 checks per month, or 4-6 electronic transfers, with a \$5 charge for more than this amount of checks/month. There will be communication between SSA and ABLE. A \$30 a year fee will be charged to maintain the account, with that fee waived during the first year. Mail delivery of statements will incur a fee, and John Finch noted these accounts are not insured by FDIC.

Updates and information are available at www.ABLEUnited.com and info@ABLEUnited.com. These sites include resources such as an eligibility checklist, investment options and performance, toolkits and downloadable content, FAQs and webinars.

VI. FCCF ELECTION

Nominating Committee Chair Karen Huscher presented the slate of candidates nominated for Executive Board positions for 2016/2017 which included: Mary Smith, Chairperson; Patty Houghland, Vice Chairperson; Ruth Wingate, Secretary and Dan Bayley, Treasurer. Dan Bayley notified the Council that he is withdrawing from nomination for the position of Treasurer. Mary Ellen Ottman was nominated from the floor by Pauline Lipps for the position of Treasurer. Mary Ellen Ottman accepted the nomination. No further nominations were made from the floor.

A motion was made to accept the slate of candidates nominated for the 2016/2017 Executive Board of FCCF by Karen Oberg and seconded by Paula James. Motion passed unanimously.

Newly elected Executive Board members will start their official duties on July 1, 2016.

VII. OTHER COUNCIL BUSINESS

The Bylaws committee will be chaired by Karen Huscher, with Mary Smith.

Dan Bayley volunteered for the second year to organize and schedule FCCF member participation at the CAFÉ conference booth #702 with the assistance of Karen Huscher and Melody Hearn. The sign-up sheet was passed around and will be sent to members by Stephanie Rogers to fill in available time slots.

CAFÉ workshop Chair Karen Huscher discussed this FCCF CAFÉ event, held in Celebration 8 on Friday, June 10 from 1:30 to 2:30 p.m. at the Hyatt Regency Orlando Hotel. Name tags will be ordered for Chairs to identify themselves to participants at the event. Pauline Lipps will welcome attendees and present "The Power of Positive Attitudes" video and Karen Huscher will discuss the history and purpose of Family Care Councils. Scheduled next is the interactive game facilitated by Patricia Oglesby with a commercial break for family stories with Karen Huscher. Following will be time for questions and answers, with Mary Smith offering closing remarks. Karen Huscher will call the committee into session for last minute review of the workshop, as needed.

Pauline Lipps noted that June 6 is the FCCF cutoff date for supply requisitions.

Melody Hearn reported that Margaret Hooper from the DD Council has contacted self-advocate groups, such as Stand Up For Independence, to join in creating a presentation on voting rights.

Jean Sherman noted that she is attending her last meeting today, and was thanked for her years of participation by the many members she has mentored within FCCF and for her service to families in her local Council and statewide through FCCF.

In Area 7, Dan Bayley was offered a suggestion for outreach. They plan to purchase books to donate with a label including Area FCC contact information, and indicating they are a gift of the Family Care Council.

VIII. Citizen Time

No members of the public signed up indicating their intent to speak during public comment.

There being no further business before the Council, Pauline Lipps adjourned at 3:26 p.m.

Respectfully submitted,
Ruth Wingate, FCCF Secretary

**The next meeting of the Family Care Council Florida will be held on July 16, 2016
at Embassy Suites, Orlando Airport, Orlando, Florida**