



January 25-26, 2024 Council Meeting

Florida Hotel & Conference Center Orlando

1500 Sand Lake Rd, Orlando, FL 32809

OUR MISSION

“To advocate and promote meaningful participation in all aspects of life for Floridians with developmental disabilities”.

For more information or questions, contact
Kristen Conlin, kristenc@fddc.org or 850-488-4180

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**Public Policy
Committee**

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**State Plan
Committee**

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**Finance
Committee**

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**Executive
Committee**

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Full Council

MEMORANDUM

To: All Council Members

From: Valerie Breen, Executive Director

Re: Council Meeting Highlights for January 25-26, 2024

Date: January 9, 2024

Greetings Council Members!

A lot has happened over the holidays when we heard from the Governor's appointment office!

- Our former Chair, Kevin Johnson, will be honored at our luncheon on Thursday 1/25/24, so you will have a chance to say goodbye. I will also have a chance to share notes from others who have been replaced and are unable to attend the luncheon.
- I will be holding a 30-minute meet and greet with each newly appointed Council member and will be providing an orientation via ZOOM for new members on Thursday January 18, 2024, 4:30 p.m.–5:30 p.m.
- Eddie Hall, as Vice Chair, will fill the duties of the Chair until an election can be held at our May 2024 Council meeting for Chair and Vice Chair of the Council.
- **Effective 12/27/23 the following Council members have been replaced:**

Conney Dahn

Laurie Harlow

Kevin Johnson

Jack Kosik

Lisa Miller

TJ Moon

Frank Shalett

Victoria Zepp

- **Current Consumer Members Remaining on the Council:**

Sarah Goldman

Elly Hagen

Eddie Hall

Dennis Hart

Yolanda Herrera

Kali Wilson

- **New Consumer Member Appointees to the Council:**

Denise Anderson

Christina Cordova

Enrique Escallon

Arizona Jenkins

Danielle McGill

Carla Mercer

Lauren Modawell

Michael Sayih

Charlotte Temple

- **State Agency and Sister Agency Appointees (most are still being determined)**

Andrea Gary- Florida Department of Health, Children Medical Services

Taylor Hatch- Agency for Persons with Disabilities

Jean Sherman- University of Miami Mailman Center (UCEDD)

- **Updates/Highlights**

- Eddie Hall and I look forward to welcoming our new members. We will plan to establish buddies between the existing and new members at the meeting to help with understanding and participation in the Council meeting.
- We will also be recognizing Ms. Sheila Gritz-Swift, Senior Director of State Plan and Evaluation, at our Friday luncheon. Sheila will be moving from full time staff to a consultant role effective February 2, 2024, since her full-time residence will be in North Carolina.
- It is amazing how much the Council and staff have accomplished in 2023 as part of our State Plan. In your packet you will see a comprehensive summary of the projects in your blue section of the Council book, which will be highlighted in the full Council meeting by Dr. Kabot and Sheila Gritz-Swift.
- In addition, we are heading into the legislative session, so our Public Policy Committee members will be discussing our platform and legislation we are focused on.
- Our auditors will be meeting with and reviewing our audit for this past fiscal year and providing a report to the finance committee.
- Our state plan committee will discuss all the work that the Task Forces have been involved in. Read the minutes in your state plan section to learn more about the work of the Task Forces.
- We have two different speakers to update us on the outcomes of our training products. We look forward to hearing about the exciting work they have accomplished.
- Also, in your Council book is a summary of the first meeting our ad hoc Task Force on managed care accomplished. We will use part of our time in the full Council meeting to discuss our work. Since Kevin Johnson chaired this Task Force and is no longer on the Council, Sarah Goldman, Chair of our Public Policy Committee, has agreed to Chair this Task Force as well. We appreciate Sarah agreeing to this additional responsibility!
- Two weeks after our Council meeting, we will hold our Developmental Disabilities Day Dinner the evening of Tuesday February 6, 2024, at the Double Tree Hotel in Tallahassee and Wednesday February 7, 2024, will be DD Day at the Capitol. All Council members are invited to both events. We need to secure your registration, room request and needed accommodations if you plan to attend as soon as possible.
- Finally, the staff at FDDC appreciate your patience. Without an Executive Assistant and illnesses among our very small staff over the holidays, we have been a bit short-staffed! We thank you for your timely responses and look forward to seeing you in Orlando January 25th & 26th!

FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, INC.

AGENDA AT A GLANCE INFORMATION FOR NEW COUNCIL MEMBERS

Committees & Council Meeting Schedule

Thursday January 25 & Friday January 26, 2024

**Florida Hotel and Conference Center
1500 Sand Lake Road
Orlando, Florida 32809
(407) 859-1500**

OUR MISSION

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COMMITTEE MEETING SCHEDULE

Thursday January 25th

9:00 a.m.-10:30 a.m.	State Plan Committee	<i>Jean Sherman, Chair</i>
10:30 a.m.-11:00 a.m.	Finance Committee	<i>Dennis Hart, Chair</i>
11:00 a.m.-12:30 p.m.	Public Policy Committee	<i>Sarah Goldman, Chair</i>
12:30 p.m.-1:00 p.m.	Executive Committee	<i>Eddie Hall, Vice Chair</i>
12:45 p.m.-1:30 p.m.	Working Lunch/All Council Members	<i>Eddie Hall, Vice Chair</i>

1st DAY FULL COUNCIL MEETING SCHEDULE

2:00 p.m.	Call to Order/Roll Call	<i>Eddie Hall, Vice Chair</i>
2:15 p.m.	Approval of September Minutes**	<i>Eddie Hall, Vice Chair</i>
2:15 p.m.-2:30 p.m.	Chair/Vice Chair Report	<i>Eddie Hall, Vice Chair</i>
2:30 p.m.-3:00 p.m.	Executive Director Report	<i>Valerie Breen, Ex. Dir.</i>
3:00 p.m.-3:15 p.m.	Break	
3:15 p.m.-3:45 p.m.	Stakeholder Task Force on Managed Care Report	<i>Sarah Goldman, Chair</i>
3:45 p.m.-4:30 p.m.	Highlights from 2023 State Plan Outcomes**	<i>Sue Kabot, Chief of Programs</i>
4:30 p.m.	Public Comment/Adjourn	<i>Eddie Hall, Vice Chair</i>

4:30 p.m. **Meeting Adjourned** *Dinner on your own*

2nd DAY FULL COUNCIL MEETING SCHEDULE

Friday January 26th

9:00 a.m.	Call to Order/Roll Call	<i>Eddie Hall, Vice Chair</i>
9:10 a.m.-10:45 a.m.	Presentations on Training Products	<i>Sue Kabot, Chief of Programs</i>
	<i>Training First Responders: Emergency Medical Services Course</i>	<i>Torica Exume, PhD</i>
	<i>Training First Responders: Law Enforcement Course</i>	<i>Torica Exume, PhD</i>
		<i>Florida Atlantic University</i>
	<i>Dual Diagnosis Training</i>	<i>Jeanne Farr, MA</i>
		<i>National Association for the Dually Diagnosed</i>
10:45 a.m.-11:00 am.	Break/Check Out	<i>Eddie Hall, Vice Chair</i>
11:00 a.m.-12:00 p.m.	State & Sister Agency Reports	<i>Eddie Hall, Vice Chair</i>
	<i>Agency for Persons with Disabilities</i>	
	<i>Agency for Health Care Administration</i>	
	<i>Department of Elder Affairs</i>	
	<i>Department of Education- Vocational Rehabilitation</i>	
	<i>Department of Education- BEESS</i>	
	<i>Department of Health, Childrens Medical Services</i>	
	<i>University of Miami- Mailman Center</i>	
	<i>University of South Florida- Florida Center for Inclusive Communities</i>	
	<i>Disability Rights Florida</i>	
12:00 p.m.-1:00 p.m.	Working Lunch	
12:00 p.m.-1:00 p.m.	Committee Reports/Discussion	
	<i>State Plan Committee **</i>	<i>Jean Sherman, Chair</i>
	<i>Finance Committee **</i>	<i>Dennis Hart, Chair</i>
	<i>Public Policy Committee**</i>	<i>Sarah Goldman, Chair</i>
	<i>Executive Committee **</i>	<i>Eddie Hall, Vice Chair</i>
1:00 p.m.	2024 Dates to Remember	
	<i>Council meetings (May and September 2024)</i>	
	<i>DD Dinner February 6, 2024</i>	
	<i>DD Day February 7, 2024</i>	
1:00 p.m.	Public Comment/Adjourn	<i>Eddie Hall, Vice Chair</i>



PUBLIC POLICY COMMITTEE MEETING

Thursday, January 25, 2023

Orlando, Florida

OUR MISSION

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

AGENDA

11:00 a.m.	Call to Order	<i>Sarah Goldman, Chair</i>
11:05 a.m.-11:10 a.m.	Welcome & Introductions	<i>Sarah Goldman, Chair</i>
11:10 a.m.-11:15 a.m.	Approval of January 5, 2024, minutes**	<i>Sarah Goldman, Chair</i>
11:15 a.m.-11:30 a.m.	Update on 2024 Legislative Priorities and bills we are supporting. <ul style="list-style-type: none">○ Expand and Sustain HCBS Services for individuals with I/DD○ HB 073 Supported Decision Making	<i>Margaret J. Hooper, Staff</i>
11:30 a.m.-12:20 p.m.	Consideration of proposed legislation**	<i>Margaret J. Hooper, Staff</i>

SB 1170 - Home and Community-based Services Medicaid Waiver Program by Bradley (similar bills SB 1758 by Brodeur, 1271 by Buchanan and HB 1047 by Melo)

This bill requires the Agency for Persons with Disabilities (APD) to develop and implement an automated, electronic application process for crisis services and therefore deleting the requirement that application for services be made to the agency in the region in which the applicant resides. The bill specifies that applicants meeting crisis criteria are deemed to be in crisis regardless of the applicant's age. The bill requires the agency to make eligibility determination in a specified amount of time for clients in crisis. The bill also requires APD to educate new waiver recipients about the Consumer Directed Care Plus waiver.

HB 829 by Starke (SB 864 Collins) – This bill called Autism Spectrum Disorder Training for Law Enforcement Officers provides requirements for training officers for interacting with individuals with autism spectrum disorder. The bill requires the Criminal Justice Standards and Training Commission to adopt rules requiring such training as part of continued employment training for officers.

HB 439 - Corporal Punishment Bill by Waldron Cosponsors: Beltran, Gottlieb (SB 1318 by Thompson)

This bill requires charter schools to comply with corporal punishment laws and removes provisions authorizing teachers to administer corporal punishment. The bill provides duties and responsibilities for principals relating to corporal punishment. The bill requires notification be provided to parents and prohibits the use of corporal punishment on

students with an Individual Education Plan, 504 plan, Exceptional students as defined in s. 1003.01(9),homeless students and students in alternative schools. Finally, the bill specifies reporting requirements.

SB 1578 - Student Elopement by Torres, Jr.(HB 1395 by Eskamani)- The bill requires public schools to create a School Staff Assistance for Emergencies (SAFE) Team and a school elopement plan. The bill specifies the membership and responsibilities of the SAFE Team. The bill would require the SAFE Team to create student-specific elopement quick reference guides for certain students and requires public schools to annually submit their plans to the district school board.

SB 832 - Employment of Individuals with Disabilities by Calatayud (HB 1137 by Redondo)

This bill requires the collection and sharing of data between multiple agencies for the interagency cooperative agreement under the Employment First Act and requires the Office of Reimagining Education and Career Help to issue an annual statewide report by a specified date each year.

12:20 p.m.-12:30 p.m. **Public Comment** *Sarah Goldman, Chair*

12:30 p.m. **Meeting Adjourned**

**** Items that require vote**



Public Policy Committee (PPC)
Meeting Minutes
Friday, January 5, 2024
Zoom Meeting

Members Present: Sarah Goldman (Chair), Eddie Hall, Elly Hagen, Caitlyn Clibbon, and Yolanda Herrera

Members Absent: none

Other Council Members Present: none

Staff Present: Margaret J. Hooper, Valerie Breen, Sue Kabot

Guests: none

I. Call to Order:

The Meeting was called to order by Sarah Goldman, Chair, at 1:04 pm. Hooper took roll and there was a quorum present.

II. Welcome & Introductions:

Members were reminded that those attending the meeting who were not Council members could not vote but could participate in discussion and the public could speak during the public comment period.

III. 2024 Platform:

Hooper updated the Council on the progress towards advocating for the 2024 Legislative Platform. This included,

- Expand and Sustain HCBS Services for individuals with I/DD
 - Funding has been recommended by the Governor and the Senate for the waitlist, provider rate increases and the dual diagnosis mobile treatment pilot.

IV. Update on bills we are tracking or supporting

Hooper gave an update on bills the Council is following. These were,

- HB 073 Supported Decision-Making Authority by Tant
 - This bill passed its first committee meeting in the house.

V. New bills for Information/ Consideration

1) SB 212 Medicaid Buy-In by Gruters (HB 567 by Joseph)

The bill would require the Agency for Health Care Administration to establish and implement a Medicaid buy-in program for individuals with disabilities who are 18 to 64 years of age and whose incomes exceed the maximum income eligibility level for initial enrollment to obtain coverage for medical assistance under the Medicaid program. The Medicaid buy-in program must provide full Medicaid benefits to eligible individuals and limit

any premiums or cost sharing to a certain percentage of an individual's income, as determined by the agency and requires the agency to seek federal waiver approval or submit any necessary state plan amendments by October 2024.

Action Taken- Hall made a motion to support the bill. Clibbon seconded. The motion passed. There was no opposition or abstentions.

2) Unique Abilities Issue

"Unique abilities" is a term used to describe individuals with intellectual and developmental disabilities(I/DD) in Florida's Post Secondary program for individuals with I/DD and for scholarships for individuals with I/DD. The Governor and agency staff are using this term exclusively and it is rumored that the Agency for Persons with Disabilities will be changed to the Agency for Persons with Unique Abilities. There have been stakeholder complaints about this term as well as concerns from families and individuals with I/DD that the term does not capture the seriousness of their need for assistance. Some self-advocates feel that the term denies their maturity. Another major issue is that the term "unique abilities" has not been defined.

Action Taken- Hall made a motion to oppose the term unique abilities as a waiver title and an agency name. Herrera seconded. The motion passed. There was no opposition or abstentions.

3) Provider Rates Issue

Florida ARF and Arc of Florida are seeking a uniform provider rate increase. The Governor's budget and the Senate's Live Healthy program have included rate increases not only for providers serving individuals with intellectual and developmental disabilities, but also providers of Early intervention services and many other providers of Medicaid services.

Action Taken- Hall made a motion to support a uniform provider increase of 10% for iBudget and early intervention services. Hagan seconded. The motion passed. There was opposition or abstentions.

4) HB 313 Transparency for autism-related services by Plascencia (SB 550 by Rouson)

The bill defines "manifests" or "onset" to mean the display or disclosure of characteristic signs or symptoms of an illness. The bill would direct the agency or its designee to notify each applicant, in writing, of its individualized eligibility determination, including any specific criteria the applicant has not met from the agency's eligibility criteria described in rule.

Action Taken- Hall made a motion to support the bill. Clibbon seconded. The motion passed. There was opposition or abstentions.

5) SB 794 - Medicaid Managed Care Plan Performance Metrics by Harrell (HB 783 by Berman)

The bill would require Medicaid managed care plans to submit certain performance metrics monthly to the Agency for Health Care Administration. The bill would also require the agency to contract to develop and display on its public website a dashboard containing these monthly performance metrics; and the bill would require the agency to create a quarterly report on the metrics obtained.

Action Taken- Hall made a motion to support the bill. Clibbon seconded. The motion passed. There was opposition or abstentions.

VI. Public Comment/ Meeting Adjourned -There was no public comment. Goldman adjourned the meeting at 1:59 pm.



Florida
Developmental
Disabilities
Council, Inc.

Legislative Platform 2024



Position Statement

The Council supports Medicaid home- and community-based services (HCBS) that provide people with intellectual and developmental disabilities(I/DD) and their families access to life in the community. People with intellectual and developmental disabilities(I/DD) want to live as independently as possible, no matter the level of support necessary to make that happen.

Issue

Medicaid home- and community-based services (HCBS) provide support to people who need assistance with everyday activities, like bathing, dressing, making meals, and so many more. The problem is there isn't enough funding in many state's Medicaid waiver programs to support everyone who needs it. In Florida, this means that over 23,000 individuals who have been pre-enrolled for services have not received them and others, who are in crisis and need services immediately, are having trouble finding providers.

The alternative is more costly segregated institutional care that limits people and their choices. It often forces them to live away from their family and friends without access to the care needed to live in their own homes and communities.



LEARN MORE

Margaret J. Hooper, Director of Public Policy and Advocacy
email: MargaretD@fddc.org website: www.fddc.org

Recommendations

Include the iBudget waiver in the Social Service Estimating Conference.

Estimating increases in utilization that reflect the additional needs of individuals currently on the iBudget waiver is a crucial way to predict and contain costs. The actual primary reasons for increased service needs are crisis situations, aging caregivers, aging waiver recipients, and an individual's graduation from high school.

No one waits for services from the iBudget waiver.

Florida should provide a system with the goal of increasing the capacity to provide services to individuals with I/DD who need assistance. Six hundred individuals waiting for I/DD services in Miami-Dade County will volunteer for a pilot program that combines services from the Long-Term Care Waiver and the iBudget Waiver. The chosen provider will also include traditional medical care in the service package. The Council will be monitoring the pilot for quality services, person-centered care, and informative outcome measures.

Require a well-trained support coordination workforce that uses the best techniques identified by case management experts to address the needs of individuals with I/DD.

The State needs to encourage employment of people to provide support coordination services that are essential to create and implement a person-centered service plan. Incentives can include rates commensurate with experience and training, along with streamlined reporting systems and reduced burdensome regulations. This will increase the availability of support coordinators and improve workforce stability.

Address the behavioral needs of individuals with I/DD.

a) Individuals with I/DD who have a co-occurring mental illness or behavioral problems are having extraordinary challenges finding behavioral services even when they are in crisis situations. Involuntary commitments through the Baker Act and voluntary hospitalizations are on the rise because families and providers are unable to care for those in crisis at home. One solution is a successful intervention by a mobile response team that includes a behavior analyst trained to help those with I/DD. The mobile response team's primary role is to assess, de-escalate and stabilize the individual in their current residential setting, if possible. The team can determine if a psychiatric inpatient admission is needed as a last resort.

b) Active recruitment of providers and priority funding for Intensive Behavioral (IB) and Behavior-Focused (BF) group homes are recommended. Specialized training and recruitment of experienced behavior therapists who should receive a larger rate differential will also increase the management of people in their own homes, less restrictive community settings, and specialized behavioral settings. This will prevent placement in institutional settings.



Florida
Developmental
Disabilities
Council, Inc.

Plain Text Legislative Platform 2024



Position Statement

One way the Florida Developmental Disabilities Council (FDDC) works on behalf of people with intellectual and developmental disabilities (I/DD) is to educate legislators about issues that are important to people with I/DD and their families. One of the most important issues to people with I/DD and their families is for lawmakers to:

Support and expand home- and community-based services for people with I/DD.



LEARN MORE

Margaret J. Hooper, Director of Public Policy and Advocacy
email: MargaretD@fddc.org website: www.fddc.org

Issue

People with (I/DD) and their families want to live within their communities, as independently as possible, no matter how much support they need.

Sometimes, when they go through their regular health care providers, people with I/DD and their families cannot find the services and providers they need.

Traditional Medicaid and other insurance providers meet only immediate medical care needs. They do not pay for ongoing personal support, therapies, and nursing care.

With waiver programs, Medicaid home- and community-based services (HCBS) provide support to people who need assistance with everyday activities like bathing, dressing, and making meals.

However, there is not enough funding in many Medicaid waiver programs. In Florida, more than 23,000 people who have been pre-enrolled for services have not received them. Other people who are in crisis and need services immediately are having trouble finding providers.

The alternative is segregated institutional care. This type of care costs more, and it limits people and their choices. Institutional care forces people to live away from their family and friends without access to the care they need to live in their own homes and communities.



Recommendations

The FDDC is focused on advocating for the following components of a strong home- and community-based services system.

→ **Include the iBudget waiver in the Social Service Estimating Conference.**

It is important to correctly plan for how much money will be needed to make sure that people with I/DD receive the help they need through the iBudget waiver. The Social Service Estimating Conference is an effective tool for helping to plan costs related to increased service needs due to aging caregivers, aging waiver recipients, and an individual's graduation from high school.



→ **No one waits for services from the iBudget waiver.**

Florida should provide a system that will make it easier to deliver services to people with I/DD who need assistance. In Miami-Dade County, 600 people waiting for I/DD services will volunteer for a new program that combines services from the Long-Term Care Waiver and the iBudget Waiver. The program will also include traditional medical care. The FDDC will watch this program for quality services, person-centered care, and measurements of results.



→ **Require the employment of well-trained support coordination staff.**

These professionals should use the best techniques found by case management experts to address the needs of people with I/DD and to create person-centered service plans. To keep people interested in these jobs, staff should be paid well, and should use easy reporting systems and not be limited by excessive regulations.



→ **Address the behavioral needs of people with I/DD. There are two recommendations in this area:**

A) People with I/DD who have both co-occurring mental illness and behavioral problems are having serious challenges finding behavioral services, even when they are in crisis.

Involuntary commitments through the Baker Act and voluntary hospitalizations are rising because families and providers are unable to care for those in crisis at home.

One solution is a successful intervention by a mobile response team that includes a behavior analyst trained to help those with I/DD. The mobile response team's role is to assess, calm, and stabilize a person in their current home setting, if possible. The team can decide if a psychiatric inpatient admission is needed as a last resort.

B) Finding providers and new funding for Intensive Behavioral (IB) and Behavior-Focused (BF) group homes is recommended. Training and hiring experienced behavior therapists with higher pay will help people with I/DD to stay in their own homes, in community settings, and in settings that offer behavioral support. This will prevent having to go to institutions.



Plataforma Legislativa 2024



Declaración de posición

El consejo apoya el mantenimiento y la ampliación de los servicios que se prestan en el Hogar y la Comunidad para las personas con Discapacidades Intelectuales y de Desarrollo. Los servicios de Medicaid para el hogar y la comunidad (HCBS) brindan apoyo a las personas que necesitan ayuda con sus actividades diarias, tales como bañarse, vestirse, cocinar su comida y muchas más.

Tema

Tanto las personas con discapacidades intelectuales y de desarrollo (D/ ID), como sus familias, desean tener acceso a la vida que se desarrolla en la comunidad. Desean vivir de la forma más independiente posible, sin importar el nivel de apoyo que sea necesario para lograrlo. Sin embargo, cuando tratan de buscar los servicios y proveedores que necesitan, muchas veces no encuentran la ayuda requerida de su proveedor de servicios de salud. Los programas tradicionales como Medicaid, y las empresas aseguradoras en general, solo satisfacen las necesidades de cuidados médicos más graves o urgentes, pero no cubren el apoyo personal, ni las terapias y los cuidados de enfermería que se necesitan en forma constante.

Los servicios de Medicaid para el hogar y la comunidad (HCBS) brindan apoyo a las personas que necesitan ayuda con sus actividades diarias, tales como bañarse, vestirse, cocinar su comida y muchas más. El problema es que, en muchos estados, los programas de exenciones de Medicaid no tienen suficiente financiamiento como para ayudar a todos los que lo necesitan. En Florida, esto significa que más de 23.000 personas ubicadas en las categorías de pre-inscripción, no reciben estos servicios, e incluso, algunos que están pasando por una crisis y los necesitan de inmediato tienen problemas para encontrar al proveedor.

La alternativa serían cuidados institucionales más costosos que se prestan por separado, y limitan tanto personas como opciones, y muchas veces les obligan a vivir lejos de su familia y amigos, ya que no tienen acceso a los cuidados que necesitan para vivir en su propia casa y comunidad.



Contáctanos

Margaret J. Hooper, Directora de Políticas Públicas y Abogacía
email: MargaretD@fddc.org el sitio web: www.fddc.org

Recomendaciones

Incluir las exenciones bajo el iBudget en la Conferencia para el Cálculo del Presupuesto del Servicio Social.

Calcular el aumento de uso que reflejan actualmente las necesidades adicionales de los beneficiarios cubiertos por este beneficio, resulta esencial para poder prever y contener los costos. Los principales motivos que generan este aumento incluyen situaciones de crisis, el hecho de que los cuidadores y los beneficiarios de las exenciones van envejeciendo, y que las personas se van graduando de la escuela secundaria o high school.

Que nadie espere por los servicios relacionados con las exenciones bajo el iBudget.

Florida debe ofrecer un sistema cuyo objetivo sea aumentar la capacidad para prestar servicios a las personas con D/ ID que necesitan ayuda. Seiscientas personas con D/ ID que esperan por estos servicios en el condado de Miami-Dade, se ofrecen como voluntarios para participar en un proyecto piloto que combine servicios del programa de Exenciones a Largo Plazo "Long-Term Care Waiver" el de las Exenciones bajo el iBudget Waiver. El proveedor seleccionado también deberá incluir servicios médicos tradicionales en su paquete de servicios. El Consejo se ocupará de monitorear el proyecto piloto con respecto a la calidad del servicio, la adaptación de los cuidados a cada persona, y las mediciones informativas en base al resultado.

Exigir que el personal de apoyo para los servicios de coordinación esté bien adiestrado y utilice las mejores técnicas identificadas por los expertos en el manejo de casos a fin de cubrir las necesidades de las personas con D/ID.

El Estado debe fomentar el empleo de personas que presten apoyo con los servicios de coordinación, por ser esenciales para crear e implementar un plan de cuidados adaptado a cada persona. Los incentivos pueden incluir una tarifa por honorarios acorde con la experiencia y el adiestramiento, junto con sistemas de reporte simplificados y menos regulaciones incómodas y costosas. Con estas medidas, se incrementará la cantidad de coordinadores de apoyo disponibles y mejorará la estabilidad del personal.

Abordar las necesidades de las personas con D/ID relacionadas con la conducta.

a) Las personas con D/ ID que también sufren de alguna enfermedad mental o problema de conducta enfrentan retos extraordinarios cuando tratan de buscar los servicios de terapia que necesitan, incluso cuando se encuentran en una situación de crisis. Tanto el ingreso de pacientes en forma obligada -según la Ley Baker- como las hospitalizaciones voluntarias han ido aumentando, debido a que las familias y los proveedores no pueden cuidar en casa a las personas que están en crisis. Una posible solución sería brindar intervenciones por parte de un equipo móvil de respuesta, que incluya a un terapista de conducta debidamente adiestrado para ayudar a las personas con D/ ID. El rol principal de este equipo móvil sería evaluar, sosegar o contener y estabilizar a la persona en el entorno donde vive, siempre que sea posible o, en última instancia, determinar si se debe hospitalizar para recibir tratamiento quirúrgico.

b) Se recomienda reclutar activamente nuevos proveedores y asignar un financiamiento prioritario para hogares colectivos Enfocados al Tratamiento Intensivo y la Terapia para Problemas de Conducta. El adiestramiento especializado y la contratación de terapistas experimentados, a quienes se les pague una tarifa por honorarios bastante más alta, también podrán aumentar el éxito en el manejo de las personas en su propia casa, lograr un ambiente menos restrictivo en la comunidad y ofrecer entornos especializados para las terapias de conducta. Con estas medidas se podrá evitar la hospitalización en entornos institucionales.

HB 73

2024

A bill to be entitled
An act relating to supported decisionmaking authority; amending s. 393.12, F.S.; requiring a circuit court to consider certain needs and abilities of a person with a developmental disability when determining whether to appoint a guardian advocate; providing requirements for a petition to appoint a guardian advocate for a person with a developmental disability and for a court order if the court finds that such person requires such appointment; amending s. 709.2201, F.S.; authorizing an agent acting for a principal to grant a supported decisionmaking agreement; creating s. 709.2209, F.S.; defining the term "supported decisionmaking agreement"; prohibiting such agreement from acting as a durable power of attorney; authorizing specified authority to a supported decisionmaking agreement; providing that certain communications shall be recognized as a communication of the principal under certain circumstances; amending s. 744.3201, F.S.; requiring a petition to determine incapacity of a person to include specified information relating to the alleged incapacitated person's use of assistance; amending s. 744.331, F.S.; providing requirements for an examining committee member when determining the alleged incapacitated

26 person's ability to exercise his or her rights;
27 amending s. 744.464, F.S.; authorizing a suggestion of
28 capacity to include certain capabilities of the ward;
29 amending s. 1003.5716, F.S.; revising the requirements
30 for a specified process relating to individual
31 education plans for certain students to include
32 supported decisionmaking agreements; providing an
33 effective date.

34

35 Be It Enacted by the Legislature of the State of Florida:

36

37 Section 1. Paragraph (a) of subsection (2), paragraph (a)
38 of subsection (3), and subsection (8) of section 393.12, Florida
39 Statutes, are amended to read:

40 393.12 Capacity; appointment of guardian advocate.—

41 (2) APPOINTMENT OF A GUARDIAN ADVOCATE.—

42 (a) A circuit court may appoint a guardian advocate,
43 without an adjudication of incapacity, for a person with
44 developmental disabilities, if the person lacks the
45 decisionmaking ability to do some, but not all, of the
46 decisionmaking tasks necessary to care for his or her person or
47 property or if the person has voluntarily petitioned for the
48 appointment of a guardian advocate. In determining whether to
49 appoint a guardian advocate, the court shall consider the
50 person's unique needs and abilities, including, but not limited

51 to, the person's ability to independently exercise his or her
52 rights with appropriate assistance, and may only delegate
53 decisionmaking tasks that the person lacks the decisionmaking
54 ability to exercise. Except as otherwise specified, the
55 proceeding shall be governed by the Florida Rules of Probate
56 Procedure.

57 (3) PETITION.—

58 (a) A petition to appoint a guardian advocate for a person
59 with a developmental disability may be executed by an adult
60 person who is a resident of this state. The petition must be
61 verified and must:

62 1. State the name, age, and present address of the
63 petitioner and his or her relationship to the person with a
64 developmental disability;

65 2. State the name, age, county of residence, and present
66 address of the person with a developmental disability;

67 3. Allege that the petitioner believes that the person
68 needs a guardian advocate and specify the factual information on
69 which such belief is based;

70 4. Specify the exact areas in which the person lacks the
71 decisionmaking ability to make informed decisions about his or
72 her care and treatment services or to meet the essential
73 requirements for his or her physical health or safety;

74 5. Specify the legal disabilities to which the person is
75 subject; and

76 6. Identify any other type of guardian advocacy or
77 alternatives to guardian advocacy that the person has
78 designated, is in currently, or has been in previously and the
79 reasons why alternatives to guardian advocacy are insufficient
80 to meet the needs of the person;

81 7. State whether the person uses assistance to exercise
82 his or her rights, including, but not limited to, supported
83 decisionmaking, and if so, why the assistance is inappropriate
84 or insufficient to allow the person to independently exercise
85 the person's rights; and

86 8.6. State the name of the proposed guardian advocate, the
87 relationship of that person to the person with a developmental
88 disability; the relationship that the proposed guardian advocate
89 had or has with a provider of health care services, residential
90 services, or other services to the person with a developmental
91 disability; and the reason why this person should be appointed.
92 The petition must also state if a willing and qualified guardian
93 advocate cannot be located.

94 (8) COURT ORDER.—If the court finds the person with a
95 developmental disability requires the appointment of a guardian
96 advocate, the court shall enter a written order appointing the
97 guardian advocate and containing the findings of facts and
98 conclusions of law on which the court made its decision,
99 including:

100 (a) The nature and scope of the person's lack of

101 decisionmaking ability;

102 (b) The exact areas in which the individual lacks

103 decisionmaking ability to make informed decisions about care and

104 treatment services or to meet the essential requirements for his

105 or her physical health and safety;

106 (c) The specific legal disabilities to which the person

107 with a developmental disability is subject;

108 (d) The identity of existing alternatives and a finding as

109 to the validity or sufficiency of such alternative to alleviate

110 the need for the appointment of a guardian advocate;

111 (e) ~~(d)~~ The name of the person selected as guardian

112 advocate and the reasons for the court's selection; and

113 (f) ~~(e)~~ The powers, duties, and responsibilities of the

114 guardian advocate, including bonding of the guardian advocate,

115 as provided in s. 744.351.

116 Section 2. Paragraph (d) is added to subsection (2) of

117 section 709.2201, Florida Statutes, to read:

118 709.2201 Authority of agent.—

119 (2) As a confirmation of the law in effect in this state

120 when this part became effective, such authorization may include,

121 without limitation, authority to:

122 (d) If such authority is specifically limited, grant a

123 supported decisionmaking agreement as defined in s. 709.2209(1).

124 Section 3. Section 709.2209, Florida Statutes, is created

125 to read:

126 709.2209 Supported decisionmaking agreements.—

127 (1) For purposes of this section, "supported
128 decisionmaking agreement" means an agreement in which the power
129 of attorney grants an agent the authority to receive information
130 and to communicate on behalf of the principal without granting
131 the agent the authority to bind or act on behalf of the
132 principal on any subject matter.

133 (2) A supported decisionmaking agreement is not a durable
134 power of attorney under s. 709.2104. Any language of durability
135 in a supported decisionmaking agreement is of no effect.

136 (3) A supported decisionmaking agreement may only include
137 the authority to:

138 (a) Obtain information on behalf of the principal,
139 including, but not limited to, protected health information
140 under the Health Insurance Portability and Accountability Act of
141 1996, 42 U.S.C. s. 1320d, as amended; educational records under
142 the Family Educational Rights and Privacy Act of 1974, 20 U.S.C.
143 s. 1232g; or information protected under 42 U.S.C. s. 290dd-2 or
144 42 C.F.R. part 2.

145 (b) Assist the principal in communicating with third
146 parties, including conveying the principal's communications,
147 decisions, and directions to third parties on behalf of the
148 principal.

149 (4) A communication made by the principal with the
150 assistance of or through an agent under a supported

151 decisionmaking agreement that is within the authority granted to
152 the agent may be recognized for as a communication of the
153 principal.

154 Section 4. Subsection (2) of section 744.3201, Florida
155 Statutes, is amended to read:

156 744.3201 Petition to determine incapacity.—

157 (2) The petition must be verified and must:

158 (a) State the name, age, and present address of the
159 petitioner and his or her relationship to the alleged
160 incapacitated person;

161 (b) State the name, age, county of residence, and present
162 address of the alleged incapacitated person;

163 (c) Specify the primary language spoken by the alleged
164 incapacitated person, if known;

165 (d) State whether the alleged incapacitated person uses
166 assistance to exercise his or her rights, including, but not
167 limited to, supported decisionmaking, and if so, why the
168 assistance is inappropriate or insufficient to allow the person
169 to independently exercise the person's rights;

170 (e) ~~(d)~~ Allege that the petitioner believes the alleged
171 incapacitated person to be incapacitated and specify the factual
172 information on which such belief is based and the names and
173 addresses of all persons known to the petitioner who have
174 knowledge of such facts through personal observations;

175 (f) ~~(e)~~ State the name and address of the alleged

176 incapacitated person's attending or family physician, if known;
177 (g)-(f) State which rights enumerated in s. 744.3215 the
178 alleged incapacitated person is incapable of exercising, to the
179 best of petitioner's knowledge. If the petitioner has
180 insufficient experience to make such judgments, the petition
181 must so state; and

182 (h)-(g) State the names, relationships, and addresses of
183 the next of kin of the alleged incapacitated person, so far as
184 are known, specifying the dates of birth of any who are minors.

185 Section 5. Paragraph (e) of subsection (3) of section
186 744.331, Florida Statutes, is amended to read:

187 744.331 Procedures to determine incapacity.—

188 (3) EXAMINING COMMITTEE.—

189 (e) Each member of the examining committee shall examine
190 the person. Each examining committee member must determine the
191 alleged incapacitated person's ability to exercise those rights
192 specified in s. 744.3215. An examining committee member may
193 allow a person to assist in communicating with the alleged
194 incapacitated person when requested by the court-appointed
195 counsel for the alleged incapacitated person and shall identify
196 the person who provided assistance and describe the nature and
197 method of assistance provided in his or her report. In addition
198 to the examination, each examining committee member must have
199 access to, and may consider, previous examinations of the
200 person, including, but not limited to, habilitation plans,

201 school records, and psychological and psychosocial reports
202 voluntarily offered for use by the alleged incapacitated person.
203 Each member of the examining committee must file his or her
204 report with the clerk of the court within 15 days after
205 appointment.

206 Section 6. Paragraph (a) of subsection (2) of section
207 744.464, Florida Statutes, is amended to read:

208 744.464 Restoration to capacity.—

209 (2) SUGGESTION OF CAPACITY.—

210 (a) Any interested person, including the ward, may file a
211 suggestion of capacity. The suggestion of capacity must state
212 that the ward is currently capable of exercising some or all of
213 the rights which were removed, including the capability to
214 independently exercise his or her rights with appropriate
215 assistance.

216 Section 7. Paragraph (d) of subsection (1) of section
217 1003.5716, Florida Statutes, is amended to read:

218 1003.5716 Transition to postsecondary education and career
219 opportunities.—All students with disabilities who are 3 years of
220 age to 21 years of age have the right to a free, appropriate
221 public education. As used in this section, the term "IEP" means
222 individual education plan.

223 (1) To ensure quality planning for a successful transition
224 of a student with a disability to postsecondary education and
225 career opportunities, during the student's seventh grade year or

226 when the student attains the age of 12, whichever occurs first,
227 an IEP team shall begin the process of, and develop an IEP for,
228 identifying the need for transition services before the student
229 with a disability enters high school or attains the age of 14
230 years, whichever occurs first, in order for his or her
231 postsecondary goals and career goals to be identified. The plan
232 must be operational and in place to begin implementation on the
233 first day of the student's first year in high school. This
234 process must include, but is not limited to:

235 (d) At least 1 year before the student reaches the age of
236 majority, provision of information and instruction to the
237 student and his or her parent on self-determination and the
238 legal rights and responsibilities regarding the educational
239 decisions that transfer to the student upon attaining the age of
240 18. The information must include the ways in which the student
241 may provide informed consent to allow his or her parent to
242 continue to participate in educational decisions, including:

243 1. Informed consent to grant permission to access
244 confidential records protected under the Family Educational
245 Rights and Privacy Act (FERPA) as provided in s. 1002.22.

246 2. Powers of attorney as provided in chapter 709.

247 3. Guardian advocacy as provided in s. 393.12.

248 4. Guardianship as provided in chapter 744.

249 5. Supported decisionmaking agreements as provided in s.
250 709.2209.

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251

252 The State Board of Education shall adopt rules to administer
253 this paragraph.

254 Section 8. This act shall take effect July 1, 2024.

By Senator Bradley

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30 amending s. 393.0662, F.S.; providing requirements for
31 the Agency for Health Care Administration when a
32 client's iBudget is established; requiring the Agency
33 for Persons with Disabilities to ensure that certain
34 client services commence within a specified timeframe;
35 requiring the Agency for Persons with Disabilities and
36 the Agency for Health Care Administration to adopt
37 rules and implement certain policies by a specified
38 date; amending ss. 393.0651, 409.9127, and 409.9855,
39 F.S.; conforming cross-references; providing an
40 effective date.

41

42 Be It Enacted by the Legislature of the State of Florida:

43

44 Section 1. Present subsections (1) through (12) of section
45 393.065, Florida Statutes, are redesignated as subsections (2)
46 through (13), respectively, a new subsection (1) is added to
47 that section, and present subsections (1), (5), (6), and (7),
48 paragraph (a) of present subsection (8), and present subsections
49 (11) and (12) are amended, to read:

50 393.065 Application and eligibility determination.—

51 (1) As part of the agency's website, the agency shall
52 develop and implement an automated, electronic application
53 process. The application process shall, at a minimum, support:

54 (a) Electronic submissions.

55 (b) Automatic processing of each application.

56 (c) Immediate automatic e-mail confirmation to each
57 applicant with proof of filing along with a date and time stamp.

58 (d) Upon request, if the applicant does not have access to

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59 electronic resources, providing the applicant with the
60 application in printed form or in a portable document format.

61 ~~(2) (1) Application for services shall be made in writing to~~
62 ~~the agency, in the region in which the applicant resides. The~~
63 ~~agency shall review each application and make an eligibility~~
64 ~~determination within 60 days after receipt of the signed~~
65 ~~application. If, at the time of the application, an applicant is~~
66 ~~requesting enrollment in the home and community-based services~~
67 ~~Medicaid waiver program for individuals with developmental~~
68 ~~disabilities deemed to be in crisis, as described in paragraph~~
69 ~~(6) (a) (5) (a), the agency shall complete an eligibility~~
70 ~~determination within 45 days after receipt of the signed~~
71 ~~application.~~

72 (a) If the agency determines additional documentation is
73 necessary to make an eligibility determination, the agency may
74 request the additional documentation from the applicant.

75 (b) When necessary to definitively identify individual
76 conditions or needs, the agency or its designee must provide a
77 comprehensive assessment.

78 (c) If the agency requests additional documentation from
79 the applicant or provides or arranges for a comprehensive
80 assessment, the agency's eligibility determination must be
81 completed within 90 days after receipt of the signed
82 application.

83 (d) If the applicant meets the criteria for preenrollment
84 category 2 in paragraph (6) (b), such applicant is deemed to be
85 in crisis and the following is required, regardless of the
86 applicant's age:

87 1. The agency shall review each application and make an

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88 eligibility determination within 5 business days after receipt
89 of the signed application.

90 2. If, at the time of the application, the applicant is
91 requesting enrollment in the home and community-based services
92 Medicaid waiver program for individuals with developmental
93 disabilities deemed to be in crisis, as described in paragraph
94 (6)(a), the agency must complete an eligibility determination
95 within 15 calendar days after receipt of the signed application.

96 3. If the agency determines additional documentation is
97 necessary to make an eligibility determination, the agency may
98 request additional documentation from the applicant, but such
99 agency request may not prevent or delay services to the
100 applicant. When necessary to definitively identify individual
101 conditions or needs, the agency or its designee must provide a
102 comprehensive assessment.

103 4. If the agency requests additional documentation from the
104 applicant or provides or arranges for a comprehensive
105 assessment, the agency's eligibility determination must be
106 completed within 60 calendar days after receipt of the signed
107 application.

108 (6)(5) Except as provided in subsections (7) and (8) (6)
109 and (7), if a client seeking enrollment in the developmental
110 disabilities home and community-based services Medicaid waiver
111 program meets the level of care requirement for an intermediate
112 care facility for individuals with intellectual disabilities
113 pursuant to 42 C.F.R. ss. 435.217(b)(1) and 440.150, the agency
114 must assign the client to an appropriate preenrollment category
115 pursuant to this subsection and must provide priority to clients
116 waiting for waiver services in the following order:

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117 (a) Category 1, which includes clients deemed to be in
118 crisis as described in rule, must be given first priority in
119 moving from the preenrollment categories to the waiver.

120 (b) Category 2, which includes clients in the preenrollment
121 categories who are:

122 1. From the child welfare system with an open case in the
123 Department of Children and Families' statewide automated child
124 welfare information system and who are either:

125 a. Transitioning out of the child welfare system into
126 permanency; or

127 b. At least 18 years but not yet 22 years of age and who
128 need both waiver services and extended foster care services; or

129 2. At least 18 years but not yet 22 years of age and who
130 withdrew consent pursuant to s. 39.6251(5)(c) to remain in the
131 extended foster care system.

132 For individuals who are at least 18 years but not yet 22 years
133 of age and who are eligible under sub-subparagraph 1.b., the
134 agency must provide waiver services, including residential
135 habilitation, and the community-based care lead agency must fund
136 room and board at the rate established in s. 409.145(3) and
137 provide case management and related services as defined in s.
138 409.986(3)(e). Individuals may receive both waiver services and
139 services under s. 39.6251. Services may not duplicate services
140 available through the Medicaid state plan.

141 (c) Category 3, which includes, but is not required to be
142 limited to, clients:

143 1. Whose caregiver has a documented condition that is
144 expected to render the caregiver unable to provide care within
145 the next 12 months and for whom a caregiver is required but no

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146 alternate caregiver is available;

147 2. At substantial risk of incarceration or court commitment

148 without supports;

149 3. Whose documented behaviors or physical needs place them

150 or their caregiver at risk of serious harm and other supports

151 are not currently available to alleviate the situation; or

152 4. Who are identified as ready for discharge within the

153 next year from a state mental health hospital or skilled nursing

154 facility and who require a caregiver but for whom no caregiver

155 is available or whose caregiver is unable to provide the care

156 needed.

157 (d) Category 4, which includes, but is not required to be

158 limited to, clients whose caregivers are 70 years of age or

159 older and for whom a caregiver is required but no alternate

160 caregiver is available.

161 (e) Category 5, which includes, but is not required to be

162 limited to, clients who are expected to graduate within the next

163 12 months from secondary school and need support to obtain a

164 meaningful day activity, maintain competitive employment, or

165 pursue an accredited program of postsecondary education to which

166 they have been accepted.

167 (f) Category 6, which includes clients 21 years of age or

168 older who do not meet the criteria for category 1, category 2,

169 category 3, category 4, or category 5.

170 (g) Category 7, which includes clients younger than 21

171 years of age who do not meet the criteria for category 1,

172 category 2, category 3, or category 4.

173 Within preenrollment categories 3, 4, 5, 6, and 7, the agency

174 shall prioritize clients in the order of the date that the

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175 client is determined eligible for waiver services.

176 (7)~~(6)~~ The agency must allow an individual who meets the
177 eligibility requirements of subsection (3) ~~(2)~~ to receive home
178 and community-based services in this state if the individual's
179 parent or legal guardian is an active-duty military
180 servicemember and if, at the time of the servicemember's
181 transfer to this state, the individual was receiving home and
182 community-based services in another state.

183 (8)~~(7)~~ The agency must allow an individual with a diagnosis
184 of Phelan-McDermid syndrome who meets the eligibility
185 requirements of subsection (3) ~~(2)~~ to receive home and
186 community-based services.

187 (9)~~(8)~~ Only a client may be eligible for services under the
188 developmental disabilities home and community-based services
189 Medicaid waiver program. For a client to receive services under
190 the developmental disabilities home and community-based services
191 Medicaid waiver program, there must be available funding
192 pursuant to s. 393.0662 or through a legislative appropriation
193 and the client must meet all of the following:

194 (a) The eligibility requirements of subsection (3) ~~(2)~~,
195 which must be confirmed by the agency.

196 (12)~~(a)~~(11)~~(a)~~ The agency must provide the following
197 information to all applicants or their parents, legal guardians,
198 or family members:

199 1. A brief overview of the vocational rehabilitation
200 services offered through the Division of Vocational
201 Rehabilitation of the Department of Education, including a
202 hyperlink or website address that provides access to the
203 application for such services;

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204 2. A brief overview of the Florida ABLE program as
205 established under s. 1009.986, including a hyperlink or website
206 address that provides access to the application for establishing
207 an ABLE account as defined in s. 1009.986(2);

208 3. A brief overview of the supplemental security income
209 benefits and social security disability income benefits
210 available under Title XVI of the Social Security Act, as
211 amended, including a hyperlink or website address that provides
212 access to the application for such benefits;

213 4. A statement indicating that the applicant's local public
214 school district may provide specialized instructional services,
215 including transition programs, for students with special
216 education needs;

217 5. A brief overview of programs and services funded through
218 the Florida Center for Students with Unique Abilities, including
219 contact information for each state-approved Florida
220 Postsecondary Comprehensive Transition Program;

221 6. A brief overview of decisionmaking options for
222 individuals with disabilities, guardianship under chapter 744,
223 and alternatives to guardianship as defined in s. 744.334(1),
224 which may include contact information for organizations that the
225 agency believes would be helpful in assisting with such
226 decisions;

227 7. A brief overview of the referral tools made available
228 through the agency, including a hyperlink or website address
229 that provides access to such tools; and

230 8. A statement indicating that some waiver providers may
231 serve private-pay individuals.

232 (b) The agency must provide the information required in

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233 paragraph (a) in writing to an applicant or his or her parent,
234 legal guardian, or family member along with a written disclosure
235 statement in substantially the following form:

236

237 DISCLOSURE STATEMENT

238 Each program and service has its own eligibility
239 requirements. By providing the information specified in
240 section 393.065(12)(a) ~~393.065(11)(a)~~, Florida Statutes,
241 the agency does not guarantee an applicant's eligibility
242 for or enrollment in any program or service.

243

244 (c) The agency must also publish the information required
245 in paragraph (a) and the disclosure statement in paragraph (b)
246 on its website, and must provide that information and statement
247 annually to each client placed in the preenrollment categories
248 or to the parent, legal guardian, or family member of such
249 client.

250 (13)(12) The agency and the Agency for Health Care
251 Administration:

252 (a) May adopt rules specifying application procedures,
253 criteria associated with the preenrollment categories,
254 procedures for administering the preenrollment, including tools
255 for prioritizing waiver enrollment within preenrollment
256 categories, and eligibility requirements as needed to administer
257 this section.

258 (b) By September 29, 2024, shall adopt rules and implement
259 policies to maintain compliance with paragraph (2)(d).

260 Section 2. Subsections (2) and (15) of section 393.0662,
261 Florida Statutes, are amended to read:

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262 393.0662 Individual budgets for delivery of home and
263 community-based services; iBudget system established.—The
264 Legislature finds that improved financial management of the
265 existing home and community-based Medicaid waiver program is
266 necessary to avoid deficits that impede the provision of
267 services to individuals who are on the waiting list for
268 enrollment in the program. The Legislature further finds that
269 clients and their families should have greater flexibility to
270 choose the services that best allow them to live in their
271 community within the limits of an established budget. Therefore,
272 the Legislature intends that the agency, in consultation with
273 the Agency for Health Care Administration, shall manage the
274 service delivery system using individual budgets as the basis
275 for allocating the funds appropriated for the home and
276 community-based services Medicaid waiver program among eligible
277 enrolled clients. The service delivery system that uses
278 individual budgets shall be called the iBudget system.

279 (2) The Agency for Health Care Administration, in
280 consultation with the agency, shall:

281 (a) Seek federal approval to amend current waivers, request
282 a new waiver, and amend contracts as necessary to manage the
283 iBudget system, improve services for eligible and enrolled
284 clients, and improve the delivery of services through the home
285 and community-based services Medicaid waiver program and the
286 Consumer-Directed Care Plus Program, including, but not limited
287 to, enrollees with a dual diagnosis of a developmental
288 disability and a mental health disorder.

289 (b) At the time a client's iBudget is established:

290 1. Educate the client or the caregiver of the client

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291 regarding the Consumer-Directed Care Plus Program.

292 2. Provide each client the opportunity to apply for the
293 Consumer-Directed Care Plus Program.

294 (c) The agency shall, within 14 calendar days after the
295 time of a client's submission of an application for the
296 Consumer-Directed Care Plus Program, ensure that the client's
297 Consumer-Directed Care Plus Program services commence and the
298 client is no longer required to access services through the
299 iBudget system.

300 (15) The agency and the Agency for Health Care
301 Administration:

302 (a) May adopt rules specifying the allocation algorithm and
303 methodology; criteria and processes for clients to access funds
304 for services to meet significant additional needs; and processes
305 and requirements for selection and review of services,
306 development of support and cost plans, and management of the
307 iBudget system as needed to administer this section.

308 (b) By September 29, 2024, shall adopt rules and implement
309 policies to maintain compliance with paragraph (2) (b).

310 Section 3. Section 393.0651, Florida Statutes, is amended
311 to read:

312 393.0651 Family or individual support plan.—The agency
313 shall provide directly or contract for the development of a
314 family support plan for children ages 3 to 18 years of age and
315 an individual support plan for each client. The client, if
316 competent, the client's parent or guardian, or, when
317 appropriate, the client advocate, shall be consulted in the
318 development of the plan and shall receive a copy of the plan.
319 Each plan must include the most appropriate, least restrictive,

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320 and most cost-beneficial environment for accomplishment of the
321 objectives for client progress and a specification of all
322 services authorized. The plan must include provisions for the
323 most appropriate level of care for the client. Within the
324 specification of needs and services for each client, when
325 residential care is necessary, the agency shall move toward
326 placement of clients in residential facilities based within the
327 client's community. The ultimate goal of each plan, whenever
328 possible, shall be to enable the client to live a dignified life
329 in the least restrictive setting, be that in the home or in the
330 community. The family or individual support plan must be
331 developed within 60 days after the agency determines the client
332 eligible pursuant to s. 393.065(4) ~~s. 393.065(3)~~.

333 (1) The agency shall develop and specify by rule the core
334 components of support plans.

335 (2) The family or individual support plan shall be
336 integrated with the individual education plan (IEP) for all
337 clients who are public school students entitled to a free
338 appropriate public education under the Individuals with
339 Disabilities Education Act, I.D.E.A., as amended. The family or
340 individual support plan and IEP must be implemented to maximize
341 the attainment of educational and habilitation goals.

342 (a) If the IEP for a student enrolled in a public school
343 program indicates placement in a public or private residential
344 program is necessary to provide special education and related
345 services to a client, the local education agency must provide
346 for the costs of that service in accordance with the
347 requirements of the Individuals with Disabilities Education Act,
348 I.D.E.A., as amended. This does not preclude local education

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349 agencies and the agency from sharing the residential service
350 costs of students who are clients and require residential
351 placement.

352 (b) For clients who are entering or exiting the school
353 system, an interdepartmental staffing team composed of
354 representatives of the agency and the local school system shall
355 develop a written transitional living and training plan with the
356 participation of the client or with the parent or guardian of
357 the client, or the client advocate, as appropriate.

358 (3) Each family or individual support plan shall be
359 facilitated through case management designed solely to advance
360 the individual needs of the client.

361 (4) In the development of the family or individual support
362 plan, a client advocate may be appointed by the support planning
363 team for a client who is a minor or for a client who is not
364 capable of express and informed consent when:

365 (a) The parent or guardian cannot be identified;

366 (b) The whereabouts of the parent or guardian cannot be
367 discovered; or

368 (c) The state is the only legal representative of the
369 client.

370

371 Such appointment may not be construed to extend the powers of
372 the client advocate to include any of those powers delegated by
373 law to a legal guardian.

374 (5) The agency shall place a client in the most appropriate
375 and least restrictive, and cost-beneficial, residential facility
376 according to his or her individual support plan. The client, if
377 competent, the client's parent or guardian, or, when

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378 appropriate, the client advocate, and the administrator of the
379 facility to which placement is proposed shall be consulted in
380 determining the appropriate placement for the client.
381 Considerations for placement shall be made in the following
382 order:

383 (a) Client's own home or the home of a family member or
384 direct service provider.

385 (b) Foster care facility.

386 (c) Group home facility.

387 (d) Intermediate care facility for the developmentally
388 disabled.

389 (e) Other facilities licensed by the agency which offer
390 special programs for people with developmental disabilities.

391 (f) Developmental disabilities center.

392 (6) In developing a client's annual family or individual
393 support plan, the individual or family with the assistance of
394 the support planning team shall identify measurable objectives
395 for client progress and shall specify a time period expected for
396 achievement of each objective.

397 (7) The individual, family, and support coordinator shall
398 review progress in achieving the objectives specified in each
399 client's family or individual support plan, and shall revise the
400 plan annually, following consultation with the client, if
401 competent, or with the parent or guardian of the client, or,
402 when appropriate, the client advocate. The agency or designated
403 contractor shall annually report in writing to the client, if
404 competent, or to the parent or guardian of the client, or to the
405 client advocate, when appropriate, with respect to the client's
406 habilitative and medical progress.

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407 (8) Any client, or any parent of a minor client, or
408 guardian, authorized guardian advocate, or client advocate for a
409 client, who is substantially affected by the client's initial
410 family or individual support plan, or the annual review thereof,
411 shall have the right to file a notice to challenge the decision
412 pursuant to ss. 120.569 and 120.57. Notice of such right to
413 appeal shall be included in all support plans provided by the
414 agency.

415 Section 4. Subsection (3) of section 409.9127, Florida
416 Statutes, is amended to read:

417 409.9127 Preauthorization and concurrent utilization
418 review; conflict-of-interest standards.—

419 (3) The agency shall help the Agency for Persons with
420 Disabilities meet the requirements of s. 393.065(5) s.
421 ~~393.065(4)~~. Only admissions approved pursuant to such
422 assessments are eligible for reimbursement under this chapter.

423 Section 5. Paragraph (b) of subsection (2) of section
424 409.9855, Florida Statutes, is amended to read:

425 409.9855 Pilot program for individuals with developmental
426 disabilities.—

427 (2) ELIGIBILITY; VOLUNTARY ENROLLMENT; DISENROLLMENT.—

428 (b) The Agency for Persons with Disabilities shall approve
429 a needs assessment methodology to determine functional,
430 behavioral, and physical needs of prospective enrollees. The
431 assessment methodology may be administered by persons who have
432 completed such training as may be offered by the agency.
433 Eligibility to participate in the pilot program is determined
434 based on all of the following criteria:

435 1. Whether the individual is eligible for Medicaid.

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436 2. Whether the individual is 18 years of age or older and
437 is on the waiting list for individual budget waiver services
438 under chapter 393 and assigned to one of categories 1 through 6
439 as specified in s. 393.065(6) ~~s. 393.065(5)~~.

440 3. Whether the individual resides in a pilot program
441 region.

442 Section 6. This act shall take effect July 1, 2024.

HB 829

2024

A bill to be entitled
An act relating to autism spectrum disorder training for law enforcement officers; amending s. 943.1727, F.S.; providing definitions; providing requirements for training officers regarding individuals with autism spectrum disorder; requiring the Criminal Justice Standards and Training Commission to adopt rules requiring such training as part of continued employment training for officers; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 943.1727, Florida Statutes, is amended to read:

943.1727 Continued Employment training relating to autism spectrum disorder.—

(1) As used in this section, the term:

(a) "Agency" means the ability to make independent decisions and act in one's own best interests.

(b) "Autism spectrum disorder" has the same meaning as provided in s. 627.6686(2).

(2) The commission department shall establish an a continued employment training component relating to individuals with autism spectrum disorder as defined in s. 627.6686. The

26 ~~training component shall include, but need not be limited to,~~
27 ~~instruction on the recognition of the symptoms and~~
28 ~~characteristics of an individual on the autism disorder spectrum~~
29 ~~and appropriate responses to an individual exhibiting such~~
30 ~~symptoms and characteristics.~~ Completion of the training
31 component may count toward the 40 hours of instruction for
32 continued employment or appointment as a law enforcement officer
33 required under s. 943.135.

34 (3) The employment training component relating to
35 individuals with autism spectrum disorder for officers may
36 include at least 4 hours of in person instruction in the
37 procedures and techniques described in this subsection:

38 (a) The nature and manifestation of autism spectrum
39 disorders.

40 (b) Appropriate techniques for interviewing or
41 interrogating an individual with autism spectrum disorder,
42 including techniques to ensure the legality of statements made
43 and techniques used to protect the rights of the individual.

44 (c) Techniques for locating an individual with autism
45 spectrum disorder who runs away and is in danger and returning
46 the individual while causing as little stress as possible to the
47 individual.

48 (d) Techniques for recognizing the agency of an individual
49 with autism spectrum disorder while identifying potential
50 abusive or coercive situations.

51 (e) Techniques for deescalating a potentially dangerous
52 situation to maximize the safety of both the officer and the
53 individual with autism spectrum disorder.

54 (f) Techniques for differentiating an individual with
55 autism spectrum disorder from an individual who is belligerent,
56 uncooperative, or otherwise displaying traits similar to the
57 characteristics of an individual with autism spectrum disorder
58 and understanding the law as it relates to the use of the Baker
59 Act against an individual with autism spectrum disorder.

60 (g) Procedures to identify and address challenges related
61 to the safety and wellbeing of individuals with autism spectrum
62 disorder in a correctional facility.

63 (h) The impact of interaction with officers on individuals
64 with autism spectrum disorder.

65 (4) All recruits must receive the employment training
66 component relating to individuals with autism spectrum disorder.
67 Such training component may be taught as part of other relevant
68 components of the training.

69 (5) The commission shall by rule require that each officer
70 receive, as part of the required instruction for continued
71 employment or appointment as an officer, instruction in the
72 procedures and techniques described in subsection (3).

73 Section 2. This act shall take effect July 1, 2024.

HB 439

2024

A bill to be entitled
An act relating to corporal punishment; amending s. 1002.20, F.S.; conforming provisions to changes made by the act; amending s. 1002.33, F.S.; requiring charter schools to comply with general law relating to corporal punishment; amending s. 1003.01, F.S.; conforming provisions to changes made by the act; amending s. 1003.32, F.S.; deleting provisions authorizing teachers to administer corporal punishment; providing duties of and responsibilities for principals relating to corporal punishment; requiring a specified notification be provided to parents relating to corporal punishment; providing requirements for a student to be disciplined using corporal punishment; prohibiting the use of corporal punishment on specified students; providing reporting requirements relating to corporal punishment; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (c) of subsection (4) of section 1002.20, Florida Statutes, is amended to read:

1002.20 K-12 student and parent rights.—Parents of public school students must receive accurate and timely information

26 regarding their child's academic progress and must be informed
27 of ways they can help their child to succeed in school. K-12
28 students and their parents are afforded numerous statutory
29 rights including, but not limited to, the following:

30 (4) DISCIPLINE.—

31 (c) Corporal punishment.—

32 1. ~~In accordance with the provisions of s. 1003.32,~~

33 Corporal punishment of a public school student may only be
34 administered in accordance with s. 1003.32(1)(k) ~~by a teacher or~~
35 ~~school principal within guidelines of the school principal~~ and
36 according to district school board policy. Another adult must be
37 present and must be informed in the student's presence of the
38 reason for the punishment. ~~Upon request, the teacher or school~~
39 ~~principal must provide the parent with a written explanation of~~
40 ~~the reason for the punishment and the name of the other adult~~
41 ~~who was present.~~

42 2. A district school board having a policy authorizing the
43 use of corporal punishment as a form of discipline shall review
44 its policy on corporal punishment once every 3 years during a
45 district school board meeting held pursuant to s. 1001.372. The
46 district school board shall take public testimony at the board
47 meeting. If such board meeting is not held in accordance with
48 this subparagraph, the portion of the district school board's
49 policy authorizing corporal punishment expires.

50 Section 2. Paragraph (b) of subsection (16) of section

51 1002.33, Florida Statutes, is amended to read:

52 1002.33 Charter schools.—

53 (16) EXEMPTION FROM STATUTES.—

54 (b) Additionally, a charter school shall be in compliance

55 with the following statutes:

56 1. Section 286.011, relating to public meetings and

57 records, public inspection, and criminal and civil penalties.

58 2. Chapter 119, relating to public records.

59 3. Section 1003.03, relating to the maximum class size,

60 except that the calculation for compliance pursuant to s.

61 1003.03 shall be the average at the school level.

62 4. Section 1012.22(1)(c), relating to compensation and

63 salary schedules.

64 5. Section 1012.33(5), relating to workforce reductions.

65 6. Section 1012.335, relating to contracts with

66 instructional personnel hired on or after July 1, 2011.

67 7. Section 1012.34, relating to the substantive

68 requirements for performance evaluations for instructional

69 personnel and school administrators.

70 8. Section 1006.12, relating to safe-school officers.

71 9. Section 1006.07(7), relating to threat management

72 teams.

73 10. Section 1006.07(9), relating to School Environmental

74 Safety Incident Reporting.

75 11. Section 1006.07(10), relating to reporting of

76 involuntary examinations.

77 12. Section 1006.1493, relating to the Florida Safe
78 Schools Assessment Tool.

79 13. Section 1006.07(6) (d), relating to adopting an active
80 assailant response plan.

81 14. Section 943.082(4) (b), relating to the mobile
82 suspicious activity reporting tool.

83 15. Section 1012.584, relating to youth mental health
84 awareness and assistance training.

85 16. Section 1001.42(4) (f)2., relating to middle school and
86 high school start times. A charter school-in-the-workplace is
87 exempt from this requirement.

88 17. Section 1003.32(1) (k), relating to corporal
89 punishment.

90 Section 3. Subsection (6) of section 1003.01, Florida
91 Statutes, is amended to read:

92 1003.01 Definitions.—As used in this chapter, the term:

93 (6) "Corporal punishment" means the moderate use of
94 physical force or physical contact by a ~~teacher or~~ principal as
95 may be necessary to maintain discipline or to enforce school
96 rule. However, the term "corporal punishment" does not include
97 the use of such reasonable force by a teacher or principal as
98 may be necessary for self-protection or to protect other
99 students from disruptive students.

100 Section 4. Paragraph (k) of subsection (1) of section

101 1003.32, Florida Statutes, is amended to read:

102 1003.32 Authority of teacher; responsibility for control
103 of students; district school board and principal duties.—Subject
104 to law and to the rules of the district school board, each
105 teacher or other member of the staff of any school shall have
106 such authority for the control and discipline of students as may
107 be assigned to him or her by the principal or the principal's
108 designated representative and shall keep good order in the
109 classroom and in other places in which he or she is assigned to
110 be in charge of students.

111 (1) In accordance with this section and within the
112 framework of the district school board's code of student
113 conduct, teachers and other instructional personnel shall have
114 the authority to undertake any of the following actions in
115 managing student behavior and ensuring the safety of all
116 students in their classes and school and their opportunity to
117 learn in an orderly and disciplined classroom:

118 (k) Use corporal punishment according to school board
119 policy and at least the following procedures, if a principal
120 ~~teacher~~ feels that corporal punishment is necessary:

121 1. The use of corporal punishment shall be approved ~~in~~
122 ~~principle~~ by the principal before it is used and may only be
123 administered by the principal, but approval is not necessary for
124 ~~each specific instance in which it is used.~~ The principal shall
125 prepare guidelines for administering such punishment which

126 identify the types of punishable offenses and, the conditions
127 under which the punishment shall be administered, ~~and the~~
128 ~~specific personnel on the school staff authorized to administer~~
129 ~~the punishment.~~

130 2. A ~~teacher or~~ principal may administer corporal
131 punishment only in the presence of another adult who is informed
132 beforehand, and in the student's presence, of the reason for the
133 punishment. Before a principal may administer corporal
134 punishment, he or she must, in the presence of another adult,
135 verify that the parent of such student has completed the form
136 required under subparagraph 3. and consented to allow the
137 administration of corporal punishment on his or her student.

138 3.a. A ~~teacher or~~ principal who elects to use corporal
139 punishment must at the beginning of the school year provide each
140 parent of a student enrolled at his or her school a written form
141 that allows the parent to authorize the use of corporal
142 punishment when disciplining his or her student. The form must
143 read: "Do you authorize the use of corporal punishment on your
144 child? Florida Statutes defines the term 'corporal punishment'
145 as 'the moderate use of physical force or physical contact by a
146 principal as may be necessary to maintain school discipline or
147 to enforce school rule.' Your school district's code of student
148 conduct provides further information on how corporal punishment
149 may be administered at your student's school. Please check YES
150 if you consent to the use of corporal punishment on your student

151 or check NO if you do not consent to the use of corporal
152 punishment on your student and provide your signature. You may
153 contact your student's principal with any relevant questions
154 about the administration of corporal punishment."

155 b. Each principal must collect and store the completed
156 forms.

157 c. If a student's parent does not return a completed form
158 or returns a completed form and does not consent to the use of
159 corporal punishment as a disciplinary measure for his or her
160 student, a principal may not administer corporal punishment on
161 the student.

162 4. Once a principal has administered the corporal
163 punishment, he or she shall, upon request, provide the student's
164 parent with a written explanation of the reason for the
165 punishment and the name of the other adult who was present and
166 the name of the other adult who witnessed the principal verify
167 the student's parental consent form before the administration of
168 the corporal punishment.

169 5. Corporal punishment may not be used to discipline the
170 following students:

171 a. Exceptional students as defined in s. 1003.01(9).
172 b. Students with an individual education plan under s.
173 1003.5716.
174 c. Students who attend an alternative school as described
175 in s. 1008.341(2).

176 d. Children and youths who are experiencing homelessness
177 as defined in s. 1003.01.

178 e. Students covered under s. 504 of the Rehabilitation Act
179 of 1973 and 29 U.S.C. s. 794.

180 6. Each principal must annually compile the follow
181 information and submit such information to the Office of Safe
182 Schools and the school district.

183 a. The number of instances where corporal punishment was
184 used during the school year.

185 b. The number of students who were punished using corporal
186 punishment during the school year.

187 c. The number of students who were punished more than once
188 using corporal punishment during the school year.

189 Section 5. This act shall take effect July 1, 2024.

By Senator Torres

25-01486-24

20241578

A bill to be entitled

An act relating to student elopement; creating s. 1003.211, F.S.; providing definitions; requiring public schools to create a School Staff Assistance for Emergencies (SAFE) Team and a school elopement plan; providing for membership and responsibilities of the SAFE Team; providing requirements for the plan; requiring the SAFE Team to create student-specific elopement quick reference guides for certain students; providing requirements for such guides; requiring public schools to annually submit their plans to the district school board; authorizing the State Board of Education to adopt rules; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 1003.211, Florida Statutes, is created to read:

1003.211 School elopement plans.—

(1) For purposes of this section, the term:

(a) "Disability" means, for a student in kindergarten through grade 12, an autism spectrum disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association, or an intellectual disability, as defined in s. 393.063.

(b) "Elopement" means when a student with disabilities wanders away, walks away, runs away, escapes, or otherwise leaves the supervision of school staff or leaves school grounds unsupervised or unnoticed before the end of his or her scheduled

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30 school day.31 (2) To ensure the safety of students with disabilities at
32 risk of elopement, each public school shall create a School
33 Staff Assistance for Emergencies (SAFE) Team and a school
34 elopement plan.35 (3) The school principal and assistant principal shall
36 serve on the SAFE Team and the school principal shall appoint at
37 least five other members to serve on the team. The SAFE Team
38 shall:39 (a) Create and annually update the school elopement plan
40 and respond to all elopements.41 (b) Provide training to all school personnel to familiarize
42 such personnel with the school elopement plan and all necessary
43 procedures, including, but not limited to, the search grid
44 established pursuant to paragraph (4)(a) and any
45 responsibilities of such personnel if an elopement occurs.46 (4) In developing the school elopement plan, the SAFE Team
47 must include all of the following:48 (a) A search grid of the school campus and surrounding
49 areas. The search grid must include all bodies of water,
50 intersections, train tracks and stations, parks, playgrounds,
51 and other features that may present a greater risk for students
52 with disabilities at risk of elopement.53 (b) Procedures for school personnel to notify school
54 administrators if a student with disabilities elopes and
55 procedures for school personnel to immediately begin searching
56 for the student. The procedures must specify that upon
57 notification of an elopement, the SAFE Team must notify the
58 school resource officer or school safety officer and local law

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59 enforcement.60 (c) Procedures for a coordinated response to an elopement,
61 including, but not limited to, announcing a Code Gray, which
62 will alert all school personnel to the elopement, and
63 immediately contacting the student's parent.64 (d) The names, positions, and contact information for all
65 members of the SAFE Team.66 (e) Other information or procedures that the SAFE Team,
67 district school board, or State Board of Education deems
68 necessary.69 (5) (a) If a student with disabilities is prone to
70 elopement, the SAFE Team, in coordination with the student's
71 parent, must create a student-specific elopement quick reference
72 guide. The elopement quick reference guide must include all of
73 the following:74 1. The student's identifying information.75 2. A current photograph of the student.76 3. The student's level of communication.77 4. A list of the student's interests, behaviors,
78 preferences, and aversions.79 5. Any health considerations for the student.80 6. A list of any GPS technology that could be used to help
81 locate the student.82 7. A list of possible locations where the student may go
83 within the search grid.84 (b) The SAFE Team must distribute a student's elopement
85 quick reference guide to the student's parent and all relevant
86 school personnel.87 (6) Each public school must annually provide its elopement

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88 plan to the district school board.

89 (7) The state board may adopt rules to administer this
90 section.

91 Section 2. This act shall take effect July 1, 2024.

By Senator Calatayud

38-01067-24

2024832

12 Be It Enacted by the Legislature of the State of Florida:

14 Section 1. Paragraphs (e) and (g) of subsection (5) of
15 section 413.80, Florida Statutes, are amended, and subsection
16 (6) is added to that section, to read:

17 | 413.80 Employment First Act.-

18 (5) ROLES, RESPONSIBILITIES, AND OBJECTIVES.—The
19 interagency cooperative agreement must identify the roles and
20 responsibilities of the state agencies and organizations
21 identified in subsection (4) and the objectives of the
22 interagency cooperative agreement, which must include all of the
23 following:

27 (g) Identifying accountability measures to ensure the
28 sustainability of this agreement. At a minimum, the
29 accountability measures shall include systemwide measures to

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30 increase the number of individuals working in competitive
31 integrated employment, decrease the number of individuals
32 working in subminimum wage employment, and decrease the number
33 of individuals working in nonintegrated employment settings.

34 (6) ANNUAL REPORT.—The Office of Reimagining Education and
35 Career Help shall issue an annual statewide report by December 1
36 each year on the implementation of this act and progress made on
37 the accountability measures.

38 Section 2. This act shall take effect July 1, 2024.

Florida Developmental Disabilities Council, Inc.

STATE PLAN COMMITTEE MEETING

Thursday January 25, 2024

9:00 a.m. – 10:30 a.m.

OUR MISSION

“To advocate and promote meaningful participation in all aspects of life for Floridians with developmental disabilities”

9:00 a.m.-9:05 a.m.

Call to Order
Welcome & Roll Call

Jean Sherman, Chair

9:05 a.m.-9:10 a.m.

Approval of Minutes**
(A) Minutes from 09/21/23

Jean Sherman, Chair

9:10 a.m.-9:15 a.m.

Task Force Updates

Jean Sherman, Chair

Minutes

Access to Services
(B) Draft 11/09/23 Minutes

Home- and Community-Based Services (HCBS)

(C) Approved 08/08/23 Minutes
(D) Draft 12/06/23 Minutes

Aging Caregivers

(E) Approved 07/20/23 Minutes
(F) Draft 10/19/23 Minutes

Self-Advocacy Leadership

(G) Approved 08/09/23 Minutes
(H) Draft 12/13/23 Minutes

Updates

(I) January 2023 State Plan Project Updates

9:15 a.m.-10:15 a.m.

2023 State Plan Updates/PPR Outcomes

Jean Sherman, Chair

10:15 a.m.-10:30 a.m.

Public Comment/Meeting Adjourned

Jean Sherman, Chair

**** Items that require vote**



**State Plan Committee
Meeting Minutes
Thursday, September 21, 2023
Florida Hotel and Conference Center, Orlando, Florida**

Members Present: Jean Sherman, Ed.D., RN; Sarah Goldman; Elly Hagen; Eddie Hall; Yolanda Herrera; Jack Kosik; Dr. Dennis Hart; Conney Dahn

Members Absent: Lisa Miller, Kali Wilson

Council Members Present: Kevin Johnson, Frank Shalett, TJ Moon, Jennifer Duggar, Caitlin Clibbins

Staff Present: Valerie Breen; Jamie Mayersohn; Sue Kabot, EdD, CCC-SLP; Kristin Vandagriff; Jan Pearce; Lisa Taylor; Sheila Gritz-Swift; Margaret Hooper; Monica Moye; Thomas Hutchins

The meeting was called to order by Dr. Jean Sherman at 9:18 a.m.

Quorum was established.

I. Approval of May 18, 2023 Minutes

Action Taken: Goldman made a motion to accept the May 18, 2023 minutes. Hart seconded. Motion passed unanimously.

Dr. Jean Sherman reminded members that even though we approved our 2024 State Plan budget in our May meeting, what we approved in May will be incorporated in our 2024 Full Council budget adopted by the Executive and Finance Committee during their morning meeting.

II. Task Force Updates

Each Director, Programs and Contracts, briefed State Plan Committee members on the projects that fall under their Task Forces.

- Jamie Mayersohn highlighted the accomplishments and findings from the Black ASD project.
- Dr. Sue Kabot highlighted the accomplishments of the Dual Diagnosis Training project.
- Jan Pearce provided a brief update on the Aging Generations' Expectations in Developmental Disabilities (AGEED) project, Project of National Significance, and Researching Aging Caregiving Families (Strive to Thrive: Supporting Families Across the Aging and DD Networks Research Project). She additionally provided an update on the national Community of Practice event attended by Dr. Jean Sherman, Yolanda Herrera, and herself this summer.

- Kristin Vandagriff provided updates on all the Self-Advocacy Leadership projects and shared outcomes to date.
- Jan Pearce reported on the Broad Systems Change/Emerging Needs Task Force projects, focusing on the status of the Planning Ahead guide, which is on hold; and the Florida Project SEARCH Adult Model, which has experienced excellent outcomes, but has struggled to find adequate funding for long-term sustainability.
- Dr. Sue Kabot provided a brief update on other supporting initiatives, including Easy Read and Plain Text and Paramedicine.
- Sheila Gritz-Swift provided an update on our annual renewal contract and agreement status, noting that all renewal contracts and agreements with one exception have been executed. The pending renewal is on track to be executed by September 29. She also noted that we received approval of our no cost extension which will allow us to move forward with the pending bid for the ASK project related to developing Journey Maps and Personas.

VIII. Public Comment/Meeting Adjourned

The meeting was adjourned at 11:18 a.m.

Florida Developmental Disabilities Council, Inc.

Access to Services Joint Steering Committee and Task Force

Minutes

November 9, 2023

Present: Mirna Diaz, Florida Dept. of Education; Kimberly Quinn, APD; Laurie Harlow; Siddiqua Alleyne, FCIC, USF; Jordan Chastain, Disability Rights Florida; Laura Rodriguez Lopez, FCIC, USF; Elly Hagen, Chair; Lisa Miller, Co-Chair

Staff: Jamie Mayersohn

Guests: Jeanne Farr, CEO of the National Association for the Dually Diagnosed; Ray Snyder, Co-Director, NADD; Dr. Kristin McGill, Project Manager, NADD; Drs. Mark Harvey, Stacie Rivera, and Josephine Resto-Olivo, NADD Research Team

The meeting was called to order at 12:30 pm EST.

1. Scope of Year 2

- Project schedule is from 10/1/2023 through 9/27/2024.
- Year 2's focus is on conducting town hall listening sessions and structured interviews with an emphasis on minority populations residing in the 15 Family Care Council regions in Florida.
- NADD will provide interpreters and native speaking translations of all community-facing documents (languages include Spanish, French, Kreyol, and English)
- Specialized populations will include Haitian American and Hispanic American, with the aim to add African American communities as well.
- Will utilize existing public events hosted by community groups, organizations, leaders embedded within these populations to get as much participation as possible.
- NADD will participate in at least two (2) Haitian American, two (2) Hispanic American, and one (1) English-only speaking sessions during this project—the NADD team will be flexible to incorporate additional opportunities to speak with local groups as time and opportunities permit.
- NADD is confirmed to participate in the Feb. 2024 Developmental Disabilities Day event in Tallahassee and the July 2024 Annual Family Café Conference in Orlando—we are actively looking at additional opportunities to add to the calendar that fit within the schedule of the project.
- Initial outreach to local community groups and leaders will begin in Nov./Dec. 2023 and continue throughout the project to ensure as much representation and insight from these minority groups as possible.

- The Steering Committee will be asked to review all proposed outreach plans, findings, and reports to ensure that the NADD Research Team captures the scope of the communities within Florida.
 - The Steering Committee will be provided with a copy of the Research Design and Marketing & Recruitment Plan one (1) week prior to the next quarterly meeting (Jan. 2024).
 - The Task Force will also be given the opportunity to review and comment.

2. Content Advisory Group

- The NADD Research Team will establish a Content Advisory Group comprised of subject matter experts and community leaders who are trusted representatives within the local minority groups throughout Florida.
- These groups will provide insight and perspective on the project's scope and progress, as well as assisting with recruiting participants and including NADD in public events.
- Some initial suggestions collected for the Content Advisory members are:
 - Melody Hearn, Family Care Council Region 15
 - Dr. Torica Exume, FAU CARD
 - Chandra McKinney, FAU CARD
 - Parents, Legal Guardians, Teachers, Religious Leaders
 - Some initial suggestions for organizations/groups to reach out to are:
 - Florida School Choice (Private School Directory)
 - Florida Hispanic Disability Services
 - African American Advocacy Center for Persons with Disabilities
 - The Arc of Florida
 - Haitian Youth and Community Center
 - Family Action Network Movement
 - YMCA
 - Homeschool Associations
 - Local athletic associations
 - Churches
 - Ability Ministry
 - Sant La Haitian Neighborhood Center
 - Community Fairs
 - Hispanic Services Council

3. Public Input

Public input was invited.



Home- and Community-Based Services

Task Force Meeting, August 8, 2023, 3:00 pm to 4:30 pm

Minutes

3:00 pm Call to Order *Sue Kabot, Staff*

Roll Call and Introductions *Sue Kabot, Staff*

Present Were: Andrea Gary and Kevin Johnson; Sue Kabot, Staff

Absent Were: Kali Wilson, Chair; Elly Hagen; Dennis Hart, Co-Chair; and Frank Shalett (joined after the meeting had ended)

3:05 pm Approval of April 20, 2023 Minutes

Andrea made the motion to approve, and Kevin seconded the motion.

3:10 pm Project Update: NADD Dually Diagnosed Training Sue Kabot, Staff

NADD will be holding their virtual training August 15, 16, and 17 from 8:30 to 12:30. 368 people have registered for the training. The face-to-face trainings will be held in Broward County August 29-30 and in Orange County August 30-31. Twenty people are registered in Broward and 12 in Orange Counties. Registration is still open.

Project Update: Paramedicine Project

The Paramedicine Project is scheduled to end September 30. A final report is due to NACDD by December 31, 2023. Paramedics will stop seeing patients August 31, 2023.

Project Update: Public Health Workforce Project

Although the Paramedicine Project is ending September 30, 2023, the FDDC still has funds to expend, and this is allowable until September 30, 2023. Valerie Whitaker will continue to work in the community to provide social support and information about available resources to individuals and families. The projected depletion of the funds is February 2024.

Project Update: Easy Read and Plain Text

During this period, three items were translated into Plain Text for the Advocacy Summit to be held this month. They included the pretest, posttest, and satisfaction survey.

Project Update: UF Addressing the Behavior Therapist Shortage

The UF-UM project is ending with a final report due in September. They are continuing to analyze the data from the family survey and interviews with the directors of academic programs in behavior analysis. Data from RBTs, BCBA, and academic programs are all in agreement that the preparation in challenging behavior is lacking and that supervision skills to provide support with challenging behavior is also lacking. Next year's project will focus on

training in challenging behavior and developing an internship/practicum at specific clinical sites to build these skills.

Project Update: Mathematica Quality Case Management

The six-part product to identify competencies for case managers, provide four tools (individuals with I/DD, family members, case managers, and case manager supervisors), and competency tool cross walk has been developed and will be beta tested next contract year. We have combined this project and Measuring Service Quality into one contract amendment for the ease of the provider. The tools will be presented to the full Council at the September meeting.

Project Update: Mathematica Measuring Service Quality

The MSQ project is slightly behind schedule, but they will catch up by the end of the year. They are currently developing the actual items for the instrument and an implementation plan will be developed. A shift in the design of the project has caused the delay. This instrument will be for use by individuals with I/DD, family members, and agencies providing programs to evaluate quality and suitability of program for an individual client. Originally, the thought was to have a dash- board that would report info on a program for public consumption, but that idea was eliminated.

Project Update: FAU CARD First Responder Training

Pilot training is underway for the First Responder Training—both the law enforcement and emergency medical responder versions. This 2-hour training is being offered virtually at the current time; however, there is also an asynchronous version available.

Project Update: Researching Provider Solutions

The environmental scan has been completed. The survey has been closed and results are being analyzed. Mathematica is continuing to recruit participants for their focus groups. They are having an especially hard time recruiting individuals with I/DD and their families.

Announcement: Best Practices in Case Management and Measuring Service Quality will be presenting their projects to the full Council at our September meeting to begin the discussion between state agencies about how to adopt these tools. They are also scheduling small group meetings Thursday morning while committee meetings are being held to gather more feedback.

3:30 pm Public Input Sue Kabot, Staff

3:35 pm Schedule next meeting and Adjournment Sue Kabot, Staff
Next meeting will be held in December, before the winter holidays



Home- and Community-Based Services
Task Force Meeting, December 6, 2023, 3:00-4:30 pm
Minutes

3:00 pm	Call to Order	<i>Sue Kabot, Staff</i>
	Roll Call and Introductions	<i>Sue Kabot, Staff</i>
	<i>Kali Wilson--Present</i>	<i>Elly Hagen--Present</i>
	<i>Andrea Gary--Present</i>	<i>Dennis Hart—Not Present</i>
	<i>Conney Dahn--Present</i>	<i>Kevin Johnson--Present</i>
	<i>Yolanda Herrera--Present</i>	<i>Frank Shalett Present</i>
	<i>Staff: Susan Kabot—Present</i>	
	<i>Guests: Kerri Peters, Nicole Gravina, Yanerys Leon</i>	
3:05 pm	Approval of August 8, 2023 Minutes	<i>Sue Kabot, Staff</i>
	The minutes from the August 8, 2023 HCBS Task Force were approved. Elly Hagen made the motion and Kevin Johnson seconded it. All were in favor.	
3:10 pm	Presentation by University of Florida-University of Miami: Addressing the Behavior Therapist Shortage Project Year 1	<i>Kerri Berard, PhD</i> <i>Nicole Gravina, PhD</i> <i>Yanerys Leon, PhD</i>
	The investigators from University of Florida and University of Miami shared information about their Addressing the Behavior Therapist Shortage Year 1 project. They started with some contextual information about the population and numbers of people who may need behavioral services and the number of behavioral providers across several service systems. They then presented their findings from the surveys of RBTs, BCABAs and BCBAs, and family members. Focus groups/interviews were conducted with RBTs, BCBAs, and academic program leaders.	
4:00 pm	Project Updates:	<i>Sue Kabot</i>
	Best Practices in Case Management—Held first advisory Measuring Service Quality—Held first advisory Researching Provider Solutions—Research report will be submitted Dec. 2023 Training First Responders—Held first advisory	

Dual Diagnosis Training—Held first advisory
Easy Read—Plain Language Legislative Platform developed during this period
Paramedicine Pilot—ended September 30, 2023. Report due to ACL December 31, 2023
Expanding the Public Health Workforce—will end December 2023

4:25 pm Public Input

Sue Kabot, Staff

There was no public input.

4:30 pm Schedule next meeting and Adjournment

Sue Kabot, Staff

Task force members were reminded about the January meeting and were told to look out for the Survey Monkey questionnaire for travel needs.

The next task force meeting will be scheduled for April 2024.

The meeting was adjourned at 4:15 pm.

**Aging Caregivers Task Force & Project of National Significance State Alliance
Team Meeting Minutes**

Thursday, July 20, 2023

Task Force Members Present: Yolanda Herrera, Jean Sherman, Kira Houge, Damian Gregory, Dén Gregory-Stewart, Jack Kosik, and Mary Jo McKay.

Task Force Members Absent: Ann Dalton, Beth Boone, Jack Kosik, and Darrell Drummond

Staff Present: Jan Pearce

Guests: Dr. Katie Arnold, Sumithra Murthy, Hope Sparks, and Margaret Lynn Duggar

1. The Chair, Yolanda Herrera, called the meeting to order at 3:05.

She welcomed the members and guests.

2. Minutes

Mary Jo McKay made the motion to approve the minutes of the April 26, 2023 meeting. Yolanda Herrera seconded the motion. The minutes were approved unanimously.

3. Presentation on Project: Strive to Thrive: Supporting Families Across the Aging and DD Networks Research Project by Katie Arnold, Sumithra Murphy, and Hope Sparks

The team reviewed and updated the Year 1 Project Tasks.

- Conduct an environmental scan and review the literature to find gaps related to aging families of people with IDD. (i.e., review results of Florida's 2021 online survey of aging caregivers, examine assessment instruments to see what we could pull from, look at research with the general population and how to adapt tools for our population)
- Create assessment tools including:
 - Survey for aging family caregivers
 - Focus group protocols for both adults with IDD and family caregivers
 - Interview protocol for adults with IDD who cannot participate in the focus groups.
- Begin to pilot test the surveys and focus group protocols (this may go into Year 2) -- We will use the findings from the pilot tests to refine and finalize the data collection instruments.

Dr. Katie Arnold and Dr. Sumithra Murthy requested input from the members. They asked: Is there anything else you would want us to include in the environmental scan? What additional themes or content areas do you think are important to be included in the survey and focus groups?

Input Received from Task Force Members:

- Jean S: Future planning should be specified. Many families don't realize it's a need. Mental health and well-being are also tied to future planning. It's an unmet need in the literature, but it might not be deemed that by families.

- Damian G: Geography/topography is something to consider. Thriving in a liberal community like Miami is very different from a suburban community like Tallahassee.
- Katie A: Maybe we can examine this further, such as what are certain areas of Florida learning from others.
- Jean S: Resources vary greatly by area too. Rural areas are probably dependent on churches and neighbors.
- Dén G: There are no guarantees how long we'll be here. Future planning is important.
- Yolanda H: Is financial planning included in future planning? Other specific aspects like long-term care and access to Medicaid are something to consider.
- Margaret Lynn: There is a knowledge gap on the aging side about DD services, and vice versa. An "intentional statement" about this lack of a bridge should be included in the environmental scan.
- Yolanda H: Lack of education surrounding Medicaid vs. Medicare and how the services differ.
- Kira H: Caregivers are not always family members. Family members are not always the caregivers for specific services.
- Mary M: Difficulties in access are a big hurdle.
- Damian G: Lots of time is spent gathering data, but there is a worry about how this data will be disseminated and used or applied.

4. The Project of National Significance

The SAT team reviewed and approved the updated work plan. Jan Pearce reported that she had met with Andrew Morris from ACL and that they remain pleased with our work and had no suggestions for improvement. Jean, Yolanda, and Jan will be attending the Project of National Significance Community of Practice in Orlando next week.

5. Presentation on the AGEDD Project

Margaret Lynn Duggar presented an update on the project. Margaret Lynn shared that the Community Partnership Meetings have gone well. There have been seventeen meetings held between April and August of 2023. Nassau, Santa Rosa, Hillsborough, Leon, and Osceola joined the Partnership Meetings.

A Provider Advisory group meeting was held in May 2023, and another meeting is scheduled for later in August.

Efforts will continue to initiate State-Level Meetings with Directors or Secretaries of the targeted agencies.

6. Next Meeting

The next meeting will be held on Oct. 19 at 3:30 pm.

7. Public Comment

The chair asked for public comment, but receiving none, the meeting was adjourned at 4:40 pm.

**Aging Caregivers Task Force & Project of National Significance State Alliance
Team Meeting Minutes**

Thursday, October 19, 2023

Task Force Members Present: Yolanda Herrera, Laurie Harlow, Jean Sherman, Kira Houge, Damian Gregory, Déan Gregory-Stewart, Jack Kosik, Beth Boone, and Mary Jo McKay.

Task Force Members Absent: Ann Dalton, Jack Kosik, Darrell Drummond, and Kira Houge

Staff Present: Jan Pearce and Valerie Breen

Guests: Katie Arnold, Sumithra Murthy, Hope Sparks, and Margaret Lynn Duggar

1. The Chair called the meeting to order at 3:08.

Yolanda Herrera welcomed the members and guests.

2. Minutes

Mary Jo McKay made the motion to approve the minutes from July 20, 2023 with corrections. Damien Gregory seconded the motion. The minutes were approved unanimously.

3. Review of the State Plan Goal #3

The State Plan goal was reviewed.

4. Presentation on Project: Strive to Thrive: Supporting Families Across the Aging and DD Networks Research Project by Katie Arnold, Sumithra Murphy, and Hope Sparks

- Dr. Katie Arnold and Dr. Sumithra Murthy reviewed their work on developing the Environmental Scan. They shared the Environmental Scan Outline and preliminary findings.
- They facilitated a discussion and sought feedback from Task Force Members on the Environmental Scan outline. They received positive feedback from the members, including the following:
 - Likes we are looking at what is out there, so not duplicating and looking at gaps.
 - Love this idea. Excited to see what it produces.
 - Thinks it looks great. It is good not to reinvent the wheel.
- The group was asked how each could help distribute the survey and what locations should be considered for the focus groups. Valerie reminded people that only 6% of the entire population is served by an I/DD agency (on the waitlist and getting services). She challenged the Aging Caregiver Task Force group to

think about how we will reach those people because there are so many people out there who are not connected to a formal network. A rich discussion was held. Suggestions included using churches, medical personnel, schools, personal contacts, the Agency for Persons with Disabilities (APD), social media, etc.

5. The Project of National Significance

The most current work plan was shared with the committee—the relationship between the Strive to Thrive project and the Project of National Significance was discussed. We are in Year 3 of the project and are making progress toward the established goals.

6. Presentation on the AGEDD Project

Margaret Lynn Duggar presented an update on the project. Margaret Lynn shared that the Community Partnership Meetings have gone well. Seventeen meetings were held between April and August of 2023. Nassau, Santa Rosa, Hillsborough, Leon, and Osceola joined the Partnership Meetings.

A Provider Advisory Group meeting was held in May 2023, and another meeting is scheduled for later in August. Efforts will continue to initiate State-Level Meetings with Directors or Secretaries of the targeted agencies.

7. Next Meeting

The next meeting will be held on January 18, 2023, at 3:00 pm.

8. Public Comment

The Chair asked for public comment, but receiving none, the meeting was adjourned at 5:06 pm.

Florida Developmental Disabilities Council, Inc.

**Self-Advocacy Leadership Task Force
Minutes
08/09/2023**

Present: Eddie Hall, Chair; Sarah Goldman, Co-Chair; Laurie Harlow; Thomas Moon; and Jack Kosik.

Staff: Kristin Vandagriff

Guests: Monica Moye (FDDC staff)

The meeting was called to order by Chair Hall at 3:01pm.

Task Force Chair, Eddie Hall, welcomed task force members and guests and instructed staff to conduct roll call. He also reminded attendees that the meeting was being recorded. The April 5, 2023, task force meeting minutes were approved with Thomas Moon making the motion, and Jack Kosik making the second, and all members answering in the affirmative.

I. PowerPoint Presentation on Project Progress Updates

Kristin Vandagriff, the Director of Programs and Contracts who provides staffing to this task force, gave a brief project update regarding the Partners in Policymaking Program. Information was shared regarding 2022-2023 PIP graduate knowledge pre- and post-survey data, noting strong increases in knowledge and advocacy engagement resulting from PIP training. High program satisfaction was noted in addition to most graduates now being active on boards and coalitions (18 of 23). The selection process for the PIP 2023-2024 class was discussed. It was noted that 84 applications were received, and 25 participants were chosen for this class. This includes 5 self-advocates and 20 family members. This training class will run from September 2023-February 2024. PIP's Family Café outreach was discussed, noting well-attended presentations, exhibitor table resources, and an informal alumni gathering. An update was provided regarding the PIP Regional Graduate Coalition which was formed from the 2022 Advocacy Summit. Information about the June 11-12, 2023, in-person event held to support the six regions in further implementing their regional housing and transportation plans was provided, including sharing event photos and event agenda content.

An update was provided by Kristin Vandagriff regarding the PIP Curriculum project. It was reported that the Autistic Self-Advocacy Network, which is the contractor for this project, has been able to develop a curriculum outline, develop a curriculum reviewer agreement, as well as selecting advisory committee members and curriculum reviewers.

An overview of the Fellows Leadership Program progress to date was also provided by Kristin Vandagriff. It was reported that 6 Fellows attended Family Café providing exhibitor table coverage for FL SAND, sharing self-advocacy resources, as well as the Fellows presenting on self-advocacy for a well-attended event breakout session. Additionally, the 2023 Florida Self-Advocacy Conference content was described in this meeting, denoting that it will occur August 18-20, 2023, at the Rosen Plaza Hotel in Orlando. It was reported that Route to Self-Determination content will be a core session, with six self-advocate led breakout sessions. The keynote will feature Floridian, Matthew Walzer, the advocate who inspired the Nike Fly Ease accessible shoe.

Kristin Vandagriff also provided an update on the FDDC Advocacy and Leadership Opportunities guide which launched Summer 2023 in both English and Spanish. It was noted that 100 printed guides were provided to PIP graduates, and hundreds of rack cards were disseminated at Family Café directing people to the online resource.

II. Questions, Discussion, and Next Meeting

Some project questions were asked, and comments provided by task force members following the presentation. Sarah Goldman asked if the 25 participants selected out of 84 applications were due to the budget available. It was noted that this was correct. It was denoted that those who are not accepted into the program are given resources related to PIP and other advocacy opportunities they might pursue in addition to applying for PIP again in the future. Jack Kosik mentioned that PIP has been growing momentum, especially in serving its graduates, and suggested future exploration into offering PIP more frequently or increasing funding to serve more Floridian self-advocates and family members. Laurie Harlow shared a desire to serve more people through PIP and noted that the MN PIP online material is very well done and might be something to consider in the future. Kristin Vandagriff shared that the PIP curriculum project will ultimately result in more people with I/DD being served through PIP and that many PIP alumni are being served through PIP each year in an ongoing way in addition to the regular class trained each year. It was noted that the FDDC's programmatic budget is currently very tightly allocated in this current 5-year plan. It was also noted that today's input would be shared with FDDC staff which could be considered as future 5-year plan development takes place.

Thomas Moon asked to mention something related to housing and noted that many self-advocates are experiencing challenges in moving out and renting due to requirements of needing to have an income 3x as much as the rental monthly cost. Jack Kosik shared that a possible consideration may be looking at a set aside amount for people with I/DD within housing 5-year plans related to housing choice vouchers. It was noted that this input will be shared with Margaret Hooper in case valuable for the Public Policy Committee. Task force members did not note any needed resource members or project issues that needed to be brought before the State Plan Committee.

Task force members noted that they next wanted to meet on December 13 from 3-4:30pm. This meeting will occur via Zoom. Members denoted wanting this meeting agenda to cover general project updates for all projects within the self-advocacy and leadership goal, with specific highlights to be provided on PIP Regional Graduate Coalition progress and the outcomes of the Florida Self-Advocacy Conference.

III. Public Input

There were no comments from the public.

The meeting was adjourned at 3:48pm.

Approved 12/13/23.

Florida Developmental Disabilities Council, Inc.

Self-Advocacy Leadership Task Force

Minutes

12/13/2023

Present: Eddie Hall, Chair; Sarah Goldman, Co-Chair; Thomas Moon, and Jack Kosik.

Not Present: Laurie Harlow.

Staff: Kristin Vandagriff and Margaret Hooper.

Guests: N/A

The meeting was called to order by Chair Hall at 3:06pm.

Task Force Chair, Eddie Hall, welcomed task force members and guests and instructed staff to conduct roll call. He also reminded attendees that the meeting was being recorded. The August 9, 2023, task force meeting minutes were approved with Jack Kosik making the motion, and Sarah Goldman making the second, and all members answering in the affirmative.

I. PowerPoint Presentation on Project Progress Updates

Kristin Vandagriff, the Director of Programs and Contracts who provides staffing to this task force, gave a project update regarding the Partners in Policymaking Program. Information was shared regarding the PIP 2023-2024 class. It was reported that twenty-five participants were chosen for this class (five self-advocates and twenty family members), and moving into Session 4, twenty-two participants remained. The three drops were due to unavoidable circumstances for individual participants regarding medical and employment challenges. An update was provided regarding the PIP Regional Graduate Coalition which was formed from the 2022 Advocacy Summit. Information about the June 11-12, 2023, in-person event's evaluation data was provided, including impact stories, satisfaction survey results, knowledge pre-and post-test results, and trends noted related to attendee impact.

An update was provided by Kristin Vandagriff regarding the PIP Curriculum project. It was reported that the Autistic Self-Advocacy Network (ASAN), which is the contractor for this project, has been able to develop the first two sessions of curriculum and associated materials, with the following two sessions being in the process of development. The provider has submitted two deliverables and facilitated three very engaged Advisory Committee meetings. It was also reported that ASAN staff have been joining the annual PIP class training virtually as a passive observer to see how all program components flow together. December has seen the beginning of structured interviews taking place to assure in-depth lived experience input is obtained on the developed curriculum and materials.

An overview of the Fellows Leadership Program progress to date was also provided by Kristin Vandagriff. It was reported that seven Fellows are actively involved in the program this year, with four returning mentor Fellows and three new Fellows. The provider will be seeking a fourth new Fellows in 2024. Additionally, the 2023 Florida Self-Advocacy Conference was denoted as reaching 131 attendees, seventy-five of which were self-advocates. The self-advocate led component for all conference presentations was highlighted as well as the speakers and the sessions provided. Conference evaluation data was also covered and included knowledge pre- and post-test growth by attendees as well as satisfaction survey results, and the input received from the self-advocate focus group. Focus group responses displayed far-reaching long-term outcomes based on the Council's past funding of Florida SAND, as well as its current funding of the Fellows who support Florida SAND. Results of the Fellows

efforts regarding their support, as a group, to the management of Florida SAND was discussed, with comparison data from the Organizational Management Growth tool being shared comparing the Year 1 baseline results to the Year 2 results. Growth was noted on many indicators.

II. Questions, Discussion, and Next Meeting

Jack Kosik, Sarah Goldman, and Margaret Hooper noted how pleased they were with the process the self-advocacy and leadership projects were making. Mr. Kosik noted that with the impacts denoted that it may be good for FDDC to consider if any other projects don't spend all their money in a given year, that PIP be considered for use of the unused funds regarding any possible expansion. Members asked that Kristin Vandagriff share this with the Council's executive staff leadership team regarding any possible State Plan Committee meeting inclusion for future meetings. Kristin Vandagriff also reported that in the next year or two, development of the next State 5-Year Plan will occur and the input noted can be shared as that process initiates for helpful context.

Task force members noted that they next wanted to meet on March 27, 2024 from 3:00-4:30pm. This meeting will occur via Zoom. Members denoted wanting this meeting agenda to cover general project updates for all projects within the self-advocacy and leadership goal. It was noted that more data on PIP's annual class post-graduation would likely be available as well as DD Day efforts.

III. Public Input

There were no comments from the public.

The meeting was adjourned at 3:45pm.

State Plan Projects

Fiscal Year 2024 (October 1, 2023 – September 30, 2024)

BLACK: First Tri-Annual Update (October – January)

BLUE: Second Tri-Annual Update (January – May)

RED: Third Tri-Annual Update (May – September)

Goal	Provider	Funding Period	Funding Allocation	Project Description	Tri-Annual Update (if applicable)
Goal 1: Access to Services					
Research for a Statewide Access to Services Information System	The National Association for the Dually Diagnosed (NADD)	September 2023 – September 2024	\$249,998	The goal of this project, in its second year of funding, is to continue research initiated in the first year of funding with a focus on increasing the breadth and depth of the research in order to create journey maps and personas. Utilizing focus groups, town hall sessions, structured interviews, and surveys, if applicable; and reaching out to all targeted populations (i.e., general, Haitian American, and Hispanic American); the research will focus on what resources family members use, what barriers they face, and what elements would	October 2023 – January 2024 Phase 1 of the research has been completed and a comprehensive research report submitted. There were 506 participants representing 51 of Florida's 67 counties and diverse cultural groups including White, Black, Hispanic, Haitian, Asian, American Indian, Polynesian, and Mixed-Race communities were engaged. Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), I/DD, and behavior disorder were the four leading disabilities identified. Planning for Phase 2 has begun with a Steering Committee meeting, the preparation of materials for IRB approval, and the

				strengthen the usefulness of the information throughout the lifespan.	compilation of a list of community groups to host focus groups.
Goal 2: Home- and Community-Based Delivery Systems					
Best Practices in Case Management	Mathematica, Inc.	September 2022 – September 2024	\$538,894 (\$199,839, September 2022-23; \$339,055 September 2023-24)	In its first year of funding, between September 2022 and September 2023, this project sought to establish and fully implement a best practice, quality case management competency tool for individuals with intellectual and developmental disabilities (I/DD) that will enable them to remain in their homes and communities across the lifespan. Representatives from multiple agencies that provide case management services to individuals with I/DD were brought together to work collaboratively in the development of a tool to evaluate case management services received to ensure a	October 2023 – January 2024 This quarter, the project held its first of two workgroup meetings on December 5, adding several new members to the group. The instruments for individuals with I/DD and caregivers will remain the same for now with a shift to focus on managed care organizations (MCOs) for the instruments for case managers and their supervisors. The research design to continue evaluating these instruments was presented and includes approximately 30 interviews for individuals with I/DD and caregivers. Support coordinators under APD will also be interviewed. A MCO in Miami-Dade County providing service to the elderly will be interviewed. MCOs in three states that provide services to those with I/DD will be

				<p>more uniform quality of case management across agencies and service systems in Florida.</p> <p>The project was amended in September 2023 to allow for an additional year of work to continue the research elements (e.g., testing and refinement) of the tools being developed, and additional funding was added to the original contract.</p>	<p>interviewed too. They include Iowa, Delaware, and Arizona. IRB approval has been obtained.</p>
Researching Provider Solutions	Mathematica, Inc.	January 2023 – March 2024	\$248,761	<p>This research study, in its first year of funding, will explore the issue of locating, funding, training, and retaining individuals to provide services and supports to individuals with I/DD and their families when there is no Medicaid Home- and Community-Based Waiver funding. It is expected this project will lead to solutions to the difficulty that individuals with I/DD and their families/caregivers have in accessing direct</p>	<p>October 2023 – January 2024 The draft research report for this project was received mid-December. All research results for the survey and interviews are in and analysis has been completed.</p>

				<p>support workers to provide personal care, companion, and respite services. Research will be conducted to determine how significant the problem is in Florida and perform an environmental scan to learn how other states and service delivery systems address this need. A mixed-methods research project that uses surveys and either structured interviews or focus groups will be implemented to investigate the ways people on Consumer Directed Care + or without waiver funding fulfill their needs for services and support.</p>	
Measuring Service Quality	Mathematica, Inc.	October 2022 – September 2024	\$530,847 (\$199,907, September 2022-23; \$330,940, October 2023-24)	<p>In its first year of funding, between October 2022 and September 2023, this project developed a tool(s) that can be used by both family members and individuals with intellectual and developmental disabilities who have</p>	<p>October 2023 – January 2024 Measuring Service Quality has more narrowly focused their work following their presentation at our September Council meeting. They are going to focus on the residential toolkit first and create an instrument for individuals with I/DD and one</p>

				<p>significant behavioral challenges, to assist them in evaluating whether services and supports will meet their needs and help them achieve a high quality of life. The targeted settings for use include employment, adult day training, and residential. The tool(s) are also being developed in a manner to be used as a quality improvement measure by service providers to evaluate their services and supports over time.</p> <p>The project was amended in September 2023 to allow for an additional year of work to continue the research elements (e.g., testing and refinement) of the tools being developed, and additional funding was added to the original contract.</p>	<p>for caregivers. They have created a draft of each of the instruments and they look much more in line with what we were hoping to achieve. They shared the draft with three content experts who provided feedback and those ideas were incorporated into the instruments.</p>
<p>Addressing the Behavior Therapist Shortage</p>	<p>University of Florida (UF) Board of Trustees</p>	<p>September 2023 – September 2024</p>	<p>\$300,000</p>	<p>In its second year of funding, the UF Health Center for Autism and Neurodevelopment (UF</p>	<p>October 2023 – January 2024 This project is just getting underway for the 2024 year. They held a second meeting</p>

				CAN), working in conjunction with the University of Miami-Nova Southeastern University Center for Autism and Related Disorders (CARD), will focus on developing a strategic plan to increase recruitment and retention of behavior therapists resulting in training activities for both Board-Certified Behavior Analysts (BCBAs) and Registered Behavior Technicians (RBTs) in challenging behavior. A plan to develop an internship for lead behavior analysts will also be completed.	with the Program Director on December 7 and made plans for their first work group meeting. The advisory committee has been gathered to provide input for all activities.
Dual Diagnosis Training	The National Association for the Dually Diagnosed (NADD)	September 2023 – September 2024	\$173,010	During Year 2 of the project, NADD developed and piloted virtual and face-to-face training in dual diagnosis to family members, agency employees, and school personnel. Six 2-hour modules were offered that included: Understanding Dual Diagnosis Basics, Working	October 2023 – January 2024 The first work group meeting was held November 29 and was well attended. NADD is developing their research approach to survey the area of crisis in dual diagnosis to serve as the basis of their future training.

				Effectively with Autistic People, Augmentative Communication, Crisis Prevention and Intervention, Positive Supports and Wellness, and Trauma-Informed Care. The need to develop and provide more intensive training in crisis that would include prevention, intervention, and post-crisis strategies became apparent from the input that the advisory committee provided. Year 3 of the project will pilot training in these areas.	
Training First Responders	Florida Atlantic University Board of Trustees	September 2023 – June 2024	\$150,000	In its first year of funding, the project developed two 2-hour training sessions, provided virtually: one for law enforcement officers and one for emergency medical responders. The trainings were offered multiple times as pilots to gain feedback for improving the offerings. An asynchronous version of the trainings was also	October 2023 – January 2024 The first workgroup meeting was held November 15, and the training plan was shared with the group for input. An outline for the train-the-trainer manual was presented.

				<p>developed and is housed on a Canvas site.</p> <p>In its second year of funding, the project will continue to convene the Training First Responders Advisory Committee to provide input and recommendations, develop train-the-trainer curriculum for supervisors to deliver training, create a new multi-component training manual for supervisors/trainers, and provide a report of findings from follow-up data on the Year 1 trainings.</p>	
Goal 3: Aging Caregivers					
Aging Generations' Expectations in Developmental Disabilities (AGEDD)	Margaret Lynn Duggar & Associates, Inc.	September 2023 – September 2024	\$100,000	<p>In its fourth year of work, this project will continue to convene and facilitate key stakeholder groups; convene and support 11 Communities of Practice (CoPs) in building knowledge and working relationships between Aging and I/DD service providers; and convene</p>	<p>October 2023 – January 2024</p> <p>This quarter, the provider has focused on coordinating meetings and beginning the transition to a Communities of Practice (COP) format. She has held the first meetings with Sarasota and Hillsborough County. Multiple other meetings will occur during December and January. At</p>

				and assess the status of three established community partnerships.	each meeting, she introduces the concept of Communities of Practice, reviews the work plan for 2023-2024, and solicits requests for technical assistance.
Researching Aging Caregiving Families (Strive to Thrive: Supporting Families Across the Aging and DD Networks Research Project)	The Board of Trustees of the University of Illinois	May 2023 – March 2024	\$139,633	<p>In its first year of funding, the University of Illinois Chicago, Institute on Disability and Human Development will conduct research to identify the factors that allow families of aging individuals with I/DD and their family members/caregivers to thrive. An environmental scan of the literature on thriving across the aging and I/DD communities will be conducted. A mixed methods research study that uses focus groups/interviews (i.e., qualitative component) and surveys (i.e., quantitative component) to obtain information about the lived experiences of those that thrive will be implemented. This will inform the creation of</p>	<p>October 2023 – January 2024</p> <p>The provider, with input from the Aging Caregivers Task Force/Strategic Alliance Team (SAT), developed a working definition of thriving as an improvement in quality of life, satisfaction, physical and mental health outcomes, and increased social participation.</p> <p>The focus this quarter is the completion of the Environmental Scan. They reviewed 1424 unduplicated peer-reviewed articles using five search strategies/databases. Four significant terms and additional synonymous search terms were utilized.</p> <p>They were:</p> <ol style="list-style-type: none"> 1. Aging 2. Intellectual & Developmental Disability 3. Families 4. Thriving

				family-focused resources for individuals with I/DD and their family caregivers to help them thrive.	The draft Environmental Scan was submitted in December 2023.
Goal 4: Self-Advocacy Leadership					
Florida SAND Fellows Leadership Program	Pathways Resolution Center, Inc. Doing Business As (dba) OMS, Inc.	September 2023 – August 2024	\$300,000	The goal of this project, in its eighth year of funding, is to fully expand leadership training for self-advocates by continuing and building on the Florida SAND Fellows Training Program to train four new Fellows a year and use existing Fellows as peer mentors for the year that follows their training. Fellows will be engaged in developing job skills of maintaining the self-advocacy organization, managing communications for the network, and offering technical assistance and peer mentoring to new Fellows as needed. As each cohort of Fellows becomes trained, leadership training will be provided by the Fellows and will include fine-	October 2023 – January 2024 Eight Fellows continued to take part in this leadership program, with a new Fellow joining the beginning of 2024. The provider continued weekly training for the Fellows. Fellows continue to support the statewide self-advocacy organization, FL SAND, through management of the Florida Self-Advocate Central communication hub (e.g., social media, newsletter/listserv, blog, and two websites) as well as facilitating monthly self-advocacy calls. Fellows supported two webinars on the Home- and Community-Based Settings Rule for self-advocates and sent out a robust newsletter. Support of FL SAND board meetings also remained a function of the Fellows' work. The Fellows and the provider completed

				tuned content that the existing Fellows have created (e.g., Breaking Barriers Training Academy), and also training for other self-advocates in the Route to Self-Determination curriculum.	recordings for the online training platform module, Route to Self-Determination Train-the-Trainer, which will launch this program year. The Fellows continue to support FL SAND's leadership through mentoring and supported the FL SAND leadership in developing a 2024 legislative platform. The Fellows are in the process of planning for their 2024 DD Day activities as well.
Partners in Policymaking Coordinator	Stacey Hoagland	August 2023 – August 2024	\$65,000	The goal of this project, in its ninth year of funding with the Coordinator, is to plan and execute all aspects of the Council's Partners in Policymaking program. Partners in Policymaking is a national model designed to educate individuals with intellectual and developmental disabilities and family members on self-determination, disability systems, and how to share information to educate policymakers.	October 2023 – January 2024 The PIP 2023-2024 class is in the midst of completing its 5th session, with graduation occurring February 2024. This PIP class will also take part in DD Day 2024. Participants are in the process of determining their projects to impact their community and are holding a mock testimony event at the end of January. The PIP coordinator continues to provide training and technical assistance to PIP Alumni through quarterly training Zoom opportunities. The 6 regional coalitions developed through the Advocacy Summit, which were assumed

					under PIP as part of its graduate engagement efforts, are working to complete their regional plan actions steps and will be reporting on progress in early 2024. The PIP Coordinator has continued to support regions following the in-person June 2023 event, joining virtual meetings, and providing follow-up resources.
Partners in Policymaking Curriculum Project	Autistic Self Advocacy Network (ASAN): Pending verification of mandatory terms and conditions and successful contract negotiation	May 2023 – September 2024	\$224,716.16	The goal of this project, in its first year of funding, will be to develop a Partners in Policymaking (PIP) curriculum and associated activity materials for a target audience of people with cognitive disabilities, requiring supports based on moderate-to-severe functional levels, at a Grade 2 to 3 reading level or below. The curriculum and associated activity materials will be developed to run in conjunction with and parallel to the current existing Florida Partners in Policymaking program with the goal of supporting more	October 2023 – January 2024 The advisory committee for this project has met three times, providing significant lived-experience advisement regarding the project. To date, a curriculum outline, as well as Sessions 1-2 curriculum and associated materials, have been developed. The end of 2023 to early 2024 has included training reviewers beginning to review developed curriculum and associated materials. From September 2023 – February 2024, ASAN staff have and will continue to virtually attend PIP 2023-2024 class sessions as passive observers to view how program components flow together. This will support curriculum

				participants with intellectual and developmental disabilities (I/DD), and specifically cognitive disabilities, to be integrated into this program.	development. This curriculum will greatly enhance the Council's ability to serve Floridians with intellectual disabilities through meaningfully participation in PIP and has important implications across the nation with likely future replication in other states.
Goal 5: Broad Systems Change/Emerging Needs					
Postsecondary Models: Youth Postsecondary Education Ambassador Curriculum	Institute for Community Inclusion, University of Massachusetts Boston	January 2023 – January 2024	\$125,000	The goal of this project, in its fifth year of funding, is to create and pilot an advocacy and leadership curriculum to train young adults with I/DD ages 18-26 who are currently enrolled or recently completed postsecondary programs to serve as Inclusive Postsecondary Education Ambassadors. Trained Ambassadors will promote the value and importance of college for students like themselves primarily to postsecondary institutions and secondary educators,	October 2023 – January 2024 During the final stage of this project, feedback from the participants in the pilot program was incorporated and the curriculum made available to relevant stakeholders using internet platforms (e.g., FL DD Council, FCSUA, Think College). The curriculum will be broadly promoted to agencies, organizations, and institutions invested in supporting youth leadership and postsecondary education throughout the state, including current institutions of higher education, Project 10, FCSUA, FL SAND, and others.

				likely in collaboration with other existing organizations engaged in such work to gain further momentum for expansion, and secondarily considering presentations at family or student venues to spark further interest.	
Advocacy and Communications Cross-Cutting Systems Change Projects					
Easy Read	Dale DiLeo Consulting	September 2023 – September 2024	\$85,575	This consulting agreement provides for translation of selected Council documents into Easy Read and/or Plain Text formats.	October 2023 – January 2024 The 2024 Legislative Platform was translated into Plain Language format.
Spanish Translation	Lingua School, Inc. d.b.a. Lingua Language Center	September 2023 – September 2024	\$30,000	This consulting agreement provides for translation of selected Council documents into Spanish or other languages deemed appropriate.	October 2023 – January 2024 The 2024 Legislative Platform was translated into Spanish and made available on the FDDC website.
Communications	RB Oppenheim Associates, Inc.	October 2023 – September 2024	\$120,000	This consulting agreement provides for website maintenance; general public relations outreach and ongoing	October 2023 – January 2024 Focus has been on planning for DD Day and DD Month including the Idilio Award, dinner invitation, website

				<p>support; annual event coordination and support of Developmental Disabilities Awareness Day; and Council outreach activities based on the five-year state plan; and statewide surveys, as needed.</p>	<p>updates, legislative platforms, and toolkit. The first part of a video project focusing on “Our Care Matters” was completed. A special “spotlight” series was started and highlighted caregivers and a transportation project. A special research edition of the newsletter was created and distributed. Ongoing social media activity has been maintained.</p>
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FINANCE COMMITTEE MEETING

Thursday January 25, 2024

10:30 a.m. – 11:00 a.m.

The Florida Hotel and Conference Center

1500 Sand Lake Road

Orlando, Florida 32809

(407) 859-1500

OUR MISSION

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

10:30 a.m.	Call to Order Welcome & Introductions	<i>Dennis Hart, Chair</i>
10:35 a.m. – 10:40 a.m.	Approval of Minutes (A) Minutes for 9/21/23**	<i>Dennis Hart, Chair</i>
10:40 a.m. – 10:50 a.m.	Fiscal Year Ending 9/30/23 Audit (B) Financial Audit ** (to be provided)	<i>Law, Redd, Crona & Munroe, P.A. Certified Public Accountants</i>
10:50 a.m. – 10:55 a.m.	Review/Discussion of Financials (C) Administrative Budget/Actual 10/1/23-11/30/23 (D) Administrative Budget/Actual Wrap up 10/01/22–9 /30/23	<i>Dennis Hart, Chair & Lisa Taylor</i>
10:55 a.m. – 11:00 a.m.	Public Comment	<i>Dennis Hart, Chair</i>
11:00 a.m.	Meeting Adjourned	<i>Dennis Hart, Chair</i>

**** Items that require vote**

Florida Developmental Disabilities Council, Inc.

Finance Committee Minutes

September 21, 2023

In-Person

Florida Hotel and Conference Center, Orlando, Florida

Committee Members Present: Dennis Hart, Chair and Jack Kosik

Committee Members Absent: Sarah Goldman, Caitlin Clibbon, and Kali Wilson

Other Council members and Guests Present: Kevin Johnson, Council Chair, Conney Dahn, Elly Hagen, Marcy Hajdukiewicz, Laurie Harlow, TJ Moon, and Frank Shalett.

Staff Present: Lisa Taylor, Valerie Breen, Sheila Gritz-Swift, Margaret Hooper, Thomas Hutchins, Susan Kabot, Jamie Mayersohn, Monica Moye, Jan Pearce, and Kristin Vandagriff

Meeting was called to order by Chair Hart at 11:18 a.m. and quorum was established.

I. Approval of Meeting Minutes

Action Taken: Kosik made a motion to accept the May 18, 2023, minutes as presented. Hart seconded. Motion passed unanimously.

II. Discussion of Financials

Hart presented the budget to actual expenditures for the ten-month period ending 7/31/23. This ten-month period represents approximately 83% of the budget with actual expenditures at approximately 68%. Hart highlighted multiple line items noting line-item expenditures which are typically paid annually as opposed to monthly. Expenses appear to be in line with what we would expect for this period.

III. Approval of the 2024 Proposed Administrative Budget

Action Taken: Kosik made a motion to accept the budget as presented. Johnson seconded. Motion passed unanimously.

IV. Approval of Capital Purchases Request

Action Taken: Kosik made a motion to approve capital purchases request up to \$25,000. Hart seconded. Motion passed unanimously.

Hart adjourned the meeting at 11:27 a.m.

Audited Financial Statement for the fiscal year ending 9/30/23

To be Provided

Profit & Loss Budget vs. Actual with Administration Programmatic Breakdown

Cumulative Expenditures 10/01/23 through

11/30/23

				A	=	B	+	C
		Administration Annual Budget	Expenditures Nov-23	12 month (Under) Budget		Allocation		
Expense						Administration	Programs	
2024 Administrative								
24 Computer Expenses		59,500.00	14,837.60	(44,662.40)		7,398.00	7,439.60	
24 Dues		22,000.00	50.00	(21,950.00)		24.00	26.00	
24 Education/Training		7,000.00	99.75	(6,900.25)		51.00	48.75	
24 Insurance-General		13,857.00	0.00	(13,857.00)		0.00	0.00	
24 Office Supplies & Expense								
24 Bank Charges		2,150.00	39.00	(2,111.00)		20.00	19.00	
24 Office Supplies & Expense - Other		9,970.00	1,319.47	(8,650.53)		655.00	664.47	
Total 24 Office Supplies & Expense		12,120.00	1,358.47	(10,761.53)		675.00	683.47	
24 Payroll								
24 Benefits								
24 STD, LTD and Life		8,350.00	1,328.58	(7,021.42)		659.00	669.58	
24 Health Insurance		78,810.00	11,599.00	(67,211.00)		5,542.00	6,057.00	
24 Dental Insurance		3,100.00	690.94	(2,409.06)		343.00	347.94	
24 AFLAC		16,640.00	2,885.52	(13,754.48)		1,429.00	1,456.52	
24 Retirement								
24 Retirement Administration		6,500.00	0.00	(6,500.00)		0.00	0.00	
24 Retirement Contributions		54,617.00	6,156.34	(48,460.66)		3,031.00	3,125.34	
Total 24 Retirement		61,117.00	6,156.34	(54,960.66)		3,031.00	3,125.34	
Total 24 Benefits		168,017.00	22,660.38	(145,356.62)		11,004.00	11,656.38	
24 Workers Comp Insurance		2,558.00		(2,558.00)		0.00	0.00	
24 Payroll Taxes		100,764.00	17,158.57	(83,605.43)		8,439.00	8,719.57	
24 Employee Gross		1,259,662.00	225,807.51	(1,033,854.49)		111,049.00	114,758.51	
24 Temporary Labor		0.00	8,230.00	8,230.00		4,222.00	4,008.00	
Total 24 Payroll		1,531,001.00	273,856.46	(1,257,144.54)		134,714.00	139,142.46	
24 Professional Fees								
24 Contract		25,000.00	0.00	(25,000.00)		0.00	0.00	
24 Legal Fees		12,000.00	2,213.56	(9,786.44)		1,123.00	1,090.56	
24 HR Consultant		16,000.00	3,670.25	(12,329.75)		1,814.00	1,856.25	
24 Audit & 990		22,000.00	0.00	(22,000.00)		0.00	0.00	
Total 24 Professional Fees		75,000.00	5,883.81	(69,116.19)		2,937.00	2,946.81	
24 Postage		3,500.00	421.69	(3,078.31)		207.00	214.69	
24 Rent								
24 Equipment Rental		6,250.00	1,785.00	(4,465.00)		853.00	932.00	
24 Building Rent		99,525.00	23,436.46	(76,088.54)		11,610.00	11,826.46	
Total 24 Rent		105,775.00	25,221.46	(80,553.54)		12,463.00	12,758.46	
24 Telephone		5,900.00	798.68	(5,101.32)		395.00	403.68	
24 Travel Council & Staff		87,000.00	3,300.10	(83,699.90)		1,658.00	1,642.10	
24 Employee Morale		500.00	122.49	(377.51)		59.00	63.49	
24 Board Development		6,000.00	0.00	(6,000.00)		0.00	0.00	
Total 2024 Administrative		1,929,153.00	325,950.51	(1,603,202.49)		160,581.00	165,369.51	
Total Award		4,451,007.00				3.61%	3.72%	

Profit & Loss Budget vs. Actual with Administration Programmatic Breakdown

Cumulative Expenditures 10/01/22 through

9/30/23

Expense		Administration Annual Budget	A	=	B	+	C
			Expenditures	(Under) Budget	Allocation		
			Sep-23	\$ Over Budget	Administration	Programs	
2023 Administrative							
23 Computer Expenses		52,000.00	56,588.84	4,588.84	25,101.00	31,487.84	
23 Dues		25,000.00	20,714.25	(4,285.75)	8,844.00	11,870.25	
23 Education/Training		7,000.00	3,028.98	(3,971.02)	1,424.00	1,604.98	
23 Insurance-General		13,857.00	11,363.00	(2,494.00)	4,855.00	6,508.00	
23 Office Supplies & Expense							
23 Bank Charges		2,100.00	1,737.00	(363.00)	635.00	1,102.00	
23 Office Supplies & Expense - Other		13,020.00	13,334.76	314.76	5,925.00	7,409.76	
Total 23 Office Supplies & Expense		15,120.00	15,071.76	(48.24)	6,560.00	8,511.76	
23 Payroll							
23 Benefits							
23 STD, LTD and Life		13,000.00	11,102.86	(1,897.14)	5,445.00	5,657.86	
23 Health Insurance		102,000.00	59,639.72	(42,360.28)	27,165.00	32,474.72	
23 Dental Insurance		5,050.00	3,279.38	(1,770.62)	1,523.00	1,756.38	
23 AFLAC		16,640.00	13,520.65	(3,119.35)	6,179.00	7,341.65	
23 Retirement							
23 Retirement Administration		6,500.00	6,308.00	(192.00)	2,928.00	3,380.00	
23 Retirement Contributions		66,069.00	32,866.10	(33,202.90)	15,034.00	17,832.10	
Total 23 Retirement		72,569.00	39,174.10	(33,394.90)	17,962.00	21,212.10	
Total 23 Benefits		209,259.00	126,716.71	(82,542.29)	58,274.00	68,442.71	
23 Workers Comp Insurance		4,558.00	1,974.00	(2,584.00)	899.00	1,075.00	
23 Payroll Taxes		94,517.00	80,465.82	(14,051.18)	36,773.00	43,692.82	
23 Employee Gross		1,178,000.00	1,052,152.51	(125,847.49)	478,881.00	573,271.51	
23 Payroll Processing Fee		2,200.00	828.25	(1,371.75)	407.00	421.25	
Total 23 Payroll		1,488,534.00	1,262,137.29	(226,396.71)	575,234.00	686,903.29	
23 Professional Fees							
23 Contract		50,000.00	4,014.99	(45,985.01)	3,595.93	419.06	
23 Legal Fees		11,000.00	26,682.58	15,682.58	11,566.00	15,116.58	
23 HR Consultant		16,000.00	16,890.25	890.25	10,186.07	6,704.18	
23 Audit & 990		22,000.00	20,110.00	(1,890.00)	7,351.00	12,759.00	
Total 23 Professional Fees		99,000.00	67,697.82	(31,302.18)	32,699.00	34,998.82	
23 Postage		7,000.00	3,072.19	(3,927.81)	1,387.00	1,685.19	
23 Rent							
23 Equipment Rental		6,000.00	2,324.27	(3,675.73)	1,079.00	1,245.27	
23 Building Rent		138,973.00	139,771.70	798.70	63,369.00	76,402.70	
Total 23 Rent		144,973.00	142,095.97	(2,877.03)	64,448.00	77,647.97	
23 Telephone		6,900.00	6,024.86	(875.14)	2,735.00	3,289.86	
23 Travel Council							
23 TVL/C DD Council Mtg		112,000.00	68,477.17	(43,522.83)	30,814.00	37,663.17	
23 Travel Council Other		3,500.00	4,863.44	1,363.44	2,109.00	2,754.44	
Total 23 Travel Council		115,500.00	73,340.61	(42,159.39)	32,923.00	40,417.61	
23 Travel Staff							
23 TVL/S DD Council Mtg		6,000.00	17,293.35	11,293.35	7,642.00	9,651.35	
23 Travel Staff - Other		5,500.00	18,672.08	13,172.08	8,043.00	10,629.08	
Total 23 Travel Staff		11,500.00	35,965.43	24,465.43	15,685.00	20,280.43	
23 Employee Morale		1,500.00	261.71	(1,238.29)	115.00	146.71	
23 Board Development		12,000.00	0.00	(12,000.00)	0.00	0.00	
Total 2023 Administrative		1,999,884.00	1,697,362.71	(302,521.29)	772,010.00	925,352.71	
Total Award		4,425,812.00			17.44%	20.91%	

FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, INC.

EXECUTIVE COMMITTEE MEETING
Thursday 1/25/2024
12:30 p.m.-1:15 p.m.

OUR MISSION

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

12:30 p.m. **Meeting Called to Order** *Eddie Hall, Vice Chair*

12:30 p.m. **Approval of the 9/21/23 Minutes** *Eddie Hall, Vice Chair*
(A) 9/21/23 Executive Committee Minutes

12:35 p.m. **Public Comment** *Eddie Hall, Vice Chair*

CLOSED SESSION- ONLY COMMITTEE MEMBERS

12:35 p.m.-1:00 p.m. **Executive Director Performance Evaluation** *Eddie Hall, Vice Chair*
Materials provided under separate cover

Florida Developmental Disabilities Council, Inc.

Executive Committee Minutes

September 21, 2023

In-Person

Florida Hotel and Conference Center, Orlando, Florida

Committee Members Present: Kevin Johnson, Chair, Eddie Hall, Dr. Dennis Hart, Sarah Goldman, Elly Hagen, and Jack Kosik

Committee Members Absent: Lisa Miller

Other Council members and Guests Present: Frank Shalett, Caitlynn Clibbon, TJ Moon, and Laurie Harlow.

Staff Present: Valerie Breen, Executive Director, Jamie Mayersohn, Dr. Susan Kabot, Kristin Vandagriff, Jan Pearce, Lisa Taylor, CFO, Sheila Gritz-Swift, Margaret Hooper, Monica Moye and Thomas Hutchins.

Roll call was conducted by Breen and quorum was established. Johnson called the meeting to order at 11:27 a.m.

I. Approval of the 2024 FDDC Budget

Action Taken: Kosik made a motion to accept the budget as presented. Hart seconded. Motion passed unanimously.

II. Approval of May 18, 2023, and August 22, 2023, Minutes

Action Taken: Goldman made a motion to accept the May 18, 2023, minutes as presented. Kosik seconded. Motion passed unanimously.

Action Taken: Kosik made a motion to accept the August 22, 2023, minutes as presented. Goldman seconded. Motion passed unanimously.

III. Employee Policy Update

Johnson reported that a more comprehensive grievance/complaint policy and process is being developed by the FDDC attorney and will be forthcoming. Johnson also reported that on May 26, 2023, a complaint was filed with the Equal Employment Opportunity Commission (EEOC) by Vanda Jenkins alleging that she was subjected to discrimination while employed by the FDDC. On July 17, 2023, the Complaint was dismissed by the EEOC as the FDDC does not have the minimum number of employees necessary to have the matter considered by the EEOC. At this point, a lawsuit may still be filed raising these claims. If so, the Executive Committee will advise the Council.

Johnson reported that Breen is seeking external human resource firms to conduct human resource functions for the FDDC. Functions and costs are being analyzed and will be brought to the Executive Committee.

Johnson reported that the Executive Committee and the Executive Director successfully negotiated an employment contract which will go into effect October 1, 2023. It is an annual contract with a renewable clause for the next two years.

Johnson reported that this next year will focus on the evaluation of FDDC's compensation and performance structure. The goal is to develop a plan for long-term sustainability and succession planning.

There was no public input.

Johnson adjourned the meeting at 12:36 p.m.

FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, INC.

FULL COUNCIL MEETING

AGENDA

Thursday 1/25/2024-Friday 1/26/2024

OUR MISSION

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

Thursday January 25th

2:00 p.m.	Call to Order/Roll Call	<i>Eddie Hall, Vice Chair</i>
2:15 p.m.	Approval of September Minutes** (A) 9/21/23 Minutes	<i>Eddie Hall, Vice Chair</i>
2:15 p.m.-2:30 p.m.	Chair/Vice Chair Report	<i>Eddie Hall, Vice Chair</i>
2:30 p.m.-3:00 p.m.	Executive Director Report	<i>Valerie Breen, Ex. Dir.</i>
3:00 p.m.-3:15 p.m.	Break	
3:15 p.m.-3:45 p.m.	Stakeholder Task Force on Managed Care Report (B) 12/7/23 Minutes** (C) FDCC Brief on Managed Care (D) LTSS Research	<i>Sarah Goldman, Chair</i>
3:45 p.m.-4:30 p.m.	Highlights from 2023 State Plan Outcomes	<i>Sue Kabot, Chief of Programs</i>
4:30 p.m.	Public Comment/Adjourn	<i>Eddie Hall, Vice Chair</i>
4:30 p.m.	Meeting Adjourned	<i>Dinner on your own</i>

2nd DAY FULL COUNCIL MEETING SCHEDULE

Friday January 26th

9:00 a.m.	Call to Order/Roll Call	<i>Eddie Hall, Vice Chair</i>
9:10 a.m.-10:45 a.m.	Presentations on Training Products <i>Training First Responders: Emergency Medical Services Course</i> <i>Training First Responders: Law Enforcement Course</i>	<i>Sue Kabot, Chief of Programs</i> <i>Torica Exume, PhD</i> <i>Torica Exume, PhD</i> <i>Florida Atlantic University</i>
	<i>Dual Diagnosis Training</i>	<i>Jeanne Farr, MA</i> <i>National Association for the Dually Diagnosed</i>

10:45 a.m.-11:00 am.	Break/Check Out	<i>Eddie Hall, Vice Chair</i>
11:00 a.m.-12:00 p.m.	State & Sister Agency Reports <i>Agency for Persons with Disabilities</i> <i>Agency for Health Care Administration</i> <i>Department of Elder Affairs</i> <i>Department of Education- Vocational Rehabilitation</i> <i>Department of Education- BEESS</i> <i>Department of Health, Childrens Medical Services</i> <i>University of Miami- Mailman Center</i> <i>University of South Florida- Florida Center for Inclusive Communities</i> <i>Disability Rights Florida</i>	<i>Eddie Hall, Vice Chair</i>
12:00 p.m.-1:00 p.m.	Working Lunch	
12:00 p.m.-1:00 p.m.	Committee Reports/Discussion <i>State Plan Committee **</i> <i>Finance Committee **</i> <i>Public Policy Committee**</i> <i>Executive Committee **</i>	<i>Jean Sherman, Chair</i> <i>Dennis Hart, Chair</i> <i>Sarah Goldman, Chair</i> <i>Eddie Hall, Vice Chair</i>
1:00 p.m.	2024 Dates to Remember <i>Council meetings (May and September 2024)</i> <i>DD Dinner February 6, 2024</i> <i>DD Day February 7, 2024</i>	
1:00 p.m.	Public Comment/Adjourn	<i>Eddie Hall, Vice Chair</i>

****** Indicates the item requires a vote

Florida Developmental Disabilities Council, Inc.

Full Council Meeting Minutes
Thursday September 21, 2023 & Friday September 22, 2023
In-Person
Florida Hotel and Conference Center, Orlando, Florida

Thursday September 21, 2023

Council Members Present: Kevin Johnson, Chair, Mirna Diaz, Caitlyn Clibbon, Conney Dahn, Dr. Beth Boone, Marcy Hajdukiewicz (sitting in for Andrea Gary), Sarah Goldman, Elly Hagen, Eddie Hall, Laurie Harlow, Dr. Dennis Hart, Yolanda Herrera, Kimberly Quinn, TJ Moon, Frank Shalett, Dr. Jean Sherman, Catherine McGrath, Jack Kosik, Lisa Miller, and Jennifer Duggar.

Council Members Absent: Kali Wilson and Victoria Zepp

Staff Present: Valerie Breen, Executive Director, Jamie Mayersohn, Dr. Susan Kabot, Kristin Vandagriff, Jan Pearce, Lisa Taylor, Sheila Gritz-Swift, Margaret Hooper, Monica Moye and Thomas Hutchins.

Guests Present: Alex Kobrin, Suzanne Rastgougard, and Noelle Denny-Brown from Mathematica, Inc.

Breen conducted roll call and quorum was established. Johnson called the meeting to order at 1:32 p.m.

I. Approval of May 2023 Minutes

Action Taken: Kosik made a motion to approve the May council meeting minutes as presented. Herrera seconded. Motion passed unanimously.

II. Chair/Vice Chair Report

Johnson provided the Chair report. He welcomed Valerie Breen back from her extended medical leave. He thanked Sue Kabot for serving as Interim Executive Director and the FDDC staff for their efforts during Breen's absence. New FDDC staff were introduced- Monica Moye Director of Operations and Contracts and Thomas Hutchins, Executive Assistant. Johnson reported that managed care has been more front and center in Florida service discussions recently. He noted that it is critical that we stay laser focused on the Council's mission- to assure that people with disabilities can live active meaningful lives.

Hall provided the Vice Chair report. Hall reinforced that independence is critical and highly connected to self-advocacy. He also highlighted transportation as an important component to achieving self-advocacy goals stating that he was asked to apply for a seat on the Transportation Disadvantaged Commission and is awaiting Governor approval. He highlighted affordable housing as another critical issue for self-advocates.

III. Executive Director Report

Breen provided the Executive Director report. She provided Power Points for everyone to refer to. She thanked the Council for their words of encouragement and support during her medical journey. Breen reiterated FDDC's mission and purpose and highlighted the vision for 2026 based on the Council's state plan goals. She highlighted the development of FDDC funded partnerships, and reviewed FDDC's social media presence and future awareness plans, including a tool kit for local communities to promote Developmental Disabilities Awareness month activities in their communities. Breen provided suggestions on how to engage in strategies for identifying key players in, for example, the managed care pilot initiative. Questions were asked and Council member comments were made surrounding FDDC having an active role at the table in the managed care pilot, concerns regarding accountability with the legislature and those implementing the managed care pilot, and low reimbursement rates for providers pushing them to only take private pay clients (this was based on a study being conducted by the Florida State Independent Living Council). Goldman noted how critical it will be to tell the stories of people behind the services.

Breen thanked each Council member who served in a Chair/leadership capacity this past year.

IV. 2024 Legislative Platform

Goldman presented on the Council's proposed 2024 legislative platform titled "**Sustain and Expand Home-and-Community-Based Services**". The four recommendations were 1) include the iBudget Medicaid waiver in the social services estimating conference, 2) no one waits for services from the iBudget Medicaid waiver, 3) require a well-trained support coordination workforce that uses the best techniques identified by case management research, and 4) address the behavior needs of individuals with intellectual and developmental disabilities. In addition, other public policy issues were identified for oversight by the Council's public policy committee for 2024. Those included 1) monitoring any new legislation developed to expand managed care, 2) monitor and support the new Supported Decision-Making bill, 3) monitor any new legislation addressing eligibility, and 4) monitor any employment legislation for people with I/DD.

Action Taken: Hart made a motion to approve the 2024 FDDC legislative platform as presented. Harlow seconded. Motion passed with 14 yes, 0 no and 5 abstentions from state agency representatives.

V. Election of FDDC Officers for October 1, 2023

Breen provided the list of members present who could legally vote in the election. She noted they would be voting for Chair, Vice Chair, Treasurer and two At-Large members. The newly elected Chair will appoint two additional At-Large members- making a total of seven members of the Executive Committee.

Action Taken: Newly elected positions are as follows: Chair- Kevin Johnson; Vice Chair- Eddie Hall; Treasurer- Dennis Hart; Two At-Large Members- Sarah Goldman and Elly Hagen.

VI. Public Input/Adjournment

There was no public input. Johnson adjourned the meeting at 3:35 p.m.

Friday September 22, 2023

Council Members Present: Kevin Johnson, Chair, Dr. Beth Boone, Marcy Hajdukiewicz (for Andrea Gary), Sarah Goldman, Elly Hagen, Eddie Hall, Laurie Harlow, Caitlyn Clibbon, Dr. Dennis Hart, Yolanda Herrera, Kimberly Quinn, Catherine McGrath, Mirna Diaz, Lisa Miller, TJ Moon, Frank Shalett, Dr. Jean Sherman, Conney Dahn, Jennifer Duggar and Jack Kosik.

Council Members Absent: Victoria Zepp and Kali Wilson.

Staff Present: Valerie Breen, Executive Director, Jamie Mayersohn, Dr. Susan Kabot, Kristin Vandagriff, Jan Pearce, Lisa Taylor, Sheila Gritz-Swift, Margaret Hooper, Monica Moye and Thomas Hutchins.

Guests Present: Alex Kobrin, Suzanne Rastgougard, and Noelle Denny-Brown from Mathematica, Inc.

Breen conducted roll call and quorum was established. Johnson called the meeting to order at 9:05 a.m.

I. Presentation on Case Management & Measuring Service

Kabot introduced the staff from Mathematica Inc. She reported that they were here to present to the Council their work related to two Council funded projects: Best Practices in Case Management and Measuring Service Quality.

Noelle Denny-Brown presented Mathematica's work on Best Practices in Case Management. Highlights from her presentation included the six core competencies in their core competency tool kit: 1) case management competency list, 2) competency matrix, 3) participant feedback toolkit, 4) caregiver feedback tool, 5) case manager self-reflection tool and 6) supervisor reflection tool. Discussion ensued regarding modalities for tool use including which items should be made available publicly, used on an app, be utilized on a website, or have data aggregated to a data dashboard. Early pilot testing plans were denoted and a strong focus on validating the competencies themselves will occur. Accuracy, consistency, and importance will be core areas to be validated for each competency. This will include testing with self-advocates, case managers, and administrators.

Mathematica staff met in person with Council members the day before in small groups to obtain additional feedback from those with lived experience. Miller asked how Mathematica plans to reach across the state to get enough varied and diverse voices. Denny-Brown denoted that diversity is a strong focus on their planning efforts and they are looking to assure that representation is strong. Leaning on the stakeholder work group will be a core strategy to

address diversity of input. Miller suggested making the process easy to assure participation and stressed how critical it was to obtain input from rural counties.

Alex Kobrin and Suzanne Rastgoufard presented on the measuring service quality project and the service quality tool. The tool highlights where the provider is aligned with positive client outcomes and promising practices. Ultimately, this tool helps to show if provider services are aligned with best practices or not. Draft content was discussed noting that there are six topics: 1) program participant choice and preference, 2) program participant feels respected, 3) program participant community and social engagement, 4) program participant family and service provider communication, 5) positive staff and peer culture, and 6) care for challenging behaviors.

Discussion ensued regarding whether the tool should be first developed for a residential or an adult day training setting. The group concurred that residential should be the priority with several intervals for implementation within the setting.

II. 2024 Task Force Draft List and FDDC Outreach Discussion for Surveys

Johnson referenced the task force assignments presented for 2024. He stated that if Council members wished a change, to discuss it with staff.

Breen facilitated a discussion regarding how the Council could engage members (especially state and sister agencies) in distributing Council surveys to increase outreach to individuals and families in a larger population of persons living with I/DD that are not served by the Agency for Persons with Disabilities. Ideas and suggestions were shared. Most members will go back to their agencies and see what is possible.

III. State and Sister Agency Reports

Agency for Persons with Disabilities (APD)

Kimberly Quinn provided APD's report. The most significant change is the very recent adoption of First Lady DeSantis's Hope Florida initiative at APD. Originally implemented through the Department of Children and Families, this initiative involves Hope Navigators, whose responsibility is to assist an individual to identify and navigate through services, faith-based, non-profit, and governmental entities to breakdown silos and maximize resources. Services include goal identification and overcoming barriers through referrals and developing one-on-one plans to thrive. 850-300-HOPE (4673) is the main phone number. Anyone can access this assistance. APD has 14 individuals assigned as Hope Navigators.

Agency for Health Care Administration (AHCA) Report:

Catherine McGrath provided AHCA's report. The most significant highlight was how APD and AHCA are working together to develop the Invitation to Negotiate (ITN) for a managed care pilot for persons with intellectual and developmental disabilities currently on the iBudget waiting list, which was required by the legislature in 2023. The application for the pilot was already submitted to the Centers for Medicare and Medicaid within the required timeline. Meanwhile the Council, and many others, provided written public input for consideration in the

development of the ITN. Discussion and questions ensued. Johnson recommended that staff set up an ad hoc Managed Care Task Force through the Council. Staff will pursue this request. Breen and Hooper will work on this initiative.

Department of Education, Division of Vocational Rehabilitation Report:

Mirna Diaz provided VR's report. Specific to the Council she reported that from the 2021-2022 outcomes, the Adult Project SEARCH service codes through VR were launched with their new case management system in August 2023. Twenty-four interns graduated in the first year of the Project SEARCH Adult Program.

Department of Education, Bureau of Exceptional Education and Student Services (BEESS) Report:

Jennifer Duggar provided the BEESS report. The developmental disability exceptionality can be held through 9 years of age. She reported that House Bill 19 included fixing rules regarding informed consent. BEESS is working with Project 10 to make resources available for transition specialists in school systems.

Department of Health, Children's Medical Services (CMS) Report:

Marcy Hajdukiewicz provided CMS's report. She reported some helpful components related to the movement of their early steps program under managed care. She suggested that FDCC consider inviting managed care providers to future meetings.

University of Miami, Mailman Center Report:

Dr. Sherman provided the report for this University Center of Excellence on Developmental Disability (UCEDD). The Mailman Center is celebrating its 50th anniversary on September 29, 2023. They have been a leader in the development of UCEDDs across the country.

University of South Florida, Florida Center for Inclusive Communities Report:

Dr. Beth Boone reported for this UCEDD. Boone distributed their annual report. She announced Dr. Heather George has joined as the second co-director.

Disability Rights Florida (DRF) Report:

Caitlyn Clibbon provided the report for Florida's protection and advocacy organization. DRF is researching managed care looking at other state data regarding managed care for the I/DD population. A white paper will be forthcoming. DRF continues their work on Supported Decision-Making.

IV. Committee Reports

Sherman provided the state plan committee report.

Action Taken: Hall made a motion to accept the report as presented. Kosik seconded. Motion passed unanimously.

Hart provided the finance committee report.

Action Taken: Miller made a motion to accept the report as presented. Kosik seconded. Motion passed unanimously.

Johnson noted that although a public policy committee meeting was not held since August 2023, he required those in attendance from the public policy committee to approve the August minutes from the last public policy committee. Attached to the minutes provided to the Council was the written public comment to AHCA on the managed care pilot.

Action Taken: Herrera made a motion to accept the minutes as presented. Hagen seconded. Motion passed unanimously.

Johnson provided the Executive Committee report.

Action Taken: Hall made a motion to accept the report as presented. Goldman seconded. Motion passed unanimously.

Johnson reported that the next Council meeting will be held at the Florida Hotel and Conference Center in Orlando, Florida January 25-26, 2024.

Johnson reported Developmental Disabilities Awareness Day will be held in Tallahassee on February 7, 2024, with the dinner the evening of February 6, 2024 at the Double Tree Hotel in Tallahassee, Florida.

There were no comments from the public.

Johnson adjourned the meeting at 1:56 p.m.

FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, INC.

**STAKEHOLDER TASK FORCE ON MANAGED CARE
for Persons with Intellectual & Development Disabilities (I/DD)**
MINUTES
December 7, 2023
Zoom Meeting

Members Present: Kevin Johnson, Chair, Catherine McGrath (AHCA), Susan Nipper (APD) Sarah Goldman, and Elly Hagan.

Members Absent: Dennis Hart

Staff Present: Valerie Breen, Margaret Hooper, and Lu Marie Polivka-West (Research Consultant)

Others Present: Laura Minutello, Disability Rights Florida

Johnson called the meeting to order at 5:03 p.m.

I. Welcome and Introductions

Johnson asked all members to introduce themselves and to provide a brief background.

II. Purpose

Johnson provided a summary on why the Council determined to establish an Ad Hoc Task Force to monitor, educate and inform on managed care and the managed care pilot instituted this year by the Florida legislature. Johnson proposed an official name for the Task Force and presented an intended purpose.

Action Taken: Hagan made a motion to accept the title of the task force as proposed: *Stakeholder Task Force on Managed Care for Persons with Intellectual and Developmental Disabilities (I/DD)*. Goldman seconded. The motion passed unanimously.

Action Taken: Goldman made a motion to accept the purpose of the task force as proposed: *To be the “think tank” on key issues for persons with I/DD in managed care and to be the source for recommendations and advocacy*. Hagan seconded. The motion passed unanimously.

III. Review of Materials/Information

Breen provided a brief history of the FDDC's staff work since September 2023 to help prepare for the implementation of the managed care pilot legislation. She stated that the intent is to become as informed as possible on the possible impacts of the pilot on persons with I/DD, their caregivers, and the community service providers, stakeholders, and advocates. Breen reported that the 2018 comprehensive report issued by the American Network of Community Options and Resources in partnership with Health Management Associates titled “Current Landscape:

Managed Long Term Care Services and Supports for People with Intellectual and Developmental Disabilities" seemed to be the most comprehensive and understandable report to serve as the starting point for understanding the topic and impact of managed care for the I/DD population. Breen reported that FDDC currently has a contract with Mathematica, Inc. to research and establish tools for quality case management and quality measures for persons with I/DD. Breen asked Mathematica to focus its work on reviewing other states with I/DD managed care programs with a focus on quality case management and services.

Breen provided two documents for members to review. Both are attached to these minutes. The first one is FDDC's Introductory brief, which includes a link to the full 2018 ANCOR report. The second is a memo from Mathematica, Inc. to Breen containing 2023 updates to 2018 ANCOR report and things to consider related to I/DD and managed care.

The Mathematica memo reports that most I/DD services continue to be carved out by the state Medicaid programs and there have been few changes since 2018. Mathematica also reported on the possible application of Florida's Medicaid Waiver metrics for the long-term care program to consider with the coming pilot program. Breen reported that Mathematica is focusing on three other states' case management as a part of their managed care programs for possible guidance in Florida. On behalf of Mathematica's work with FDDC they will be meeting with representatives from the other states as well as a Florida provider of case management soon.

Breen also reported that staff reviewed the position statements from the Florida Association of Rehabilitation Facilities (FARF), the ARC of Florida and FDDC, and four common issues emerged, which were 1) to include current providers in the pilot and involve advocates and stakeholders in the planning and implementation oversite, 2) Ensure appropriate payment rates and timely cash flow, 3) Although only one managed care organization per region will be selected, require multiple managed care organizations in every region if the pilot is expanded, and 4) require the pilot's evaluation to include standards for client centered case management and services.

McGrath reported that since there is a blackout period with the ITN in the vendor system, she was unable to provide any information at this time on the pilot program. It was noted by members that the Governor's recommended budget for next year includes an increase to \$48 million for the managed care pilot, with a total of 900 to be served (600 in Miami and 300 in Tampa). The waiver approval for the pilot is still being reviewed for approval by the Centers for Medicare and Medicaid.

Discussion points by Task Force participants included the following:

- The ITN response is due December 8, 2023, with an implementation timeline of early 2024 and the first evaluation report due at the end of 2024.
- Persons eligible for the pilot managed care programs will have to be on the pre-enrolled list (formerly called wait list) for I/DD services in Miami and in Tampa to be served. They may disenroll after a year and be placed on the iBudget in APD. All services under the iBudget are to be included as well as the acute health care services in the pilot waiver.

- Concerns about the transparency of payment and services provided as needed were identified (i.e., will the capitation really be high enough to cover all the services needed by the I/DD population).
- Concern was also noted that current provider rates through APD, were just increased, and will the managed care entity negotiate higher rates with providers, further impacting the infrastructure of the APD provider network and availability.

Johnson concluded the meeting by encouraging the sharing of pertinent information from other states and learning what worked and what did not work with their I/DD managed care systems.

The report out of the Task Force and the next Task Force discussion will be held in person at the FDDC Council meeting in Orlando January 24 and 25, 2024.

There was no public comment.

Johnson adjourned the meeting at 5:03 p.m.

FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, INC.**Introductory Brief****ANCOR: The American Network of Community Options and Resources**

<https://www.ancor.org/wp-content/uploads/2022/09/Current-Landscape-Managed-Long-Term-Services-and-Supports-for-People-with-IDD.pdf>

ANCOR contracted with the HMA (Health Management Associates) for a 2018 report entitled “Current Landscape: Managed Long Term Care Services and Supports for People with Intellectual and Developmental Disabilities.” This report was submitted to Congress and was influential in the following key points from the 2018 Congressional Research Service.

Managed Long-Term Services and Supports: Status of State Adoption and Areas of Program Evolution Key Points from a June 2018 Congressional Research Service report to Congress on Medicaid.

Medicaid beneficiaries who use long-term services and supports are among the program’s most vulnerable and account for a disproportionate share of Medicaid spending.

In fiscal year 2013, Medicaid spending for beneficiaries who used long-term care services through fee-for-service arrangements was approximately 42 percent of total Medicaid spending, despite these beneficiaries comprising only about 6 percent of Medicaid beneficiaries that year. (Note: According to Mathematica this had declined to 33% by 2020 – reduction of institutional placements with increased use of home-and community-based services and increased beneficiaries that don’t use long-term care.)

In managed long-term services and supports programs, states contract with managed care plans to deliver the long-term care services. The number of states implementing managed long-term care programs grew from 8 states in 2004 to 24 states as of January 2018. Florida began its Medicaid managed long-term care program a decade ago.

States may operate multiple Medicaid Long-Term Care Services and Supports (MLTSS) programs, often targeting them to different populations. In total, the 24 states with MLTSS operate 41 programs.

States and plans experienced in using managed care to deliver acute care have found using managed care to deliver long- term care services presents a new set of challenges. One example is that often the community-based providers have no experience with managed care and changed policies. (Note: Adjustments have been required such as some managed care plans’ change from home delivered daily meals to frozen meals for a week.)

*“As states gain MLTSS experience, attention is turning to program outcomes. Although there is modest evidence of some successes, there are many unanswered questions. **Limited baseline data and insufficient targeted quality measures have made evaluation difficult. Efforts to***

implement new quality measures and collect better encounter data may improve monitoring and oversight of MLTSS in the future.”

As Medicaid Managed long-term care services and supports have evolved, their scope has expanded, with more states enrolling individuals with intellectual or developmental disabilities or aligning the Medicaid coverage with Medicare managed care for individuals who are dually eligible for Medicare and Medicaid. The intents are shared to reduce expenditures and target services more efficiently, but the problems remain with baseline data collection.

Updates to the 2018 ANCOR HMA report information: Now 10 states with I/DD Medicaid Managed Care programs. Texas is still working on a pilot for 2024 implementation. Kansas is still having issues with a waitlist of 4814. The Arkansas PASSE model of “whole person” case management program requires 51% or more ownership by Arkansas Medicaid providers to make it more acceptable. Tennessee is launching a new Medicaid Alternative Pathways to Independence (MAPs) that targets the I/DD population as a bridge to the community-based managed care long term care services. Iowa provides a case example of how turbulent private contracting may be for a state government entity.

Memo

To: Valerie Breen, Florida Developmental Disabilities Council (FDDC)

From: Diane Beaver, Mathematica

Date: 11/22/2023

Subject: MLTSS research

Per your request, I conducted some research to identify how the managed long-term services and supports (MLTSS) landscape has changed for individuals with I/DD using waiver services since [ANCOR's 2018 report](#).

In addition, I compiled information about Florida's managed care quality metrics to help decision-makers and advocates to understand the metrics used in other managed care contracts, which could apply to the MLTSS pilot for individuals with I/DD.

I. There have been relatively few changes in the MLTSS landscape for individuals with I/DD since the 2018 ANCOR report.

Advancing States published a [report in December 2021](#), which provides key updates on the MLTSS landscape. However, these updates are not specific to the administration of I/DD waiver services. **Many states have continued to develop Medicaid LTSS programs, but most I/DD waiver services continue to be carved out.** States like California, Hawaii, and Pennsylvania have put significant efforts into creating statewide long-term care programs but continue to carve out I/DD waiver services.

After careful review, it appears that Delaware's 1115 demonstration, the [Diamond State Health Plan](#) (DSHP), is the only MLTSS program that began to administer I/DD waiver services since ANCOR's 2018 report. In July 2019, Delaware's I/DD waiver, the Lifespan Waiver, was [added to DSHP](#). However, even though many waiver services for people with I/DD are now covered by MLTSS, DSHP [carves out](#) targeted case management and day services for the I/DD population. These continued to be paid under fee-for-service by the state.

The efficacy of MLTSS for the I/DD population continues to be of interest to researchers and policymakers. Two other states have important managed care pilots for people with I/DD that are worth noting. Texas is in the process of launching [MLTSS pilot](#) for people with I/DD. New York's Medicare-Medicaid [Financial Alignment Initiative](#) focused on dually eligible individuals with I/DD.

II. Florida's LTC Program uses MLTSS quality metrics that could be applied to the I/DD MLTSS pilot.

Florida offers MLTSS for other long-term care populations, such as older adults. Florida's [LTC Program contract](#) specifies a number of quality metrics that must be reported to ACHA. These measures could be helpful indicators of program outcomes for the I/DD population in the upcoming pilot. A sample of these measures are shared in Table 1 below.

Table 1: Waiver Home and Community-Based Service Performance Measures

Evaluation/Reevaluation of Level of Care (LOC)	
1.	Percentage of new applicants receiving a LOC evaluation prior to enrollment.
2.	Percentage of new enrollees having a current LOC based on the State-approved assessment tool.
Participant-Centered Planning and Service Delivery	
10.	Percentage of recipients with plans of care that meet all assessed needs and risks.
11.	Percentage of recipients with care plans that documents personal goal setting and community integration goal setting.
12.	Percentage of recipients' care plans that are distributed within ten (10) business days of development to primary care physician.
13.	Percentage of enrollees' care plans where enrollees' participation is verified by signatures.
14.	Percentage of recipients whose care plans are updated when needs change.
15.	Number of recipients' care plans updated at least annually.
16.	Percentage of recipients' care plans reviewed on a face-to face basis at least every three months and updated as appropriate.
17.	Percentage of recipient services delivered according to the care plan as to service type, amount, frequency, duration and scope.
18.	Percentage of new recipients with Agency-approved Freedom of Choice Certification forms indicating choice of setting in their case records.

19.	Percentage of new recipients with forms indicating their choice between waiver services and institutional care in their case records.
20.	Percentage of all new recipients with signatures on the care plan indicating a choice of services and service providers.

Health and Welfare

21.	Percentage of recipients who received telephone contact at least monthly to assess their health status, satisfaction with services and any additional needs.
22.	Percentage of health, safety and welfare issues reported to the Agency in adverse incident reports within twenty-four (24) hours of the incident.
23.	Percentage of recipients with substantiated reports of abuse, neglect or exploitation that had appropriate follow-up by long-term care (LTC) plan.
24.	Percentage of recipients with reports of the use of prohibited restraints, whose investigations started within twenty-four (24) hours of being reported to Adult Protective (APS)
25.	Percent of health status and service concerns that were addressed by the Managed Care Plan.

Source: [Florida LTC Contract](#), IX.B.2.b- pg. 44

Florida's LTC contract also has provisions regarding case manager qualifications (LTC contract X.B.3- pg. 54), specifications on case manager to member ratios (LTC contract X.B.7- pg. 58), and specifications on case manager training (LTC contract X.B.6- pg. 56). These specifications are structural quality measures aimed to ensure qualified individuals provide case management services to members. These detailed requirements also could be applied to the MLTSS pilot.

III. Florida may consider other measures used by states to assess the quality of care offered through the I/DD pilot.

Other states also measure MLTSS success using other quality metrics. Some common themes in state quality metric plans include:

- **Improved access to services:** Successful MLTSS programs connect their members with appropriate resources, such as medical care, housing, or employment services. These services assist members develop skills or resources to become self-sufficient. Reported outcome measures include addressing social determinants of health, such as access to stable housing and

employment with a minimum wage. States such as Oregon, Minnesota, and New York report these outcomes measures.

- **Enhanced physical health:** Care coordination, offered through MLTSS, can improve health by ensuring continuity of care or medication adherence. The resulting outcomes may be better management of chronic conditions or reduced hospitalizations. For example, the Michigan Department of Health and Human Services includes medication adherence as a key outcome measure in its Medicaid Health Home program. The program tracks the percentage of patients who have a medication adherence of 80% or higher.
- **Increased member satisfaction:** Services can result in higher satisfaction as members receive coordinated, person-centered care plans tailored to their needs. States often conduct member surveys to assess person-reported outcomes related to service delivery, community integration, or member quality of life. Nineteen states use the [National Core Indicator Aging and Disability \(NCI-AD\)](#). NCI-AD is a common set of data collection protocols to gather information about the outcomes of state delivery systems for people with intellectual and developmental disabilities (I/DD), physical disabilities, and aging adults. This survey tool provides person-reported outcomes such as the percentage of HCBS waiver members' reporting that they chose their place of work or their residence.
- **Cost savings:** Efficient MLTSS can lead to cost savings by reducing emergency room and acute care utilization or preventing hospital readmissions. States participating in Health Homes report plan all-cause readmissions as an outcome measure.

As Florida begins contracting for its pilot, it can consider how to capture these measures to ensure members in the pilot receive access to the services they need, have improved health outcomes, and are overall satisfied with their health plan supports.

"To advocate and promote meaningful participation in all aspects of life for Floridians with developmental disabilities"

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Florida
Developmental
Disabilities
Council, Inc.

2024 STANDING COMMITTEE MEMBERS

"To advocate and promote meaningful participation in all aspects of life for Floridians with developmental disabilities"

State Plan Committee

Jean Sherman, Chair
Staff, Sue Kabot
Sarah Goldman
Elly Hagen
Eddie Hall
Dennis Hart
Yolanda Herrera
Kali Wilson

Executive Committee

Staff, Valerie Breen
Eddie Hall, Vice Chair
Dennis Hart, Treasurer
Sarah Goldman, At-Large (Elected)
Elly Hagen, At-Large (Elected)

Public Policy Committee

Sarah Goldman, Chair
Staff, Margaret Hooper
Elly Hagen
Caitlyn Clibbon
Eddie Hall
Yolanda Herrera

Finance Committee

Dennis Hart, Chair
Staff, Lisa Taylor
Sarah Goldman
Caitlyn Clibbon
Kali Wilson



Florida
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2024 TASK FORCE MEMBERS

"To advocate and promote meaningful participation in all aspects of life for Floridians with developmental disabilities"

Access to Services

Elly Hagen, Chair
Staff, Jamie Mayersohn
Caitlyn Clibbon
Beth Boone
Jennifer Duggar
Mirna Diaz

Aging Caregivers

Yolanda Herrera, Chair

Staff, Jan Pearce

Kira Houge

Catherine McGrath

Jean Sherman

Beth Boone

Resource Members

Damian P. Gregory

Dèan Gregory-Stewart

Mary Jo McKay

Darrell Drummond

Home & Community Based Services (HCBS)

Kali Wilson, Chair

Dennis Hart, Co-Chair

Staff, Sue Kabot

Elly Hagen

Andrea Gary

Yolanda Herrera

Self-Advocacy Leadership

Eddie Hall, Chair

Sarah Goldman, Co-Chair

Staff, Kristin Vandagriff

Managed Care- AD HOC

Sarah Goldman, Chair

Staff, Valerie Breen

Catherine McGrath

Susan Nipper

Elly Hagen

Dennis Hart

Resource Members

Kevin Johnson

Laura Minutello

Broad Systems Change/Emerging Issues- AD HOC

2024 Meeting Schedule & Locations

FDDC Council Meeting

January 25-26, 2024

Florida Hotel & Conference Center
Orlando, FL

FDDC Council Meeting

May 16-17, 2024

Florida Hotel & Conference Center
Orlando, FL

FDDC Council Meeting

September 26-27, 2024

Florida Hotel & Conference Center
Orlando, FL