

Capitol Update



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Lawmakers Begin Session Early

This year the regular legislative session began on January 10th two months earlier than last year to give legislators time to redraw their districts (reapportionment) in accordance with the new federal census data. This earlier session, which happens every ten years, gives legislators time to get to know their new constituents in the new districts long before the fall elections, when most lawmakers will have to run for office in the new districts. The boundaries for the new political districts must be resolved before this summer in order for these fall elections to take place. The final redistricting/reapportionment decisions will probably be challenged in state and federal courts.

Both reapportionment and the state budget must be completed this summer, the budget by July 1, 2012. This year the budget process is complicated by serious suggestions from the Senate that the regular session be suspended and then re-convened after the March revenue estimates are available, so lawmakers will have a better understanding of how much revenue is available and where they will have to cut the budget, as Florida is facing a \$2 billion shortfall. The House does not appear to support the Senate approach yet but the House cannot pass a budget without the Senate.

Because of the projected \$2 billion shortfall, the budget for individuals with developmental disabilities is at risk. The House Health Care Appropriations Subcommittee recently heard a report from staff at the Agency for Persons with Disabilities (APD) that projected a deficit of \$40 million for this fiscal year. It also reported that a review of all cost plans between August and December resulted in a \$27.5 million statewide reduction, with the average cost plan falling from \$37,600 to \$33,000 since the beginning of the fiscal year.

Directly related to the issue of appropriation is **SB 1516** by Senator Joe Negron, which narrows the scope of responsibility for APD to health and safety and preventing institutionalization. Achieving independence is reduced in priority in the bill and is no longer a directive for APD. The role of APD is modified to include developing non-waiver community resources. The bill also codifies the current practice resulting from the reduction in funding of limiting changes in cost plans to crisis situations. There is no House companion bill but there could be a committee bill introduced in the House.

This bill appears to make major changes in the role and responsibility of APD. The responsibility for services that are not protecting the health and safety and not preventing institutionalization are to be supported through the community. During the past 20 years, many families stopped placing their children in institutions that followed a custodial model of care. Instead, community supports were developed so individuals with developmental disabilities could have as productive lives as close to normal as possible. The state developmental disabilities agency over the years has encouraged, facilitated and supported development of community services to achieve this goal. While APD should not be solely responsible for supporting the needs of individuals with developmental disabilities and their families, narrowing the role of the agency raises the question of how individuals with developmental disabilities will achieve independence, productive lives, inclusion and integration into the community.

The Council is opposing this bill and is asking the Legislature to budget a minimum of \$865 million dollars in the APD budget for current waiver recipients. The Council continues to support a commitment by the Legislature to appropriate the funds needed to take people with developmental disabilities off the waitlist before they go into crisis situations.

Please contact your legislators and let them know what you think about these issues. There has never been a more important time to let your voice be heard! Contact the members of the **House Health Care Appropriations Committee** and the **Senate Health and Human Services Appropriations Committee** and make your concerns known.

- **SB 1516 by Negron**

- **General for Agency for Persons with Disabilities**

The bill clarifies provisions relating to statute 393 and the Developmental Disabilities Home and Community Based Services Waiver. It outlines eligibility requirements based on citizenship and state residency. It requires the agency to promote partnerships and collaborative efforts to enhance the availability of non-waiver services. The bill revises provisions relating to eligibility under the Medicaid waiver redesign and provides criteria for calculating a client's initial iBudget. The bill provides that facilities that are accredited by certain organizations must be inspected and reviewed by the agency every 2 years. The bill provides limitations on the amount of cost sharing which may be required of parents for home and community-based services provided to their minor children. The Council determined the following;

- This bill appears to narrow the responsibility of APD to health and safety.
- The bill limits changes in cost plans to crisis situations.

- The bill revises the implementation of the iBudget to operationalize the new narrower scope of responsibility and no language ensuring waiver recipients a meaningful day or quality of life.

Effective Date: July 1, 2012- **No House Companion.**

The Council is opposing this bill.

01/17/12 SENATE Referred to Children, Families, and Elder Affairs; Health Regulation; Budget

- **Additional Developmental Disability Home and Community Based Services Waiver Issues**
 - **The Council voted to work with stakeholders to ask for a budget of at least \$865 million dollars for the Developmental Disability Home and Community Based Services Waiver.**
 - **Personal Care Attendant Services for children on the DD/HCBS Waiver who turn 21 years old. The Council will work to assure that children who reach adulthood and who are on the waiver will keep their PCA services.**
- **SB 144 by Flores**

Seclusion and Restraint on Students with Disabilities in Public Schools

The bill requires that manual physical restraint be used only in an emergency when there is an imminent risk of serious injury or death to the student or others. It provides restrictions on the use of manual physical restraint. The bill prohibits the use of manual physical restraint by school personnel who are not certified to use district-approved methods for applying restraint techniques and requires that each school medically evaluate a student after the student is manually physically restrained. The bill also prohibits school personnel from placing a student in seclusion and provides requirements for the use of time-out. The bill requires a school district report its training and certification procedures to the Department of Education. EFFECTIVE DATE: July 1, 2012.

The Council is supporting this bill.

0 9/08/11 SENATE Referred to Education Pre-K - 12; Children, Families, and Elder Affairs; Budget

Similar House Companion HB 1467 by Gonzales

01/12/12 HOUSE Referred to K-20 Innovation Subcommittee; PreK-12 Appropriations Subcommittee; Education Committee

- **SB 1826 by Gardener**

General Developmental Disabilities; the bill requires that health care providers provide pregnant women with current information about the conditions that are tested for in a prenatal test, the accuracy of such tests, and resources for obtaining support services for such conditions, including information and support services regarding Down syndrome

and other prenatally diagnosed conditions. The bill establishes a prenatal advocacy council within the Department of Health. The bill requires that each school provide information regarding the John M. McKay Scholarship Program upon the enrollment of a dependent child of a member of the United States Armed Forces. The bill also requires that each regional autism center in this state provide coordination and dissemination of local and regional information regarding available resources for services for children who have developmental disabilities, not just autism or autistic-like disabilities. Effective Date: July 1, 2012.

The Council will be neutral on this bill.

01/17/12 SENATE Referred to Health Regulation; Budget

Identical- HB 1371 by Boyd.

01/12/12 HOUSE Referred to Health & Human Services Quality Subcommittee; K-20 Innovation Subcommittee; Appropriations Committee; Health & Human Services Committee

- **SB 554 Disability Awareness by Ring**

The bill requires each district school board to provide disability history and awareness instruction in all K-12 public schools. The bill requires the Department of Education to assist in creating the curriculum for the disability history and awareness instruction. The bill requires the Department of Education to establish a disability history and awareness advisory council and providing membership of the council. EFFECTIVE DATE: upon becoming a law.

The Council voted to support the bill and suggest to the sponsors that presenters could also be family members, and that the bill could be just as effective with less bureaucracy and responsibility for FDOE. Duties could be addressed at the local school district level.

11/02/11 SENATE Referred to Education Pre-K - 12; Children, Families, and Elder Affairs; Budget

01/09/12 SENATE Favorable with CS by Education Pre-K - 12; 6 Yeas, 0 Nays

01/11/12 SENATE Now in Children, Families, and Elder Affairs

Identical HB 589 by Reed.

11/15/11 HOUSE Referred to K-20 Competitiveness Subcommittee; PreK-12 Appropriations Subcommittee; Education Committee

SB 434 Independent Living by Rich

The bill provides protections for children in care who are in middle and high school to enable them to receive a quality education and participate in extracurricular and enrichment activities. The bill includes provisions relating to school stability, transfers, transportation, attendance, and identification of an education advocate. The bill also specifies requirements for the Department of Children and Family Services (DCF or department), its community-based care (CBC) providers, and caregivers relating to the education of children in care, including those with disabilities, and requires the development of a transition plan.

The Council is supporting this bill.

01/10/12 SENATE Read Second Time; Amendments adopted (465118, 965684, 878336, 641580, 191652, 565926, 651436, 743638); Read Third Time; Passed (Vote: 40 Yeas / 0 Nays); immediately Certified

01/11/12 SENATE In Messages

Identical HB 417 by Glorioso.

10/28/11 HOUSE Referred to Health & Human Services Access Subcommittee; Rulemaking & Regulation Subcommittee; Health Care Appropriations Subcommittee; Health & Human Services Committee

SB 282 Health Care Transition Programs and Services for Adolescents and Young Adults Who Have Special Health Care Needs by Wise

The bill establishes the Florida Health And Transition Services (Florida HATS) program within the Division of Children's Medical Services Network in DOH to implement health care transition programs for adolescents and young adults who have special health care needs. The bill requires the program to provide technical assistance to communities, providers, and organizations. The bill also requires DOH to work with AHCA, OIR, & community-based pediatric and adult health care providers to develop health care transition programs for adolescents and young adults who have special health care needs; finally, the bill requires that at least one proposed health and transition services program be associated with each region of Children's Medical Services Network.

The Council is supporting this bill.

10/04/11 SENATE Referred to Health Regulation; Children, Families, and Elder Affairs; Budget

Identical -HB 279 by Logan.

10/17/11 HOUSE Referred to Health & Human Services Access Subcommittee; Health Care Appropriations Subcommittee; Health & Human Services Committee

HB 951 Autism by Garcia Jr.

This bill requires physicians to refer minor to appropriate specialist for screening for autism spectrum disorder under certain circumstances. It also requires certain insurers and health maintenance organizations to provide direct patient access to appropriate specialist for screening for or evaluation or diagnosis of autism spectrum disorder. This bill requires certain insurance policies and HMO contracts to provide minimum number of visits per year for screening for or evaluation or diagnosis of autism spectrum disorder.

The Council is supporting this bill.

12/21/11 HOUSE Referred to Health & Human Services Access Subcommittee; Insurance & Banking Subcommittee; Appropriations Committee; Health & Human Services Committee

Identical- SB 162 by Ring.

09/08/11 SENATE Referred to Health Regulation; Banking and Insurance; Budget

HB 991 Intellectual Disabilities by Van Zant

This bill is being filed for the third year. This time it has a House sponsor. The bill substitutes Arc of Florida for Association for Retarded Citizens for purposes of certain proceedings relating to children. It substitutes the term "intellectual disability" for "mental retardation" and clarifies that meaning of terms "intellectual disability" or

"intellectually disabled" is the same as meaning of terms "mental retardation," "retarded," and "mentally retarded" for purposes of matters relating to criminal laws and court rules. It revises definitions relating to intermediate care facilities for developmentally disabled to delete unused terms.

The Council is supporting this bill.

12/28/11 HOUSE Referred to Health & Human Services Access Subcommittee; Criminal Justice Subcommittee; Health Care Appropriations Subcommittee; Health & Human Services Committee

Identical- SB 460 by Altman.

11/02/11 SENATE Referred to Children, Families, and Elder Affairs; Criminal Justice; Budget