Health Care and Prevention Task Force Meeting

April 16, 2015

Tampa Airport Marriot

Tampa, Florida
TO: Health Care and Prevention Task Force Members
FROM: Holly Hohmeister, Health Care and Prevention Program Manager
DATE: April 7, 2015
SUBJECT: April Task Force Meeting Packet

This packet contains the meeting materials for the April 16, 2015 Health Care and Prevention Task Force Meeting. This meeting will be held at the Tampa Airport Marriott, 4200 George J Bean Parkway, Tampa, Florida, 33607. Our meeting will begin at 9:00 a.m. Please review the included agenda and other meeting items.

During this meeting we will begin the important work of developing our 2017 – 2021 FDDC State Plan. We will also discuss the progress we have made implementing our current state plan, and receive an update on Council legislative activities.

This will be the first meeting for our new Resource Member, Rebecca Crosby. I know you will join me in welcoming her to the Task Force.

Please do not hesitate to contact me if you have any questions. I look forward to seeing you soon in Tampa.

Sincerely,

Holly Hohmeister
<table>
<thead>
<tr>
<th>Time</th>
<th>Action Item?</th>
<th>Subject</th>
<th>Section</th>
<th>Presenter</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 AM</td>
<td>No</td>
<td>Call to Order</td>
<td></td>
<td>Maggie Reilly</td>
<td></td>
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<tr>
<td>9:05 AM</td>
<td>Yes</td>
<td>2011 – 2016 State Plan Review and Amendment and consideration of emerging issues</td>
<td>Tab 1</td>
<td>Holly Hohmeister</td>
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<tr>
<td>10:00 AM</td>
<td>No</td>
<td>A New Way of Thinking – The Council’s 2017 – 2021 State Plan</td>
<td>Tab 2</td>
<td>Sheila Gritz-Swift</td>
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<tr>
<td>10:30 AM</td>
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<td>Break</td>
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<tr>
<td>10:45 AM</td>
<td></td>
<td>Council Activities in other focus areas – Issues, Barriers, and Your Feedback</td>
<td></td>
<td>FDDC Program Mangers</td>
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<tr>
<td>12:00 PM</td>
<td>No</td>
<td>Working Lunch</td>
<td>Tab 3</td>
<td>Janet Hess – University of South Florida</td>
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<tr>
<td>12:45 PM</td>
<td>Yes</td>
<td>Internal Assessment of Current State Plan Goals and Objectives and Other System Change Issues/Needs</td>
<td>Tab 2</td>
<td>Sheila Gritz-Swift</td>
<td>Holly Hohmeister</td>
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<tr>
<td>1:45 PM</td>
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<td>Break</td>
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<td>2:00 PM</td>
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<td>Legislative Update</td>
<td>Tab 4</td>
<td>Margaret Hooper</td>
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<tr>
<td></td>
<td>Yes</td>
<td>Schedule Calls and Meetings</td>
<td>Tab 4</td>
<td>Holly Hohmeister</td>
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<td>• Council Meeting Dates</td>
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<td>Time</td>
<td>Old Business or New Business</td>
<td>Public Comment</td>
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<td>4:00 PM</td>
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<td>Members of the public who would like to speak to the Task Force</td>
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State Plan Amendment Process

Annually, the Council reviews the “State Plan: Blueprint to FDDC’s mission”, and data for data driven decision making on modifications that may be needed to the state plan. To undertake the data review, 4 charts have been developed to facilitate this process.

At the upcoming task force meeting, members will discuss the initiatives the Council is addressing in the state plan, as well as emerging issues and trends. Emerging issues and trends will be analyzed and ranked to determine whether or not to include an issue in the state plan. In preparation for the meeting, review the data and use the worksheets below ahead of time.

1- **Objective Analysis Worksheet** – This worksheet summarizes the following for each objective under an overarching goal (one worksheet per objective) (1) outcomes (2) preliminary findings/outcomes to date (3) what has been learned (4) what changes may be needed. Review the information that has been provided and feel free to add information or comments for discussion at the task force meeting.

2- **Goal Analysis Worksheet** - This worksheet summarizes (1) findings, (2) what has been learned and (3) what changes may be needed as a result of the overall findings for the objectives within the overarching goal. Again, Review the information that has been provided and feel free to add information or comments for discussion at the task force meeting.

3- **Emerging issues & Trends: Analysis Tool**- Based on the data list emerging issues and trends you believe should be considered. For each issue and answer the following questions:
   1. Is another entity outside the Council addressing this issue? If so, who? Or what?
   2. Is the Council currently involved in addressing this issue? If so, how?; Council project?
   3. Is the Council the best entity to undertake this issue? Why? or why not?

4- **Emerging issues & Trends: Prioritizing Tool**- Prioritize each issue from a scale of 1 (most likely), 2 (somewhat likely), and 3 (least likely); based on the following questions:
   1. Is there a role for the Council to promote systems change, capacity building, and/or advocacy to address this issue?
   2. Is there sufficient level of support that there is a need to address this issue?
   3. Can progress be made to address this issue by 9/30/2016?

5- For each emerging issues and/or trends being recommended to be added to the state plan, identify the following:
   - Goal (if needed)
   - Objective
   - Implementation Activities
   - Action Steps
   - Outcomes
   - Evaluation Methods
   - Timeline
   - Funding
   - Output(s)
   - System Change Element(s)
   - Data Indicator(s)
Data Sources for Emerging Issues & Trends

I. Report on National & State Policy Issues
   a. PPAC Coordinator’s report
   b. Information from PPR

II. Report from state agencies & other stakeholders on emerging issues & trends
   a. Department of Education / Bureau of Exceptional Education Student Services (DOE/ BEESS)
   b. Vocations Rehabilitation (VR)
   c. Agency for Persons with Disabilities (APD)
   d. Disabilities Rights Florida
   e. Department of Elder Affairs (DOEA)
   f. Department of Health (DOH)
   g. Agency for Health Care Administration (AHCA)
   h. Florida Center for Inclusive Communities - University of South Florida
   i. Mailman Center - University of Miami
   j. The Able Trust
   k. Florida Alliance for Assistive Technology (FAAST)
   l. Florida’s Office on Disability & Health (FODH)

III. Synopsis of Stakeholder input from Public Forums

IV. Synopsis of Stakeholder input from Council Survey
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### Emerging Issues & Trends: Prioritizing Tool

<table>
<thead>
<tr>
<th>Issues</th>
<th>Levels of consideration to include this issue in the State Plan: To what extent:</th>
<th>Comments</th>
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<tbody>
<tr>
<td></td>
<td>a. Is there a role for the Council to promote Systems Change, Capacity Building and/or Advocacy for this issue?</td>
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<td>b. Is there sufficient level of support that there is a need to address this issue?</td>
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<td></td>
<td>c. Can progress be made to address this issue in 5 years</td>
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<td>1.</td>
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**Goal 4:** In partnership with individuals with developmental disabilities, their families and stakeholders, the Council will provide training and technical assistance to health care professionals and stakeholders to assist individuals with developmental disabilities and their families to gain and maintain skills that ensure their health and safety.

**Objective 4.1:** Support the development and dissemination of at least two (2) resources to be utilized throughout Florida in trainings and technical assistance, provided by other stakeholders, to facilitate overall health.

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>2014 Funding:</th>
<th>2015 Funding:</th>
<th>2016 Funding:</th>
</tr>
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<tbody>
<tr>
<td>Easing Your Stress – A Guide for Caregivers Years 2-5</td>
<td>$20,000 (printing and distribution of both Stress books)</td>
<td>None</td>
<td>None</td>
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</tbody>
</table>

**Outcome(s):**

1. The Easing Your Stress: A Guide for Caregivers will be disseminated as an educational resource to caregivers throughout Florida
2. Caregivers will report using the strategies identified in the resource to ease their stress

**Preliminary findings/progress to date toward reaching outcomes:**

- Easing Your Stress was revised and reprinted in January 2015 to update the resources in the publication.
- Council staff will continue to identify trainings, technical assistance or dissemination activities to promote this resource. The intent is to disseminate the publication through new and existing partnerships that the Council has with caregiver support organizations in Florida.
- A QR code was printed on the back of the publication that links to a survey that assesses if caregivers report using the stress reducing strategies in the publication. The survey also assesses caregiver satisfaction with the publication and related feedback.
- The publication was disseminated at the USF CARD Center Health and Wellness Symposium, to FDLRS, to Family Care Council members, APD, Florida’s two UCEDDs, the FL Office on Disability and Health, and the Family Network on Disabilities.

**What has been learned?**

- Outcome 1: The Easing Your Stress: A Guide for Caregivers will be disseminated as an educational resource to caregivers throughout Florida. – Achieved. The resource has been disseminated throughout Florida. Over 10 statewide and location organizations and agencies have disseminated this publication.
- Outcome 2: Caregivers will report using the strategies identified in the resource to ease their stress. Achieved. 28% of survey respondents strongly agree and 42% agree with the statement “I have used the stress-reducing approaches” identified in this publication.”
• 10 statewide and local organizations and agencies disseminated the publication. There were 11 responses to the publication satisfaction survey. 2310 copies of the publication were distributed by Council staff. 3282 copies of the publication (2420 in English and 862 in Spanish) were ordered from the Council’s website.

**What changes are needed?**

• None at this time
**Goal 4**: In partnership with individuals with developmental disabilities, their families and stakeholders, the Council will provide training and technical assistance to health care professionals and stakeholders to assist individuals with developmental disabilities and their families to gain and maintain skills that ensure their health and safety.

**Objective 4.1**: Support the development and dissemination of at least two (2) resources to be utilized throughout Florida in trainings and technical assistance, provided by other stakeholders, to facilitate overall health.

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<tr>
<th>Project Title:</th>
<th>2014 Funding:</th>
<th>2015 Funding:</th>
<th>2016 Funding:</th>
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<tbody>
<tr>
<td>Stress and What You Can Do About It: Information for Individuals with Developmental Disabilities Year 2-4</td>
<td>$20,000 (printing and distribution of both Stress books)</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Outcome(s):**

1. Stress and What You Can Do About It – Information for Individuals with Developmental Disabilities will be disseminated to individuals with developmental disabilities and stakeholders throughout Florida.
2. Individuals with developmental disabilities will report using the strategies identified in the resource to manage their stress.

**Preliminary findings/progress to date toward reaching outcomes:**
- This is one of the most requested Council publications.
- Copies have been disseminated to self-advocate groups and organizations that support individuals with developmental disabilities.
- We have funds to reprint this publication when our current copies run out.
- Working with DOE to create a talking book and other accessible formats.

**What has been learned?**
- We will know more as we disseminate this publication.

**What changes are needed?**
- None at this time.
**Objective Summary Worksheet**

**Goal 4:** In partnership with individuals with developmental disabilities, their families and stakeholders, the Council will provide training and technical assistance to health care professionals and stakeholders to assist individuals with developmental disabilities and their families to gain and maintain skills that ensure their health and safety.

**Objective 4.1:** Support the development and dissemination of at least two (2) resources to be utilized throughout Florida in trainings and technical assistance, provided by other stakeholders, to facilitate overall health.

**Project Title:** Oral Care for Individuals with Developmental Disabilities Year 2

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<tr>
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<th>2014 Funding:</th>
<th>2015 Funding:</th>
<th>2016 Funding:</th>
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<tbody>
<tr>
<td></td>
<td>$66,000</td>
<td>None</td>
<td>None</td>
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</table>

**Outcome(s):**

1. The oral care training program will be utilized in trainings throughout Florida.
2. Caregivers will apply strategies identified in the resource to provide oral care for individuals with developmental disabilities.

**Preliminary findings/progress to date toward reaching outcomes:**

- One training session was held with 28 attendees. Three additional face to face sessions and one live event are planned in 2015.
- Working with the Arc of Florida to incorporate the curriculum into its TRAIN program, which will make it available online for provider in-service credit

**What has been learned?**

- In Year 1 there were 175 participants in the face to face training sessions and 63 participants for the webinar (total of 238 participants).
- Year 1 evaluation results showed that 96% of the participants would recommend this training to others and that caregivers used the techniques demonstrated in the training to provide oral hygiene to the person they care for. Caregivers also showed improvement in their scores on the pre and post tests.

**What changes are needed?**

- None
### Objective Summary Worksheet

**Goal 4:** In partnership with individuals with developmental disabilities, their families and stakeholders, the Council will provide training and technical assistance to health care professionals and stakeholders to assist individuals with developmental disabilities and their families to gain and maintain skills that ensure their health and safety.

**Objective 4.2:** Conduct research and provide training in eight (8) areas of Florida to health care stakeholders to enable individuals with developmental disabilities and their families to effectively communicate with health care professionals and advocate for their health needs.

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>2013-2014 Funding:</th>
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<th>2016 Funding:</th>
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<tbody>
<tr>
<td>My Health Care Year 4</td>
<td>$85,000</td>
<td>None</td>
<td>None</td>
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</table>

**Outcome(s):**

1. The “My Health Care” training will be implemented in 3 areas of Florida.
2. Individuals with Developmental Disabilities will demonstrate an increase in knowledge in advocating for their health care needs.
3. Individuals with Developmental Disabilities report using the knowledge and skills gained from the trainings in advocating for their health care needs.

**Preliminary findings/progress to date toward reaching outcomes:**

- My Health Care was implemented from September – November 2014 with 171 students. 11 classes were made up of 6 new and 5 continuing groups, 5 Adult Day Training (ADT) classes, 4 young adult transition classes (3 are university-based), 1 high school class, and 1 community-based class. Evaluation of pre and post testing is in progress.
- An Instructor Training Video has been completed.

**What has been learned?**

- The intent is to have My Health Care fully integrated into existing programs and available for other programs to use. The Council will have free printed copies of the My Health Care curriculum available for potential sites to use and is also working with the Agency for Persons with Disabilities to explore ways that HCBS Waiver providers can provide this training to the individuals they serve.

**What changes are needed?**

- None
**Objective Summary Worksheet**

**Goal 4:** In partnership with individuals with developmental disabilities, their families and stakeholders, the Council will provide training and technical assistance to health care professionals and stakeholders to assist individuals with developmental disabilities and their families to gain and maintain skills that ensure their health and safety.

**Objective 4.4:** Provide technical assistance to key staff of health and wellness entities and community stakeholders, in two (2) to four (4) areas in Florida, to increase opportunities for individuals with developmental disabilities and their families to access and participate in community health and wellness activities to improve their overall health.

<table>
<thead>
<tr>
<th>Project Title: Gulfstream Goodwill Fit Club Implementation Activities Year 2-5</th>
<th>2014 Funding: None (These activities are completed in-house)</th>
<th>2015 Funding: None (These activities are completed in-house)</th>
<th>2016 Funding: None (These activities are completed in-house)</th>
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**Outcome(s):**

1. An increase in the number of adults participating in health and wellness activities
2. Participants will show improvement in at least 1 health indicator
3. Fit Club staff will indicate benefiting from the Increasing Wellness and Reducing Secondary Health Conditions for Individuals with Developmental Disabilities Replication Guide

**Preliminary findings/progress to date toward reaching outcomes:**

- The Council funding of the Fit Club ended in September 2012. Council staff continues to monitor the progress of this initiative.
- Both Gulfstream Goodwill (West Palm Beach, Treasure Coast, Vero) and Suncoast Goodwill (Pinellas Park and Gandy) have continued to operate the Fit Club and facilitate health and wellness activities.

**What has been learned?**

- We will learn more as these activities continue.
- Outcome 1: An increase in the number of adults participating in health and wellness activities. Achieved: There were 168 participants in 2012-2013 and 228 participants in 2013-2014.
- Outcome 2: Participants will show improvement in at least 1 health indicator. Achieved: 17 individuals showed improvement in at least 1 health indicator and 10 individuals have shown improvement in 2 or more areas.
- Outcome 3: Fit Club staff will indicate benefiting from the Increasing Wellness and Reducing Secondary Health Conditions for Individuals with Developmental Disabilities Replication Guide: Achieved. Staff at all Fit Club locations used the replication guide to implement the program.
- 9 community organizations collaborated with Fit Club activities, 17 individuals had improved health as demonstrated by improvement in at least 1 health indicator (weight, blood pressure, or BMI), and there were 228 participants in the program.

**What changes are needed?**

- None
Objective Summary Worksheet

**Goal 4:** In partnership with individuals with developmental disabilities, their families and stakeholders, the Council will provide training and technical assistance to health care professionals and stakeholders to assist individuals with developmental disabilities and their families to gain and maintain skills that ensure their health and safety.

**Objective 4.4:** Provide technical assistance to key staff of health and wellness entities and community stakeholders, in two (2) to four (4) areas in Florida, to increase opportunities for individuals with developmental disabilities and their families to access and participate in community health and wellness activities to improve their overall health.

**Project Title:**
Community Health and Wellness (Implementing results of Community Wellness Needs Assessment) Year 1

<table>
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<tr>
<th>2014 Funding:</th>
<th>2015 Funding:</th>
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<tr>
<td>$0</td>
<td>$80,000</td>
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**Outcome(s):**

1. Increase in the knowledge of the needs of community health and wellness entities and stakeholders for individuals with developmental disabilities to have access and participate in community health and wellness activities.
2. Increase in the number of individuals with developmental disabilities participating in community health and wellness activities.

**Preliminary findings/progress to date toward reaching outcomes:**

- This RFP was released February 23 and proposals are due 4/15. Targeted solicitation was done to community organizations, parks and recreation departments and health and wellness entities in areas identified in the RFP.

**What has been learned?**

- N/A

**What changes are needed?**

- If no responses to this RFP are received, do we want to re-release it? How would it need to be modified for a re-release?
- If the Task Force chooses not to pursue this, we need to modify these implementing activities. The overall objective may still be met through Fit Club activities.
Objective Summary Worksheet

**Goal 4:** In partnership with individuals with developmental disabilities, their families and stakeholders, the Council will provide training and technical assistance to health care professionals and stakeholders to assist individuals with developmental disabilities and their families to gain and maintain skills that ensure their health and safety.

**Objective 4.4:** Provide technical assistance to key staff of health and wellness entities and community stakeholders, in two (2) to four (4) areas in Florida, to increase opportunities for individuals with developmental disabilities and their families to access and participate in community health and wellness activities to improve their overall health.

| Project Title: Community Health and Wellness Year 2 | 2016 Funding: $80,000 |

**Outcome(s):**

1. Increase in the knowledge of the needs of community health and wellness entities and stakeholders for individuals with developmental disabilities to have access and participate in community health and wellness activities.
2. Increase in the number of individuals with developmental disabilities participating in community health and wellness activities.

**Preliminary findings/progress to date toward reaching outcomes:**

- N/A

**What has been learned?**

- N/A

**What changes are needed?**

- This will depend on if we receive a proposal for Year 1 of this initiative
Goal 4: In partnership with individuals with developmental disabilities, their families and stakeholders, the Council will provide training and technical assistance to health care professionals and stakeholders to assist individuals with developmental disabilities and their families to gain and maintain skills that ensure their health and safety.

<table>
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<tr>
<th>Summary findings of overall objectives:</th>
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<tr>
<td>Adequate progress is being made to achieve our goal:</td>
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<tr>
<td>• “Easing Your Stress” for caregivers and “Stress and What You Can Do About It” for individuals with developmental disabilities are completed and being disseminated to targeted audiences.</td>
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<tr>
<td>• The “Oral Care for Caregivers” program is being disseminated throughout Florida and will be sustained through the TRAIN program.</td>
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<td>• The “My Health Care” curriculum is being implemented in diverse areas of Florida and activities to ensure sustainability are in progress.</td>
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<td>• The capacity of individuals with developmental disabilities to participate in health and wellness activities to reduce secondary health conditions has increased.</td>
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<th>What are we learning collectively:</th>
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<td>• We are at the point in our state plan where we are nearly finished developing and implementing our programs/developing products and now our focus is on their sustainability after Council funding ends.</td>
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<tr>
<td>• Need to ensure that publications intended for a reader with intellectual disabilities have the appropriate text and visual supports to tell the reader what to do instead of illustrate text.</td>
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<td>• Need to ensure that any training programs are developed in a way that they can be approved for in-service credit from the crediting organization.</td>
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<tr>
<th>As a result of the findings overall, are we making progress as anticipated?</th>
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<tr>
<td>Most objectives are progressing on schedule, but adjustments to timelines need to be made to take delays into account.</td>
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<td>1. If No? why not ?</td>
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<tr>
<th>Overall, what amendments are needed to move forward towards achieving the goal? And why?</th>
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<tbody>
<tr>
<td>Objective 4.4 – Community Health and Wellness Year 1 and 2</td>
<td>Need to decide the future of these activities if no proposals are received.</td>
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<td>If No, why not?</td>
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Objective Summary Worksheet

**Goal 5**: In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in improved accessibility to and delivery of health care and early intervention systems.

**Objective 5.1**: Provide technical assistance to Early Steps (Part C) to implement sustainability measures to enhance the service delivery system.

| Project Title: Credentialing of Early Intervention Evaluators Year 1 | 2014 Funding: $99,850 ($79,880 2013/ $19,970 2014) | 2015 Funding: See Year 2 | 2016 Funding: See Year 2 |

Outcome(s):

1. The State Office for Early Steps will approve Early Intervention Evaluator credentialing, in order for a statewide consistent and comprehensive evaluation process for determining eligibility for Early Intervention services.

2. Initial group of evaluators will be trained and will provide feedback on how effective the training clarifies evaluation guidelines.

Preliminary findings/progress to date toward reaching outcomes:
Outcome 1: The Early Steps State Office (ESSO) has been working collaboratively with the provider to design an evaluator credential that will help evaluators achieve consistent, competent evaluations.

Outcome 2: A training guide draft has been produced. Five preliminary trainings in a variety of areas in the state have been given. Feedback was collected for editing and finalizing of training modules. Pilot sites will be identified for year two.

What has been learned?

- Narrowing down the content matter to be included in the credential training and, ultimately, the credential assessment, has been a complex process with data collected from Local Early Steps staff focus groups, parent focus groups, and over 1,000 written resources.
- Based on the input of Early Steps stakeholders a two level credential is being developed - General and Master.
- The Peer Mentoring /Coaching Process has been revised from a video observation to live observations that will be reciprocal between an evaluator being trained and his/her mentor/coach (also based on stakeholder feedback).
- Issues about where and how the training modules will be hosted are in process.
- Changes in the Early Steps State Office structure have taken place. We are currently determining how these changes will impact the evaluator project.

What changes are needed?

Current events will determine how this process may change.
Goal 5: In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in improved accessibility to and delivery of health care and early intervention systems.

Objective 5.1: Provide technical assistance to Early Steps (Part C) to implement sustainability measures to enhance the service delivery system.

### Project Title:
Credentialing of Early Intervention Evaluators Year 2

### 2015 Funding:
$70,000
($35,000 2014/$35,000 2015)

### 2016 Funding:
See Year 3

### Outcome(s):

1. The online training modules for the credentialing process for Early Intervention Evaluators will be available.
2. Early Intervention Evaluators or practitioners desiring to become EI evaluators will access and complete the online training modules.
3. Evaluators trained will demonstrate the benefits of the online trainings for Early Intervention Evaluator Credentialing.

### Preliminary findings/progress to date toward reaching outcomes:
- We will know more as we complete Year 1 activities.

### What has been learned?
- N/A

### What changes are needed?
- N/A
**Goal 5:** In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in improved accessibility to and delivery of health care and early intervention systems.

**Objective 5.1:** Provide technical assistance to Early Steps (Part C) to implement sustainability measures to enhance the service delivery system.

<table>
<thead>
<tr>
<th>Project Title: Credentialing of Early Intervention Evaluators Year 3</th>
<th>2015 Funding: $0</th>
<th>2016 Funding: $70,000</th>
</tr>
</thead>
</table>

**Outcome(s):**

1. Early Intervention Evaluators or practitioners desiring to become EI evaluators will access and complete the online training modules

2. Evaluators trained will provide feedback and report on the benefits of the online trainings for Early Intervention Evaluator Credentialing.

Preliminary findings/progress to date toward reaching outcomes:

- We will know more as we complete Year 2 activities.

What has been learned?

- N/A

What changes are needed?

- N/A
Goal 5: In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in improved accessibility to and delivery of health care and early intervention systems.

Objective 5.2: Advocate for and provide technical assistance to develop three (3) system design specifications for Medicaid service delivery that contributes to policy change to create and maintain a more effective system for individuals with developmental disabilities.

Project Title:
Medicaid Managed Care Analysis and Recommendations Year 2 and 3

<table>
<thead>
<tr>
<th>Year 2014 Funding:</th>
<th>Year 2015 Funding:</th>
<th>Year 2016 Funding:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None (these activities will be completed in-house)</td>
<td>None (these activities will be completed in-house)</td>
<td>None (these activities will be completed in-house)</td>
</tr>
</tbody>
</table>

Outcome(s):

1. If AHCA proceeds with including individuals with DD in Statewide Medicaid Managed Care, ACHA will incorporate an accountability measure for the implementation of the purchasing standards. Not achieved as AHCA has not included individuals with developmental disabilities in Statewide Medicaid Managed Care.
2. Efforts will be made to include components of the purchasing standards into existing managed care plans to improve the quality of care for individuals with developmental disabilities. Not applicable as individuals with developmental disabilities are not mandatory enrollees in Statewide Medicaid Managed Care.

Preliminary findings/progress to date toward reaching outcomes:

- Outcome 1: If AHCA proceeds with including individuals with DD in Statewide Medicaid Managed Care, ACHA will incorporate an accountability measure for the implementation of the purchasing standards. Not achieved as AHCA has not included individuals with developmental disabilities in Statewide Medicaid Managed Care.
- Outcome 2: Efforts will be made to include components of the purchasing standards into existing managed care plans to improve the quality of care. Not applicable as individuals with developmental disabilities are not mandatory enrollees in Statewide Medicaid Managed Care.
- How we implement this objective is dependent on how policymakers implement managed care for Medicaid recipients in Florida.
- The State of Florida is implementing the Statewide Medicaid Managed Care Program for most Medicaid recipients. Individuals with developmental disabilities who are on the HCBS waiver or HCBS waiver waiting list are specifically excluded from mandatory enrollment into a managed care plan, but may choose to enroll in a Managed Medical Assistance plan if they choose to.
- The Council is continuing to closely monitor the implementation of Managed Care for all Medicaid recipients as this may reflect any future implementation of managed care for IDD. We have the Specialty Health Care Plan available in the event that IDD become a mandatory enrollment group.

What has been learned?

- Information about managed care choices should be clearly communicated to individuals with developmental disabilities. Individuals with developmental disabilities who receive DD/HCBS services and those on the waiting list for DD/HCBS waiver services began receiving letters...
regarding Statewide Medicaid Managed Care enrollment in February 2014. These individuals may voluntarily take part in the Managed Medical Assistance program, but they are not required to enroll. The content of these letters did not make these options clear and many individuals and stakeholders were confused and uncertain about their options. Responding to the need for clearer information about options for individuals with developmental disabilities, the Council is developing an easy-read publication to explain the Managed Medical Assistance program and how they can voluntary enroll. The developed publication will be in an easy read format and provide concise language and illustrations to make it accessible to individuals with a diverse range of cognition and functioning. This publication will be available in May 2015.

What changes are needed?

- None at this time. We will carefully monitor this objective and its implementation activities.
**Objective Summary Worksheet**

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>2014 Funding:</th>
<th>2015 Funding:</th>
<th>2016 Funding:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with Medically Complex Conditions</td>
<td>None (these activities will be completed in-house)</td>
<td>None (these activities will be completed in-house)</td>
<td>None (these activities will be completed in-house)</td>
</tr>
</tbody>
</table>

**Goal 5:** In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in improved accessibility to and delivery of health care and early intervention systems.

**Objective 5.2:** Advocate for and provide technical assistance to develop three (3) system design specifications for Medicaid service delivery that contributes to policy change to create and maintain a more effective system for individuals with developmental disabilities.

**Outcome(s):**

1. State agencies will engage in a planning process to develop improvements to the service delivery system for children with medically complex conditions.
2. A service delivery system for children with medically complex conditions that prevents placement in a skilled nursing facility and/or successfully transitions children from skilled nursing facilities to a family home will be developed.
3. The State of Florida will take specific actions to move forward the implementation of a service delivery system for children with medically complex conditions that prevents placement in a skilled nursing facility and/or successfully transitions children from a skilled nursing facility to a family home.

**Preliminary findings/progress to date toward reaching outcomes:**

- A review was conducted and report completed in July 2013 of 4 states’ service systems for children with medically complex conditions: California, Illinois, New York and Texas. The Texas model held the most promise for Florida. A presentation of the Texas Permanency Planning and Family Alternative Model was made to the state agencies involved in delivery of services for children with medically complex conditions on January 14, 2014. House and Senate discussions during the 2014 legislative session on children in foster care, included children in the foster care system with medically complex conditions in nursing homes. The Council attempted to use this as an avenue to advocate for the key elements of the Texas model that had been adopted as a Council priority: a state policy that facilitates permanent living arrangement with a family, family based support homes, adequate Medicaid State Plan and Waiver service options for children with medically complex conditions, a higher Medicaid
State Plan reimbursement rate for children who have medically complex conditions, facilitation of a permanent living arrangement and transition to family support homes, and ensuring transition of services when a child turns 21.

- Multiple versions of legislative language were drafted, discussions held with APD, AHCA, DCF and DOH. The final version was for a task force of state agencies and other stakeholders to develop a plan to do the following: provide uniform procedures for an individual life plan (i.e., permanency plan) for each child residing in a nursing home, a family based alternative system, a facilitation service to oversee implementation of the child’s life plan, and a Medicaid Waiver to prevent the placement of children with medically complex conditions in nursing homes. While the Council was not successful in getting this language passed, there was interest among some legislators and opportunities were provided to educate legislators and legislative staff on this issue.

- From the discussions during the 2014 Legislative session, additional advocates emerged to work on this issue during the 2015 Legislative session. The Council formed a Committee on Children in Nursing Homes to provide collaborative and strategic approach to addressing the issue of children in nursing homes during the 2015 Legislative session. This committee included the Arc of Florida, FARF, Guardian Ad Litem Office, and the FDDC. A presentation on the Texas model by EveryChild of Texas was arranged for the committee. The initial plan was to use the task force legislative language from the 2014 session and move that forward during the 2015 session.

- In a meeting conducted by AHCA to update child advocates on the efforts relative to children in nursing homes, we learned that monthly visits were being made to the families of children in the nursing home to discuss transition and permanency. This was a major positive move toward the state promoting permanency outside the nursing home for these children. The Committee on Children in Nursing Homes decided that the task force legislative language was no longer appropriate and narrowed the focus on two of the most important elements to focus on during this session. The first element was establishment of family support homes for children with medically complex homes. The second was formalizing into policy an intensive care coordination process that includes visiting the families on a monthly basis, working toward transitioning the children out of the nursing home, collaboration across the state agencies and eliminating disincentives for managed care to move children out of the nursing home and into the community. Meetings were held with the state agencies on the intended legislative language. The council and committee are currently working on sponsors for the legislative language.

What has been learned?
- See Preliminary findings/progress to date toward reaching outcomes
What changes are needed?

• Changes to Implementing Activities:

Original:
1. Identify service delivery systems used in other states to prevent placement of children in skilled nursing facilities and to successfully transition children from skilled nursing facilities to a family home.
2. Identify recommendations that enhance the availability of qualified nurses and other health care professionals to serve children with medically complex conditions in home settings.
3. Advocate for a state policy that facilitates permanent living arrangements with a family.
4. Advocate for adequate Medicaid State Plan and Waiver service options to serve children in a home setting.
5. Advocate for family-based alternatives to serve children in a home setting.
6. Advocate for policies to ensure transition services for children about to turn 21 to ensure continuity of care.
7. Evaluate the technical assistance and advocacy activities
8. Develop annual report and recommendations to the Council for next steps.

Suggested Revisions
1. Identify service delivery systems used in other states to prevent placement of children in skilled nursing facilities and to successfully transition children from skilled nursing facilities to a family home.
2. Identify recommendations for a service delivery system that prevents placement in a skilled nursing facility and/or successfully transitions children from skilled nursing facilities to a family home.
3. Advocate for the service delivery system and/or elements of the system to include but not be limited to the following:
   a. Availability of qualified nurses and other healthcare professionals to serve children with medically complex conditions in home settings
   b. A state policy that facilitates permanent living arrangements with a family
   c. Adequate Medicaid State Plan and Waiver service options to serve children in a home setting
   d. Policies to ensure transition services for children about to turn 21 to ensure continuity of care
4. Advocate for family-based alternatives to serve children in a home setting
5. Evaluate the technical assistance and advocacy activities
6. Report the activities and recommendations for next steps to the Council

• Changes to Outcomes

Outcome 1: State agencies will engage in a planning process to develop improvements to elements of the service delivery system for children with medically complex conditions.

Outcome 2: Elements of a service delivery system for children with medically complex conditions that prevent placement in a skilled nursing facility and/or successfully transition children from skilled nursing facilities to a family home will be developed.

Outcome 3: The State of Florida will take specific actions to move forward the implementation of elements of a service delivery system for children with medically complex conditions that prevent placement in a skilled nursing facility and/or successfully transition children from skilled nursing facilities to a family home.
**Objective Summary Worksheet**

**Goal 5:** In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in improved accessibility to and delivery of health care and early intervention systems.

**Objective 5.2:** Advocate for and provide technical assistance to develop three (3) system design specifications for Medicaid service delivery that contributes to policy change to create and maintain a more effective system for individuals with developmental disabilities.

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>2014 Funding</th>
<th>2015 Funding</th>
<th>2016 Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Coordination of Medicaid State Plan and Community Based Services Year 2-3</td>
<td>$20,000</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

**Outcome(s):**

1. An implementation plan with strategies to promote effective coordination of medical care and community services outside of a managed care system will be developed.
2. The recommendations in the plan will be used to advocate for changes to policies that result in a more effective outside delivery system for individuals with developmental disabilities.

**Preliminary findings/progress to date toward reaching outcomes:**

- The RFP for this initiative was released 2/26/15 and proposals are due 4/14

**What has been learned?**

- To be determined

**What changes are needed?**

- None
**Goal 5**: In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in improved accessibility to and delivery of health care and early intervention systems.

**Objective 5.3**: Provide technical assistance to support the development of two (2) training programs that will increase the knowledge and capacity of health care providers to serve individuals with developmental disabilities

<table>
<thead>
<tr>
<th>Project Title: Physician Training Program Year 3-5</th>
<th>2014 Funding: None (these activities will be completed in-house)</th>
<th>2015 Funding: None (these activities will be completed in-house)</th>
<th>2016 Funding: None (these activities will be completed in-house)</th>
</tr>
</thead>
</table>

**Outcome(s):**

1. The continuing education webinar series will be utilized by practicing physicians.
2. The educational program for physician residents will be integrated into at least 1 postgraduate medical curriculum in Florida.
3. Increased knowledge of physicians in the best medical care for adults with developmental disabilities.

**Preliminary findings/progress to date toward reaching outcomes:**

- Outcome 1: The continuing education webinar series will be utilized by practicing physicians. Achieved. The PEDD webinar series continues to be promoted and has been administered to 682 participants and 137 certificates have been issued.
- Outcome 2: The educational program for physician residents will be integrated into at least 1 postgraduate medical curriculum in Florida. Achieved. The two programs (UF Internal Medicine Residency Program and FIU Family Medicine Residency Program) that used the curriculum in 2013 – 2014 are continuing to use it in 2014 – 2015.
- Outcome 3: Increase knowledge of physicians in the best medical care for adults with developmental disabilities. Achieved. Evaluation results demonstrate a significant improvement in resident knowledge base, and the program also improved their attitudes toward providing care to patients with developmental disabilities.

**What has been learned?**

- To be determined

**What changes are needed?**

- None
**Goal 5:** In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in accessible health care and early intervention systems.

**Objective 5.3:** Provide technical assistance to support the development of two (2) training programs that will increase the knowledge and capacity of health care providers to serve individuals with developmental disabilities

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>2013 and 2014 Funding:</th>
<th>2015 Funding:</th>
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</thead>
<tbody>
<tr>
<td>ARNP Training Program Year 1</td>
<td>$80,000</td>
<td>See Year 2</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Outcome(s):**

1. A training program will be developed to train Advanced Registered Nurse Practitioners on best care practices in the care of adults with developmental disabilities.

**Preliminary findings/progress to date toward reaching outcomes:**

- This contract began in July 2014.
- The provider has established the Florida Nurse Practitioner Education in Developmental Disabilities Consortium (NPEDD) of educational, professional, and advocacy organizations. This group includes an individual with developmental disabilities and several Florida-based nurse practitioners.
- The continuing education program will be available in 7 online modules. The Communication module from the previously developed PEDD series will be included in the program.

**What has been learned?**

- To be determined

**What changes are needed?**

- None at this time
**Goal 5:** In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in accessible health care and early intervention systems.

**Objective 5.3:** Provide technical assistance to support the development of two (2) training programs that will increase the knowledge and capacity of health care providers to serve individuals with developmental disabilities.

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>2014/2015 Funding:</th>
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<tbody>
<tr>
<td>ARNP Training Program Year 2</td>
<td>$40,000 – 2014</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>$20,000 - 2015</td>
<td></td>
</tr>
</tbody>
</table>

**Outcome(s):**

1. The training program will be administered to Advanced Registered Nurse practitioners.
2. The training program will be integrated into at least 1 academic program for Advanced Registered Nurse practitioners
3. Increased knowledge of training participants in the best medical care for adults with developmental disabilities.

**Preliminary findings/progress to date toward reaching outcomes:**

- The continuation contract will begin August 2015.

**What has been learned?**

- To be determined

**What changes are needed?**

- None at this time
**Objective Summary Worksheet**

**Goal 5:** In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in accessible health care and early intervention systems.

**Objective 5.4:** Advocate for and provide technical assistance to key stakeholders to develop and implement a statewide coordinated system to improve child development screening that leads to identification of needed services and supports before age five (5).

| Project Title: Help Me Grow Florida Year 4-5 | 2014 Funding: None (these activities will be completed in-house) | 2015 Funding: None (these activities will be completed in-house) | 2016 Funding: None (these activities will be completed in-house) |

**Outcome(s):**
1. Help Me Grow Florida will be established as a statewide entity to implement a comprehensive statewide system for the developmental screening of children aged birth to five.
2. At least three new regional chapters of Help Me Grow will be established in Florida.
3. Families with young children who have developmental concerns will be able to access effective screening and referral to appropriate services that may lead to early identification of needed services and supports.

**Preliminary findings/progress to date toward reaching outcomes:**
- Help Me Grow Florida has been established as the statewide entity to implement a comprehensive statewide system for the developmental screening of children age birth to five. FDDC and other stakeholders were successful in securing a $2 million appropriation in 2014 to expand the Help Me Grow Florida Network with FDDC as the recipient of the funds.
- Five new Help Me Grow affiliates have been established and HMG staff is providing training and technical assistance. All of the affiliates are 2-1-1 information and referral hotlines.
- The Help Me Grow affiliates will all be taking calls by May 2015.
- Help Me Grow has requested $4 million for 2015-2016 from the Legislature to sustain activities and develop more affiliates.

**What has been learned?**
- Must have buy-in from health care, early education, policymakers, families, information and referral organizations, etc. to create a truly coordinated system.
- Not to let an individual be your only connection to an organization – build relationships with many members.
- The targets can and will change based on legislation, agency organization, and other factors that can’t be predicted or controlled.

**What changes are needed?**
- One change to an Implementing Activity:
  2. Identify up to five (5) 2-1-1 organizations in Florida to become Help Me Grow affiliates.
**Objective Summary Worksheet**

**Goal:** In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in accessible health care and early intervention systems.

**Objective 5.5:** Provide technical assistance to key stakeholders to implement activities from the state health care transition strategic plan to benefit adolescents and young adults and their families who are transitioning from pediatric to adult health care.

<table>
<thead>
<tr>
<th>Project Title: FloridaHATS Years 2-5</th>
<th>2014 Funding: None (these activities will be completed in-house)</th>
<th>2015 Funding: None (these activities will be completed in-house)</th>
<th>2016 Funding: None (these activities will be completed in-house)</th>
</tr>
</thead>
</table>

**Outcome(s):**
1. Young adults with developmental disabilities and their families will have access to updated information on health care insurance options.
2. Promotional efforts will increase opportunities for interested individuals to obtain information on health care transition efforts and strategies and will increase the number of health care professionals and educators who participate in the online training modules.

**Preliminary findings/progress to date toward reaching outcomes:**
- The Council has continued to monitor the activities of the Florida Health and Transition Services initiative which is coordinated by the Florida Department of Health, Children’s Medical Services.
- Outcome 1: Young adults with developmental disabilities and their families will have access to updated information on health care insurance options. Achieved. The Health Insurance Guide for Young Adults is posted on the FloridaHATS website and an updated guide is being developed.
- Outcome 2: Promotional efforts will increase opportunities for interested individuals to obtain information on health care transition efforts and strategies and will increase the number of health care professionals and educators who participate in the online training modules. Achieved. 63 professionals have completed the online training module.
- There are 4 regional FloridaHATS coalitions (Northeast FloridaHATS, PanhandleHATS, HillsboroughHATS, and South FloridaHATS).
- FloridaHATS has remained sustainable outside of Council funding and continues to inform and train stakeholders on health care transition and build the capacity of local coalitions.

**What has been learned?**
- Need legislative support to build on this established system of care for youth with special health care needs. In order for CMS to continue to provide care coordination services to eligible clients as they learn to navigate the adult health care system, Florida legislators must extend the age cap from 21 to 26 years.
- Need a team of dedicated partners to ensure success (health care, policy, state government, etc.)

**What changes are needed?**
- No changes are needed.
**Goal 5**: In partnership with individuals with developmental disabilities, their families, providers and policymakers, the Council will provide technical assistance, research best practices, train professionals, and advocate for policy changes which will result in accessible health care and early intervention systems.

### Overall Summary findings of overall objectives:
- Strengthening Early Steps through eligibility evaluator credentialing.
- Information about new programs and managed care choices should be clearly and intentionally communicated to individuals with developmental disabilities.
- Identifying recommendations for a service delivery system that prevents placing children in a skilled nursing facility.
- Developed an accredited continuing education program for physicians which is being utilized by residency programs.
- Developing a continuing educational program for nurse practitioners.
- Help Me Grow Florida has been established as the statewide entity to implement a comprehensive statewide system for the developmental screening of children age birth to five.
- Young adults with developmental disabilities and other health care needs have access to resources to assist them with their transition into the adult system of care.

### What are we learning collectively:
- We are at the point in our state plan where we are moving beyond developing and implementing our programs and focusing on their sustainability after Council funding ends.
- Must have buy-in and dedicated partners from health care, early education, policymakers, families, professional organizations, providers, etc. to achieve goals and serve as advocates.
- Health care policy issues, including those that impact how people with developmental disabilities will receive services, are being decided by the policymakers.
- Not to let an individual be your only connection to an organization – build relationships with many members.
- The targets can and will change based on legislation, agency organization, and other factors that can’t be predicted or controlled.

### As a result of the findings overall, are we making progress as anticipated?
Yes

**1. If No? why not?**

N/A

### Overall, what amendments are needed to move forward towards achieving the goal? And why?
- See page 7 (Implementing Activities and Outcomes for Children with Medically Complex Conditions)
- See page 13 (Implementing Activities for Help Me Grow)
State Plan Webinars Input

Webinars targeted to families:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 9, 2015</td>
<td>12:00 – 1:30</td>
<td>17 participants</td>
</tr>
<tr>
<td>February 10, 2015</td>
<td>10:00 – 11:30</td>
<td>22 participants</td>
</tr>
<tr>
<td>February 12, 2015</td>
<td>6:00 – 7:30</td>
<td>8 participants</td>
</tr>
</tbody>
</table>

Webinar targeted to providers:

February 13, 2015  2:00 – 3:30  13 participants

Total: 60 participants

Despite being targeted to specific groups (i.e., families and providers), all webinars had mixed groups of participants representing families, self-advocates, providers, educators, and other stakeholders.

New and Emerging Issues for Immediate Consideration:

Summary of Call Recordings:

- Support Coordinators are swamped due to individuals being taken off wait list.
- Look closely at number of social/community behavioral issues.
- Make legislators enforce transition regulations.
- Bullying
- Early Steps fiscal crisis
- APD–inadequate staffing. Some areas staff is very, very low and they don’t have the manpower to handle issues.
- Transition to start at 14 years of age. Who has the bull by the horns and is making sure this happens and where to access if schools aren’t providing.
- Restraint and seclusion–make changes happen.
- Better rates for service providers, especially the ones who provide services to individuals with behavioral issues.
- iBudget issues over service provider rates. In CDC+ program, parents are being told they can negotiate rates. Lower rates generally mean incompetent/untrained service providers.
Florida Specific Emerging Issues

Education
- Advocates will address Restraint and Seclusion legislation- This year a very comprehensive bill was filed but not heard in the Senate. There was no corresponding bill in the House. Advocates will address the issue with the outgoing Senate President next year who sponsored several years of legislation (2010 and 2011). The Senate President should be encouraged to weigh-in on these issues one last time given his Leadership Role. The most important request would be the explicit prohibition of Restraint unless there is imminent danger to self or others and the prohibition of Seclusion all together. Senate President Gardiner has been hesitant to open the statute due to the chance of losing some of the gains that have been made. In addition, he feels some types of restraint are useful in different dangerous situations and there should not be too many restrictions on the kind of restraint used.
- Part C /Early Steps Reorganization- The Council has done a lot of work to promote this program over the last 23 years and the concept of Early Intervention. This year there has been a dramatic reduction of the Early Steps state office and the future local Early Steps office are facing operating reductions. In addition the program could still use funding for direct services and care coordination. The program needs to meet their federal requirements and increase the capacity of program services for next year.
- Monitor new Post-Secondary options for individuals with developmental disabilities
- Monitor new diploma options for individuals with developmental disabilities

Employment
- Employment First - Continue to provide leadership to implement the Employment First Executive Order, Cooperative Agreement and possibly legislation.
- Follow along services- Continue to encourage the provision of follow along services so that individuals with developmental disabilities can improve their chances to succeed in their job.
- Transportation to employment and training programs- Transportation services are more difficult to access because of the iBudget reductions for these services, reductions in the rides offered by the Transportation Disadvantaged Commission and the lack of accessible transportation in general.
- Transportation Voucher Pilot Study- monitor DOT voucher program.

Health
- Encourage the expansion of the Florida Help Me Grow Network
Community Living

- Continue to ask for increased funding to take individuals off the waitlist for the DD/HCBS waiver.
- Monitor the new algorithm for iBudget services

Self-advocacy

- Continue income limits work group

National Emerging Issues

Employment

- Workforce Innovation and Opportunity Act of 2014

The workforce Innovation and Opportunity Act of 2014 (WIOA) was signed into law July 22, 2014 and is anticipated to have a major impact on transition and competitive employment for individuals with developmental disabilities. WIOA applies to both the general workforce development system and the vocational rehabilitation system. In general, WIOA puts an emphasis on job-driven strategies/career pathways, occupational skills training and in-demand occupations, work-based learning strategies, and meeting needs of populations most in need, including individuals with disabilities. Relative to the vocational rehabilitation system, WIOA requires that 15% of state vocational rehabilitation funds must be used for pre-employment transition services, including but not limited to the following: job exploration counseling, work based learning experiences, counseling on post-secondary opportunities, workplace readiness training, and training on self-advocacy. Vocational Rehabilitation will be required to attend the Individual Education Plan (IEP) meetings; work with workforce boards, One-Stops, and employers to develop employment opportunities; work with schools to ensure provision of pre-employment transition services; and attend person-centered planning meetings, when invited. WIOA places restrictions on paying sub-minimum wages. Specifically, an individual who is 24 years of age or younger must go through the following steps before being placed in a position that pays less than minimum wage. These include pre-employment transition services, either being determined ineligible for VR or an unsuccessful VR closure, and provision of career counseling and referrals designed to assist individuals to achieve competitive integrated employment.

Relative to the Workforce Development System, the disability related changes include that local boards must ensure sufficient service providers for individuals with disabilities, state workforce
boards must develop strategies for career pathways for individuals with disabilities, local workforce committees on disability issues are encouraged, and an annual assessment of One-Stop Career Center accessibility is required. The provisions of the law relative to Workforce Development Youth Services include a variety of services for eligible youth, including youth with disabilities, to assist with employment and career development.

**Education**

- **Elementary and Secondary Education Act**
  The Elementary and Secondary Education Act (ESEA), recognizes that the education system must ensure that all children have access to high quality education. Students with disabilities have benefitted greatly from ESEA because the law requires their academic achievement to be measured and reported. Congress is in the process of reauthorizing ESEA during this upcoming year. The Public Policy Agenda for the 114th Congress adopted by the American Association on Intellectual and Developmental Disabilities, American Network on Community Options and Resources, National Association of Councils on Developmental Disabilities, The Arc, and United Cerebral Palsy includes the following goals for ESEA:
    - Better align ESEA with IDEA to ensure a meaningful education through access to the general education curriculum, related services, and programs such as health and physical education.
    - Adopt and use a consistent method to calculate and report graduation rates that accurately accounts for the academic achievement of all students, with data broken down by types of disabilities. [Note: a major issue in bills that have been introduced thus far is whether to maintain the alternate assessment on alternate achievement standards for students with the most significant cognitive disabilities at 1% of all participating students.]
    - Adopt new policies to significantly reduce the unacceptably high dropout rate of students with disabilities.
    - Support training, research initiatives, and programs to enhance effective transition services from secondary education to post-secondary education and employment.
    - Enhance adult education, vocational training, post-secondary education, and lifelong learning opportunities for students with disabilities, particularly students with intellectual and/or multiple impairments.
    - Promote universal design for learning guidelines in curriculum and in educational practices, so that instructional goals, methods, materials, and assessments incorporate flexible approaches that can be customized and adjusted for individual needs.

- **Higher Education Opportunity Act**
  Work may also begin on the reauthorization of the Higher Education Opportunity Act (HEOA). This act contains a number of important provisions that improve access to post-secondary
education for students with intellectual disabilities, including provisions for financial aid and funding for 27 Transition Post-Secondary Education Programs for Students with Intellectual Disabilities (TPSID) (one of which is in Florida). The Public Policy Agenda for the 114th Congress includes the following goals for the Higher Education Opportunity Act:

- Fully funding the Model Comprehensive Transition and Post-Secondary Programs and Coordinating Center, National Technical Assistance Centers, and Program to Provide Students with Disabilities with a Quality Higher Education.
- Ensure students with intellectual disability enrolled in post-secondary education programs have access to work-study programs and federal financial aid.
- Establish a Unified Education Curriculum and standards incorporating special education course work and practicum experiences for all general education candidates to receive full teaching licensure and certification so that all educators and staff are prepared to serve and support diverse learners in inclusive settings.
- Support greater inclusion of youth with disabilities in all career and technical program options in the reauthorization of the Higher Education Act.
- Ensure that students with disabilities and their families have access to necessary funding to attend post-secondary education programs.

**Restraint and Seclusion**

Federal legislation regarding restraint and seclusion is a possibility during this Congressional session, either as included in the ESEA bills or the HEOA bills, or as a stand-alone bill. The goals relative to restraint and seclusion included in the Public Policy Agenda for the 114th Congress are as follows:

- Enact protections, including sanctions, against abuse, aversive interventions, and the inappropriate non-emergency use of physical, mechanical, and chemical restraints and seclusion for all students in schools.
- Provide funding and require school personnel to be trained in positive behavioral supports and appropriate behavioral interventions for all students.

**Community Living**

**Home and Community Based Services (HCBS) Waiver Settings Final Rule**

In January 2014, the Centers for Medicare and Medicaid Services issued its final rule establishing requirements for the qualities of settings that are eligible for reimbursement for the Medicaid HCBS Waiver. The requirements of the rule are intended to maximize the opportunities for participants in the HCBS programs to have access to the benefits of community living and to receive services in the most integrated setting. The final rule requires that all home and community based settings meet certain qualifications. These include:

- The setting is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
Optimizes autonomy and independence in making life choices; and
Facilitates choice regarding services and who provides them.

These rules will apply to both residential and non-residential settings.

Another important element of the final rule is that it requires that service planning for participants in the HCBS program must be developed through a person-centered planning process that addresses health and long-term services and support needs in a manner than reflects individual preferences and goals. The rule requires that the person-centered planning process be directed by the individual with long-term support needs and provides for minimum requirements for the person-centered plans.

States have 5 years to fully implement the new HCBS Waiver Setting Rule requirement, which starts with an assessment of existing settings and a Transition Plan for transitioning the state to the new requirements.

**ABLE Act**
The Achieving a Better Life Experience (ABLE) Act recently was recently passed by Congress and signed into law to encourage and assist individuals and families in saving private funds for the purpose of supporting individuals with disabilities to maintain health, independence, and a better quality of life. This act creates ABLE Accounts to provide secure funding for disability related expenses on behalf of the designated beneficiaries with disabilities that will supplement, but not supplant, benefits provided through private insurances, the Medicaid Program, the supplemental security income program, the beneficiary’s employment, and other sources. States, including Florida, are now in the process of drafting and adopting state legislation to establish ABLE Accounts in their state.
TAB 2
A New Way of Thinking: The Council’s 2017 – 2021 State Plan

Why do we need a new way of thinking?
• It is important to embrace new ways of thinking in order to adapt to new guidelines and remain effective and current.
• Movement in a new direction can open new opportunities for positive impact.
• We must bravely make changes in order to improve the lives of individuals with developmental disabilities.

What’s ahead?
• FDDC initiatives must fall into one of 2 categories.- Systems Change or Individual and Family Advocacy
  o Definition of Systems Change- A process that shifts the way that an organization or community makes decisions about policies, programs, and the allocation of its resources- and, ultimately, in the way it delivers services and supports to its citizens and constituents.
• A shift in focus- Building capacity can be used as a bridge to or component of systems change; however, building capacity cannot be an end in itself.
• A reduction in the number of goals and objectives in our State Plan in order to accomplish the more in-depth result of systems change.

How does this change what we are currently doing?
• We need to discern which of our initiatives qualify as Systems Change or Individual and Family Advocacy.
• Next State Plan
  o Fewer initiatives, but dig deeper.
  o Focus on what’s most important in our state.
• Comprehensive Review and Analysis
  o The Research and Analysis of Areas of Emphasis will examine what the systems look like and what the data says.
  o Public input will also be used to determine positive activities as well as the issues, needs and barriers that continue to be problematic for individuals with developmental disabilities to realize full community inclusion and services.
  o Task Forces will examine their own initiatives and what constitutes Systems Change or Advocacy and will determine if there are other systems changes issues/needs that the Council should be addressing.
• Upcoming Meetings
  o May 12-13- The Council Chair, Committee and Task Force Chairs, up to two resource members from each Task Force, staff, researchers, self-advocates, and representatives of State Agencies and organizations with a role in serving or advocating for individuals with disabilities will review the Comprehensive Analysis and determine what the system should look like in order to accomplish our goals. The end result will be the top-ranked systems change and advocacy issues we need to work on.
May 28-29 Council - Meeting will focus on determining the new goals for the State Plan. We will have a two hour business meeting to approve the committee actions.
2017 – 2021 State Plan Development: A New Way of Thinking

Future focus on systems change and individual and family advocacy

What is systems change?
A process that shifts the way that an organization or community makes decisions about policies, programs and the allocation of its resources – and, ultimately in the way it delivers services and supports to its citizens and constituents.

Components of Systems Change that must be addressed:
- Transforming fragmented approaches into a coordinated and effective system;
- Individuals with developmental disabilities and families participate in the design of the system;
- The system provides access to needed community services, individualized supports, and other assistance; and
- The system promotes self-determination, independence, productivity, and integration and inclusion in all facets of community life.

Council efforts relative to Systems Change need to achieve the following outcomes:
- Were adopted
- Led to statute or regulation being created
- Were implemented
- Moved the system toward a coordinated and effective system reflecting the outcomes of the DD Act

What is individual and family advocacy?
Activities that are designed to increase the knowledge of individuals with developmental disabilities and families of how to take part in decisions that affect their lives, the lives of others, and/or systems.

Outcomes that need to be achieved:
- Participation in individual and family advocacy needs to result in individuals with developmental disabilities and families increasing their self-advocacy and advocacy.

Increase in Advocacy and Self-Advocacy can include Individuals and Families achieving the following:
- Being better able to say what they want or what is important
- Joining an advocacy group
- Participating on policy boards, advisory boards, governing bodies
- Serving in leadership positions within or for agencies or organizations
- Becoming more effective in their roles on policy boards, advisory boards or governing bodies

Additional DD Act Self-Advocacy Requirements:
- Establish or strengthen a program for the direct funding of a State self-advocacy organization led by individuals with developmental disabilities
- Support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders
- Support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions.
2017 – 2021
State Plan Public Input

SPRING TASK FORCE MEETINGS
2015

MISSION

To advocate and promote meaningful participation in all aspects of life for Floridians with developmental disabilities.
What we do...

- Main Areas of Focus
  - Child Development and Education
  - Community Living
  - Employment and Transportation
  - Health Care and Prevention
  - Self-Advocacy Leadership

What’s coming?

Increased focus on systems change and individual and family advocacy
GOAL: Increase the number of children and youth being served in inclusive education and child care settings

What is the most helpful activity the FDDC is currently doing?

What is the biggest barrier?

What does the FDDC need to do in the future that we’re not doing now?
**GOALS:**
- Increase Waiver services and non-waiver supports
- Increase access to inclusive housing
- Support training and information on
  - legal rights and responsibilities
  - abuse and neglect issues

**Community Living**

- What is the most helpful activity the FDDC is currently doing?
- What is the biggest barrier?
- What does the FDDC need to do in the future that we’re not doing now?
**Employment and Transportation**

**GOALS:**
- Increase paid employment in the community as the first option for people with disabilities
- Improve access to affordable, reliable transportation options
- Improve information and training that leads to employment for students with disabilities

**Individual and Family Advocacy**

- What is the most helpful activity the FDDC is currently doing?
- What is the biggest barrier?
- What does the FDDC need to do in the future that we’re not doing now?
Health Care and Prevention

- **GOALS:**
  - Gain and maintain skills that ensure health and safety
  - Improve access to and delivery of health care and early intervention services

Individual and Family Advocacy

- What is the most helpful activity the FDDC is currently doing?
- What is the biggest barrier?
- What does the FDDC need to do in the future that we’re not doing now?
Self-Advocacy Leadership

- **GOALS:**
  - To build self-determination and self-advocacy skills
  - To build leadership through participation in advocacy organizations and legislative advocacy efforts

Self-Advocacy Leadership

- What is the most helpful activity the FDDC is currently doing?
- What is the biggest barrier?
- What does the FDDC need to do in the future that we’re not doing now?
State of Florida
Input Needed...

- What are the unmet needs and barriers that prevent individuals with disabilities and their family members from accessing and using services to fully participate in and contribute to their communities?

State of Florida
Input Needed...

- What are the unmet needs and barriers that prevent unserved and underserved groups of individuals with developmental disabilities and their families from fully participating in and contributing to their communities?
State of Florida
Input Needed...

- How adequate are the state’s current services and supports provided to individuals with disabilities and their families and to what extent do they receive and directly benefit from the services and supports?

Can you share any examples of individuals with developmental disabilities and their families whose lives have been positively impacted by receiving the state’s current services and supports?
Can you share examples of individuals with developmental disabilities and their families whose lives have been negatively impacted because they have not received the state’s current services and supports?

What are new and emerging issues that are impacting individuals with developmental disabilities and their families?
Thank you for sharing your thoughts and ideas!

If you think of anything you would like to add to this conversation, please feel free to email Sheila Gritz-Swift at Sheilags@fddc.org or call Sheila at (850) 922-6707.
Three Essential Questions to Consider:

1. What have we learned from the current State Plan that we need to consider in developing our new State Plan?

2. What issues/needs are we working on now that are systems change, or can be adapted into a systems change effort, that need to be continued into the next five-year State Plan?

3. Are there other systems change issues/needs that the Council should be addressing?
TAB 3
My Health Care: Year 4
April 16, 2015

Project Team Members

Pat Slaski, Educational Consultant, NY
Laurie James, Educational Consultant, NY
Randy Miller, Educational Media Consultant, FL
Janet Hess, Principal Investigator, USF/Tampa
Holly Hohmeister, FDDC Program Manager
Advisory Committee Members

Chris Drummond*  Dr. Matt Holder
Charlotte Temple  Susan Redmon
Dr. Liz Perkins  Lori Kohler
Dr. Laurie Woodard  Rebecca Crosby*
Kathy Leigh*  Amanda Baker*

* Self-Advocates

Project Goals

• Empower adults with I/DD to better meet their own health and wellness needs through improved communication with their physicians and other health care providers

• Implement in 8 geographically diverse areas of Florida
Background: Years 1, 2 & 3

- Conducted formative research and developed health communication curriculum
  - Informed by self-advocates, professionals and stakeholders
- Curriculum has been piloted, evaluated and refined in an iterative, multi-phase process
- In Year 3:
  - Participating sites in Jacksonville, Tampa, Orlando, Boca Raton and Panama City
  - 98 learners ranging from ages 19 to 65
  - From pre-to-post, 14% increase in learner knowledge and 18% increase in confidence/self-efficacy

Year 4: Program Refinements

- Allow weekly lesson to be implemented in multiple sessions, if needed
- Simplified responses for confidence items on learner pre/post test
- Pre-test conducted week prior to curriculum start
- Introduce one-hour instructor training video
- Modify instructor video to include footage of students in classroom
- Develop and implement sustainability activities
Participating Sites

<table>
<thead>
<tr>
<th>New Sites</th>
<th>Returning Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based class in Panama City *conducted by St. Andrew Bay Center at Gulf Coast State College</td>
<td>Arc Jacksonville Programs:</td>
</tr>
<tr>
<td></td>
<td>- On Campus Transition Program at UNF</td>
</tr>
<tr>
<td></td>
<td>- Downtown</td>
</tr>
<tr>
<td></td>
<td>- Westside</td>
</tr>
<tr>
<td>Boca Raton Community High School, Palm Beach Schools</td>
<td>Quest, Orlando</td>
</tr>
<tr>
<td>Florida Atlantic University/ACCESS Program</td>
<td>St. Andrew Bay Center, Panama City</td>
</tr>
<tr>
<td>Gulfcoast Goodwill, Treasure Coast</td>
<td></td>
</tr>
<tr>
<td>Transition to Life Academy, Boynton Beach</td>
<td></td>
</tr>
<tr>
<td>Xperience, Arc Jacksonville</td>
<td></td>
</tr>
</tbody>
</table>

Implementation

- First instructor teleconference on 8/28/14
  - 20 instructors (out of 25)
  - All instructors completed training videos prior to call
- Weekly modules ran 9/15 – 11/22/14
  - Pre-test during week of 9/8
  - Post-test during week of 12/15
- Participants
  - 171 learners (151 new and 20 returning learners) in 11 learning groups/classes
  - 10 instructor teams (25 instructors): each team comprised of 2 professionals and 1 self-advocate
Evaluation Methods

• Learner pre-post test
  ▪ 24 knowledge/10 self-efficacy/4 satisfaction questions

• Follow-up questionnaire for Year 2 learners
  ▪ 10 questions about use of skills learned in the curriculum

• Instructor questionnaire
  ▪ 14-item survey following implementation of each module: content, structure, utility, clarity, suggestions for improvement
  ▪ 10 weekly post-lesson teleconferences with project team

• Post-intervention learner focus group (1)

• FDDC consumer/stakeholder satisfaction surveys

Sustainability Activities

• Final refinements in curriculum content and format; list materials and cost to implement

• Free electronic access to program materials

• Develop promotional brochure

• Produce summary sheet for families/caregivers that includes key concepts, tools, and resources

• Print 50 instructor guides

• Print curriculum materials for 100 learners

• Continuation and expansion of participating sites
Contact

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Morsani College of Medicine
University of South Florida
jhess@health.usf.edu
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TAB 4
Children with Disabilities Who Have Medically Complex Conditions

The Council supports family life for children with medically complex conditions and the services that will enable all of these children to live grow and thrive in a home with a family.

Organizations, individuals and state agencies have been examining the current service delivery system for children with medically complex conditions. The state agencies involved in the care of children with medically complex conditions (Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Children and Families, Department of Education, and Department of Health) have taken a number of steps to address the goal of transitioning Medicaid-eligible children who reside in a skilled nursing facility into a home or home-like setting, and to ensure that Medicaid-eligible children who do live at home are not at risk of being institutionalized.

However, much more needs to be done. There are still 150 children with medically complex conditions living in skilled nursing facilities (30 with active transition plans). While skilled nursing facilities can provide needed interim intensive medical care to stabilize a child, they should not be a child’s long term or life time home. **Children need to grow up with the emotional security and continuity of a parental relationship and a stable living arrangement.** Families need to know that the services will be there to support them and their child in the home. This requires Florida putting adequate resources in place to support these families. Families also need services that will not only address their child’s medical needs, but will address the child’s need for nurturing, love, belonging, security and safety that a consistent, committed adult/child relationship provides.

The Council encourages the State of Florida to continue to improve the options available and to consider the following legislative language to strengthen the service delivery system to support the care for children with medically complex conditions and ensure families have the necessary support to provide care at home;
1) The Agency for Health Care Administration, in collaboration with the Department of Health, Department of Children and Families and Agency for Persons with Disabilities shall develop a system for Medical Support Homes for families of children with medically complex or medically fragile conditions who have not been adjudicated dependent under Chapter 39, F.S. A Medical Support Home is a home with live-in caregivers who are specially trained and licensed to care for children with medically complex or medically fragile conditions in a family home environment. The system for Medical Support Homes needs to include the structure for recruiting and training of the live-in caregivers, licensing and monitoring the quality of care of the homes and live-in caregivers, oversight, and collaboration of the state agencies’ roles and responsibilities in providing Medical Support Homes to families.

   a. By January 1, 2016, the Agency for Health Care Administration, in collaboration with the Department of Health, Department of Children and Families, and Agency for Persons with Developmental Disabilities, shall offer to between one (1) and five (5) families of children with medically complex or medically fragile conditions who are in a nursing home the Medical Support Home option. Cost $320,000.

2) The Agency for Health Care Administration shall develop policies for the intensive care coordination of children with medically complex or medically fragile conditions who are receiving Medicaid nursing home services. These policies shall include, but not be limited to, the following:

   a) Working with the families toward the goal of transitioning their child out of the nursing home for those families who would like for their child to be at home or in a Medical Support Home.
   b) Monthly visits with the families to discuss their goals for their child.
   c) Monthly visits with the child to ensure that their full medical, educational, developmental, and mental health needs are being addressed.
   d) Utilization of services and supports across state agencies and in the community to achieve transitioning the child to their family home or the Medical Support Home, as desired by the family.
   e) Eliminating any disincentives for managed care to move children out of the nursing home and into the community.

Please click here for full conforming language and budget request.

The Council will be working with the Health care Appropriations Committee in the House and the Health and Human Services Appropriations Committee in the Senate.

If you want to share your opinion about this program, you can contact members of these appropriations committees.

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Vocational Rehabilitation Bills Update

**SB 802C1** provides for the future repeal of the designation of the Division of Vocational Rehabilitation as the administrative unit for purposes of the Vocational Rehabilitation Act of 1973, subject to legislative review of a required report. The bill also requires the Division of Vocational Rehabilitation to initiate, by October 2015, a performance improvement plan designed to achieve specified goals. The bill also requires the division to develop and implement a pilot program to improve the state vocational rehabilitation program. **The Council is monitoring this bill.**

**HB 1153C1** was amended to only require performance measures that are consistent with The Workforce Innovation and Opportunity Act (WIOA) regulations. HB 1153 no longer has the repeal language or the pilot language. The bills are no longer identical. **The Effective Date: 7/1/2015. The Council is supporting this bill.**

Florida’s VR program is serving individuals with significant disabilities, and those with the most severe disabilities receive highest priority for services. The proposals of improving performance and introducing pilot programs are always welcome but the threat of repeal may create instability instead of improvements in the agency. The Council supports the House language that requires performance improvement without the threat of a repeal.

These bills may become a conference issue to negotiate the differences between the bills or the differences will be worked out between the House and the Senate members.

The Florida Developmental Disabilities Council is asking all members of the legislature and the **Senate Appropriations Subcommittee on Education** and the **House Education Appropriations Subcommittee** to move toward the language in the House bill. Please share your opinion on this program with these committee members.

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**SB 146 - Relating to Autism by Ring, Cosponsor: Sachs**

**Summary**

This bill requires that a physician refer a minor to an appropriate specialist for screening for autism spectrum disorder under certain circumstances and requires that certain insurers and health maintenance organizations provide direct patient access to an appropriate specialist for screening for evaluation or diagnosis of autism spectrum disorder. The bill also requires that certain insurance policies and health maintenance organization contracts provide a minimum number of visits per year for screening for or evaluation or diagnosis of autism spectrum disorder. **Effective Date: July 1, 2015. The Council voted to support this bill.**

**Actions**
12/12/14 SENATE Referred to Health Policy; Banking and Insurance; Appropriations Subcommittee on General Government; Fiscal Policy
03/31/15 SENATE Favorable by Health Policy; 6 Yeas, 1 Nay
04/01/15 SENATE Now in Banking and Insurance

Similar Bills
HB 0023 - Relating to Autism by Cruz
12/19/14 HOUSE Now in Health Innovation Subcommittee

SB 330 - Relating to Missing Persons with Special Needs by Dean  CS Sponsors: Criminal Justice

Summary
This bill provides for immunity from civil liability for certain persons who comply with a request to release information concerning missing persons with special needs to appropriate agencies. The bill provides for a presumption that a person recording, reporting, transmitting, displaying, or releasing such information acted in good faith. The bill also required the Department of Law Enforcement, contingent on funding, to provide electronic monitoring devices to certain persons with autism spectrum disorder and other disabilities and required the Agency for Persons with Disabilities to make an annual report concerning such individuals to the department. However these provisions were amended out of the bill and another amendment is being crafted to make these electronic devices available by drawing down federal funding for this purpose. (The bill also had required the Department of Children and Families, contingent on funding, to provide electronic devices.) Effective Date: 7/1/2015

Actions
01/28/15 SENATE Referred to Criminal Justice; Judiciary; Children, Families, and Elder Affairs; Appropriations
03/02/15 SENATE Favorable with CS by Criminal Justice; 4 Yeas, 0 Nays
03/03/15 SENATE Committee Substitute Text (C1) Filed
03/24/15 SENATE Favorable by Judiciary; 10 Yeas, 0 Nays
03/25/15 SENATE Now in Children, Families, and Elder Affairs

Identical Bills
HB 0069 - Relating to Missing Persons with Special Needs by Porter
HOUSE On Committee agenda - Justice Appropriations Subcommittee, 04/07/15, 10:30 am, 102 H

SB 152 - Relating to Disability Awareness by Ring CS Sponsors: Education Pre-K - 12

Summary
This bill requires rather than authorizes, each district school board to provide disability history and awareness instruction in all K-12 public schools beginning in 2016-2017. Presentations by individuals with a disability are to be included in the disability history and awareness instruction; the bill also requires each public school to establish a disability history and awareness advisory council; providing membership on the council; providing responsibilities of the council; providing meeting times for the council. The Council voted to support the parts of the bills that require rather than authorize, each district school board to provide disability history and awareness instruction in all K-12
public schools beginning in 2016-2017. And the Council voted to add the flexibility of being able to provide this instruction anytime during the school year instead of just the first two weeks of October.

Actions

SENATE Placed on Calendar, on 2nd reading

Similar Bills

**HB 0123 - Relating to Disability Awareness by Cortes (J)**
01/08/15 HOUSE Now in K-12 Subcommittee

**HB 71 - Relating to Service Animals by Smith (J) Cosponsor: Sprowls**
Summary
This bill requires a public accommodation to permit use of a service animal by an individual with a disability under certain circumstances. The bill provides conditions for a public accommodation to exclude or remove a service animal. The bill revises penalties for certain persons or entities who interfere with use of a service animal in specified circumstances and the bill provides a penalty for knowing and willful misrepresentation with respect to use or training of a service animal. **The Council voted to support this bill.**

Actions
03/27/15 HOUSE Read Third Time; Passed (Vote: 112 Yeas / 0 Nays)
04/01/15 SENATE In Messages
SENATE Referred to Commerce and Tourism; Community Affairs; Fiscal Policy

Similar Bills

**SB 0414 - Relating to Service Animals by Altman**
04/02/15 SENATE On Committee agenda - Community Affairs, 04/07/15, 1:30 pm, 301 S

**SB 206 - Relating to Financial Literacy Program for Individuals with Developmental Disabilities by Hukill Cosponsors: Detert, Gaetz (D), Sachs, Soto, Galvano**
Summary
This bill establishes the program within the Department of Financial Services. The bill requires the department to develop and implement the program in consultation with specified stakeholders; providing for the participation of banks, credit unions, savings associations, and savings banks. The bill requires the program to provide information and other offerings on specified issues to individuals with developmental disabilities and employers in this state. The bill requires the department to establish on its website a clearinghouse for information regarding the program and to publish a brochure describing the program. Effective Date: 10/1/2015. **The Council voted to support this bill.**

Actions
03/23/15 SENATE Placed on Calendar, on 2nd reading
HB 7085 - Relating to Financial Literacy Program for Individuals with Developmental Disabilities by Regulatory Affairs Committee
03/31/15 HOUSE Favorable by Government Operations Appropriations Subcommittee; 12 Yea, 0 Nays
HOUSE Placed on Calendar, on 2nd reading

SB 256 - Relating to Identification Cards by Sobel
Summary
This bill requires the Department of Highway Safety and Motor Vehicles to issue an identification card (at the request of parent, guardian or individual with a developmental exhibiting a special designation (a capital D) for a person who is diagnosed by a licensed physician as having a developmental disability. The bill requires payment of an additional fee of $10 and proof of diagnosis. It authorizes the issuance of a replacement identification card that includes the special designation without payment. Effective Date: 7/1/2015. After several lengthy discussions, the Council did not take action on this bill and will watch it.

Actions
01/15/15 SENATE Referred to Transportation; Appropriations Subcommittee on Transportation, Tourism, and Economic Development; Appropriations
04/02/15 SENATE Favorable by Appropriations Subcommittee on Transportation, Tourism, and Economic Development; 9 Yea, 0 Nays
SENATE Now in Appropriations

Identical Bill
HB 0519 - Relating to Identification Cards by Murphy
02/05/15 HOUSE Now in Highway & Waterway Safety Subcommittee

SB 380 - Relating to Persons with Developmental Disabilities by Bradley
Summary
This bill requires the Agency for Persons with Disabilities to allow an applicant whose parent or guardian is a member of the United States Armed Forces, the Florida National Guard or the United States Reserve Forces to receive Medicaid home and community based waiver program services under certain conditions. Effective Date: 7/1/2015. The Council voted to support this bill.

Actions
01/23/15 SENATE Referred to Military and Veterans Affairs, Space, and Domestic Security; Appropriations Subcommittee on Health and Human Services; Appropriations
02/17/15 SENATE Favorable by Military and Veterans Affairs, Space, and Domestic Security; 4 Yeas, 0 Nays
03/11/15 SENATE Favorable with CS by Appropriations Subcommittee on Health and Human Services; 7 Yeas, 0 Nays
03/13/15 SENATE Now in Appropriations

Similar Bills
HB 0177 - Relating to Persons with Developmental Disabilities by Hill
03/16/15 HOUSE Now in Health Care Appropriations Subcommittee
HB 437 - Relating to Guardians for Dependent Children who are Developmentally Disabled or Incapacitated by Adkins Co-sponsors: Van Zant CS Sponsors: Children, Families & Seniors Subcommittee

Summary
This bill requires continued review of necessity of guardianships for young adults; requires updated case plan developed in face-to-face conference with child, if appropriate, and other specified persons. The bill provides requirements for DCF when court determines there is good faith basis to appoint guardian. The bill provides that probate court has jurisdiction over proceedings for appointment of guardian advocate if petitions are filed for certain minors subject to Ch. 39, F.S., proceedings when such minors have reached specified age; provides that such minor has same due process rights as certain adults and provides that if child is subject to proceedings under Ch. 39, F.S., parents may act as natural guardians unless court finds that it is not in child's best interests or their parental rights have been terminated. Effective Date: July 1, 2015. The Council is supporting this bill.

Actions
03/19/15 HOUSE Favorable by Health & Human Services Committee; 14 Yeas, 0 Nays HOUSE Placed on Calendar, on 2nd reading

Similar Bills
SB 0496 - Relating to Guardians by Detert
03/12/15 HOUSE Now in Appropriations

SB 642 - Relating to Individuals with Disabilities by Benacquisto, Banking and Insurance Co-sponsors: Sobel CS Sponsors: Banking and Insurance

Summary
General Individuals with Disabilities; Creating the “Florida Achieving a Better Life Experience (ABLE) Act”; requiring the Florida Prepaid College Board to establish a direct-support organization known as “Florida ABLE, Inc.”; authorizing the organization to use certain services, property, and facilities of the Florida Prepaid College Board; providing that specified moneys, assets, and income of a qualified ABLE program, including the Florida ABLE program, are not subject to attachment, levy, garnishment, or certain legal process in favor of certain creditors or claimants, etc. Effective Date: Upon becoming a law

Actions
04/01/15 SENATE Read Second Time; Amendment Adopted (474044); Read Third Time; Passed (Vote: 38 Yeas / 0 Nays), Immediately Certified;
SENATE Engrossed Text (E1) Filed
HOUSE In Messages

Compare Bills
HB 0937 - Relating to Trust Funds/Florida ABLE Trust Fund/State Board of Administration by Rodrigues (R)
04/01/15 HOUSE Placed on Calendar, on 2nd reading
HB 0939 - Relating to Pub. Rec./Florida Prepaid College Board/Florida ABLE, Inc./Florida ABLE Program by Rodrigues (R)
04/01/15 HOUSE Favorable with CS by Health & Human Services Committee; 17 Yeas, 0 Nays
04/03/15 HOUSE Committee Substitute Text (C2) Filed
HOUSE Placed on Calendar, on 2nd reading

Similar Bills
HB 0935 - Relating to Individuals with Disabilities by Rodrigues (R)
04/01/15 HOUSE Favorable with CS by Health & Human Services Committee; 17 Yeas, 0 Nays
04/03/15 HOUSE Committee Substitute Text (C1) Filed
HOUSE Placed on Calendar, on 2nd reading

Linked Bills
SB 646 - Relating to Public Records/Information Held by the Florida Prepaid College Board, Florida ABLE, Inc., and the Florida ABLE program by Benacquisto
04/01/15 HOUSE In Messages
SB 644 - Relating to Florida ABLE Trust Fund/State Board of Administration by Benacquisto
04/01/15 HOUSE In Messages

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SB 7030 - Relating to Postsecondary Education for Students with Disabilities by Higher Education

Summary
This bill creates the "Florida Postsecondary Comprehensive Transition Program Act"; establishing eligibility requirements for enrollment in the Florida Postsecondary Comprehensive Transition Program. The bill establishes the Florida Center for Students with Unique Abilities and establishes a Florida Postsecondary Comprehensive Transition Program Scholarship for certain qualified students. Effective Date: Upon becoming a law. **The Council is supporting this bill.**

Actions
04/01/15 SENATE Read Second Time; Amendment Adopted (569682); Read Third Time; Passed (Vote: 38 Yeas / 0 Nays); Immediately Certified
SENATE Engrossed Text (E1) Filed
HOUSE In Messages

Similar Bills
HB 7091 - Relating to Postsecondary Options for Students with Disabilities by Higher Education & Workforce Subcommittee
04/01/15 HOUSE Favorable with CS by Education Committee; 17 Yeas, 0 Nays
HOUSE Committee Substitute Text (C2) Filed
04/02/15 HOUSE Placed on Calendar, on 2nd reading

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SB 848 - Relating to Employment of Individuals With Disabilities by Richter

Summary
This bill would be called the "Employment First Act" and require specified state agencies and organizations from the Executive Order to develop and implement an interagency
cooperative agreement. This bill also requires the interagency cooperative agreement to provide the roles, responsibilities, and objectives of state agencies and organizations. This text is also in **SB 7022 (next below)**. Effective Date: 7/1/2015. The Council wrote this bill.

**Actions**
02/20/15 SENATE Referred to Governmental Oversight and Accountability; Commerce and Tourism; Appropriations
03/10/15 SENATE Favorable with CS by Governmental Oversight and Accountability; 4 Yeas, 0 Nays
03/12/15 SENATE Committee Substitute Text (C1) Filed
SENATE Now in Commerce and Tourism

**Similar Bills**
**HB 1083 - Relating to Employment Opportunities for Persons with Disabilities by Rooney**
03/31/15 HOUSE Favorable by Government Operations Appropriations Subcommittee; 12 Yeas, 0 Nays
HOUSE Now in State Affairs Committee

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**SB 7022 - Relating to Individuals With Disabilities by Governmental Oversight and Accountability Cosponsors: Galvano**

**Summary**
This is a proposed committee bill (PCB) for individuals with disabilities. The bill revises definitions and defines the term “individual who has a disability”. The bill revises the state’s equal employment opportunity policy to include individuals who have a disability and requires each executive agency to annually report to the Department of Management Services regarding the agency’s progress in increasing employment among certain underrepresented groups. The bill requires the department to develop and implement certain programs geared toward individuals who have a disability. The language of the Employment First bill and the financial literacy bill were added to this bill. Effective Date: 7/1/2015. The Council is supporting this bill.

**Actions**
04/01/15 SENATE Read Third Time; Passed (Vote: 38 Yeas / 0 Nays)
04/02/15 HOUSE In Messages

**SB 1008 - Relating to Seclusion and Restraint on Students with Disabilities in Public Schools by Flores**

**Summary**
This bill requires that manual physical restraint be used only in an emergency when there is an imminent risk of serious injury or death to a student or others. 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. The bill also prohibits school personnel from placing a student in seclusion. The bill requires that parents be notified of a school district’s policies regarding the use of manual physical restraint. Effective Date: 7/1/2015. The Council is supporting this bill.

**Actions**
02/18/15 SENATE Filed
SB 802 - Relating to Vocational Rehabilitation by Gaetz (D)

Summary
This bill provides for the future repeal of the designation of the Division of Vocational Rehabilitation as the administrative unit for purposes of the Vocational Rehabilitation Act of 1973, subject to legislative review of a required report. The bill also requires the Division of Vocational Rehabilitation to initiate, by a specified date, a performance improvement plan designed to achieve specified goals. The bill requires the division to develop and implement a pilot program to improve the state vocational rehabilitation program. HB 1153 was amended to only include performance measures that are consistent with The Workforce Innovation and Opportunity Act (WIOA) regulations. HB 1153 no longer has the repeal language or the pilot language. The bills are no longer identical. The Effective Date: 7/1/2015. The Council is monitoring this bill

Actions
04/02/15 SENATE Placed on Special Order Calendar, 04/08/15

Compare Bills
HB 1153 - Relating to Vocational Rehabilitation Services by Ingoglia
The Council is supporting this bill.
03/26/15 HOUSE Reference to Education Appropriations Subcommittee removed; remaining reference: Education Committee
    HOUSE Now in Education Committee

SB 7048 - Relating to Developmental Disabilities by Children, Families, and Elder Affairs
Cospersons: Detert

Summary
This bill clarifies when the Agency for Persons with Disabilities will provide services to children with disabilities in foster care. The agency administers the Home and Community Based Services Medicaid waiver to provide services beyond those available under the traditional Medicaid program. The bill revises section 393.065, F.S., which establishes categories of priority groups to be added to the waiver. The waiver program currently has a waiting list and this bill clarifies the priority category 2 relating to children in foster care. The Agency for Persons with Disabilities will provide disability specific services to children in extended foster care, ages 18 to 21. The community-based care agencies, under contract with the Department of Children and Families, will continue to provide room and board to children with disabilities in extended foster care.

The bill would have an estimated fiscal impact of approximately $3 million on the Agency for Persons with Disabilities. Costs for the community-based care agencies would be reduced. The bill is effective July 1, 2015. The Council is supporting this bill. The Effective Date: 7/1/2015

Actions
03/12/15 SENATE Submitted as Committee Bill by Children, Families, and Elder Affairs
    SENATE Committee Bill Text Filed
SB 7044 - Relating to Health Insurance Affordability Exchange by Health Policy and CS Sponsors: Appropriations

Summary
This bill creates the Florida Health Insurance Affordability Exchange Program or FHIX in the Agency for Health Care Administration. The bill provides patient rights and responsibilities. The bill provides for the development of a long-term reorganization plan and the formation of the FHIX Workgroup. Effective Date: Upon becoming a law. The Council is supporting this bill.

Actions
03/05/15 SENATE Filed  
03/10/15 SENATE Submitted as Committee Bill by Health Policy; 9 Yeas, 0 Nays  
03/17/15 SENATE Favorable with CS by Appropriations Subcommittee on Health and Human Services; 8 Yeas, 0 Nays 
03/26/15, SENATE Favorable with CS by Appropriations; 18 Yeas, 0 Nays  
03/27/15 SENATE Committee Substitute Text (C1) Filed  
03/30/15 SENATE Placed on Calendar, on 2nd reading
Conforming language for Children with Disabilities Who Have Medically Complex Conditions and Budget Request of $320,000 dollars

(1) The Agency for Health Care Administration, in collaboration with the Department of Health, Department of Children and Families and Agency for Persons with Disabilities shall develop a system for Medical Support Homes for families of children with medically complex or medically fragile conditions who have not been adjudicated dependent under Chapter 39, F.S. A Medical Support Home is a home with live-in caregivers who are specially trained and licensed to care for children with medically complex or medically fragile conditions in a family home environment. The system for Medical Support Homes needs to include the structure for recruiting and training of the live-in caregivers, licensing and monitoring the quality of care of the homes and live-in caregivers, oversight, and collaboration of the state agencies’ roles and responsibilities in providing Medical Support Homes to families. By January 1, 2016, the Agency for Health Care Administration, in collaboration with the Department of Health, Department of Children and Families, and Agency for Persons with Developmental Disabilities, shall offer to between one (1) and five (5) families of children with medically complex or medically fragile conditions who are in a nursing home the Medical Support Home option.

(2) The Agency for Health Care Administration shall develop policies for the intensive care coordination of children with medically complex or medically fragile conditions who are receiving Medicaid nursing home services. These policies shall include, but not be limited to, the following:

(a) Working with the families toward the goal of transitioning their child out of the nursing home for those families who would like for their child to be at home or in a Medical Support Home.

(b) Monthly visits with the families to discuss their goals for their child.

(c) Monthly visits with the child to ensure that their full medical, educational, developmental, and mental health needs are being addressed.

(d) Utilization of services and supports across state agencies and in the community to achieve transitioning the child to their family home or the Medical Support Home, as desired by the family.

(e) Eliminating any disincentives for managed care to move children out of the nursing home and into the community.
Out of Home Care Payment for the Medical Support Homes: $50,731 per child X 5 children = $253,655/year

- **Traditional Family Foster Care payment for Room and Board based on age of child:**
  - 0-5 years age -- $439.30/month = $5,271.60/year
  - 6-12 years age -- $450.56/month = $5,406.72/year
  - 13-21 years age -- $527.36/month = $6,328.32/year

- **Medical Foster Care payment based on child's medical condition and amount and intensity of services required [A Medicaid service with 59.51% federal funds]:**
  - Level 1 = $38.80/day = $80,704/year ** 40.49% General Revenue = $32,677/year
  - Level 2 = $48.50/day = $100,880/year ** 40.49% General Revenue = $40,846/year
  - Level 3 = $67.90/day = $141,232/year ** 40.49% General Revenue = $57,185/year

- **Medical Foster Care payment based on child's medical condition and amount and intensity of services required [A Medicaid service with 59.51% federal funds]:**
  - Level 1 = $38.80/day = $80,704/year ** 40.49% General Revenue = $32,677/year
  - Level 2 = $48.50/day = $100,880/year ** 40.49% General Revenue = $40,846/year
  - Level 3 = $67.90/day = $141,232/year ** 40.49% General Revenue = $57,185/year

- **Medicaid Services such as nursing, therapies, etc.:** Not including these costs since families of children with medically complex or medically fragile conditions are already eligible to receive these services in their own home. The above two categories of payments require an expansion of eligibility.

- **Average of lowest cost ($5,271.60 + $32,677) and highest cost ($6,328.32 + $57,185) = $50,731/year**

**Additional staffing:** $60,891

- **Children's Medical Services Team for children in Medical Foster Care [for 5 additional children]:**
  - Registered Nurse Specialist (.5 FTE): $33,468/year X 26% fringe = $42,169 ÷ 2 = $21,085
  - Social Work Services Program Manager (.5 FTE): $33,162/year X 26% = $41,784 ÷ 2 = $20,892
  - Physician (.25 FTE): $60,043/year X 26% = $75,654 ÷ 2 = $18,914

**Travel for monthly Home Visits and other expenses:** $5,454

**Total:** $320,000
2015 Health Care and Prevention Task Force

Meetings

Wednesday July 29
Thursday November 5

All HCTF meetings will be held at the Tampa Airport Marriott

2015 FDDC Council Meetings

Thursday-Friday May 28-29 - Florida Hotel and Conference Center, Orlando

Thursday-Friday October 1-2 – Hyatt Regency Orlando International Airport, Orlando