

General Talking points

These talking points will help give you the information that you need to speak with your legislators about issues that concern the Developmentally Disabled and Angels Unaware, Inc.

General Areas of Concern

Continued Rate Reductions – Providers continue to bear the brunt of the reduction of rates. They have no choice but to lower pay and benefits to employees, which in turn lowers the quality of employee we can hire, and retain and reduce the quality of services provided, and to only do what we are paid to do. This makes providing a quality of life to consumers difficult at best. We suggest that APD pays providers a rate that is fair and equitable based on nationally recognized needs assessments. Once the providers are able to “break even” or “turn a profit” they can then think of expansion to meet the 20,000 person waiting list.

Reduce Needless Monitoring, Auditing and Paperwork

We are annually or monthly monitored or audited by the Health Department, Fire Department, Delmarva, APD (Licensure), APD (Medical Case Management), Agency for Health Care Administration (AHCA) plus many other agencies. Similar ALF community based homes are licensed every two years and are inspected randomly or as needed based on a complaint. The amount of money and time spent complying and providing paperwork is excessive.

Reliable Source of Funding APD needs a reliable source of funding increase. As the waiting list and the needs of aging consumers continues to climb it is clear that the current resources that are used to fund this program are very inadequate. As the Legislature considers new sources of funding, such as the sales tax on goods purchased on the Internet, casinos, etc., a portion of that increased revenue need to be set aside for APD funding to meet the growing demands on the system. However it needs to be focused on the direct care provider and the consumer and not used by APD to increase personnel.

Long Range Planning - Talking points

What does APD have in store for Consumers and their families in the future? Check out the Long Range Program Plan for fiscal years 2012-2013 through 2016-2017, available on the APD website ([click here](#)). Here are some of the highlights with the page reference.

Community Development “a catalyst is needed to ignite communities to take a more proactive approach to improving the quality of life for residents with DD. Positions, similar to field representatives from times past, may provide the spark. So called Community Resource Developers could build upon the series of Learning, Exploring, and Experiencing, Networking, and Strategizing workshops that the agency around the state in 2008 and 2009.....” Page 16.

Comment: This had limited success within local communities and most successes have been eliminated due to budget cuts in other areas such as Education (adult education etc.) Adding more employees to the state payroll that do not provide “direct hands on care” daily to the DD population continues to use up and waste the inadequate state funding.

Cost Sharing “This idea was endorsed by lawmakers in the 2011 legislative session with passage of HB 7109, which directed APD and AHCA to develop a system of co-payments and premiums. Payments and fees would apply to families with adjusted household incomes greater than 100% of the federal poverty level whose children received waiver funded services. Implementation would require federal approval and” Page 17

Comment: This does not clearly state what is planned, although it states ‘children’ no definition is provided or age limitations. This makes it appear possible for parents of consumers above age 18 to be held responsible for ‘cost sharing.’ for their adult consumers. The first move is to have adult DD consumers participate in co-pays if they, according to the State, have the funds. Starting in January 1 2011. What is next?

Host Homes “In the host home model, homeowners would receive licenses for up to three-beds and be required to comply with standards established in 65G-2.011 F.A.C. Individuals would be matched with host families according to needs and desires of both parties.....Residents would pay a rate of \$542.42 per month, an amount that matches the current room and board rate for residential group homes. Payment to live in a host home would come from an individual’s Social Security Insurance (SSI)..... Page 17

Comment: As the number of consumers in a home decrease the costs of care increases. As the age of the consumers increase the costs also increase with age. Paying a “host family” a rate such as this only sets up the family for failure on many levels. This opens the door for abuse witnessed in other states of ‘families’ taking the DD consumer’s SSI check and keeping them in basements. The level of care based on national norms, and pays a fair and equitable rate to the provider for the service they provide, results in growth of community programs for the DD that are sustainable.

Waiver Support Coordinator (WSC) role change -“ WSCs would reserve the waiver as a fund of last resort, and focus on existing resources and other options for services.....”

Comment: WSC(s), like APD employees, do not provide direct hands on daily care to a single person with DD. Florida can no longer afford the luxury of having a single person in the service delivery system that does nothing but shuffle the paperwork. APD should lead the way by elimination, automation, and implementation of paperless systems currently available on the open private market, elimination of redundant reviews and audits, and eliminate the positions of employee that are not necessary to provide daily hands on care.

Managed Care “This service delivery approach would be contracted like community-based care, and would require major program restructuring.....”

Comment: This approach carries a cost – first the implementation cost is high, secondly the fee of the “managed care provider” uses up precious dollars intended to provide services and increases each year. Show us a state in which manage care has been successful and has improved the quality of life of the DD population. If others cannot do it successfully why do we think Florida can?