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VOR 2010 ANNUAL CONFERENCE and INITIATIVE
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The Liaison Capitol Hill
Washington, D.C.**

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**VOR Weekly E-Mail Update
February 26, 2010**

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ANNUAL CONFERENCE and INITIATIVE UPDATE

1. Rep. Debbie Wasserman Schultz will be featured guest at VOR's 4th Annual Capitol Hill Reception

MEMBER VOICE

2. Part 2 of 2: One parent's experience with the Microboard Model

**COMING UP:
Focus on California: VOR gives testimony in support of Lanterman, and more.**

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1. Rep. Debbie Wasserman Schultz will be featured guest at VOR's 4th Annual Capitol Hill Reception

VOR is pleased to announce that Rep. Debbie Wasserman Schultz (D-20-FL) has confirmed her availability for VOR's 4th Annual Capitol Hill Reception, scheduled for Tuesday, June 8, 2010, during VOR's Annual Conference and Initiative.

Rep. Wasserman Schultz is respected by her colleagues for her tenacity and her hard work on many issues. As a Chief Deputy Whip, Rep. Wasserman Schultz works to help advance important legislation. She is a member of the House Committee on Appropriations, serving as a "Cardinal," chairing the Legislative Branch subcommittee. She also serves on the House Judiciary Committee, which handles issue ranging from terrorism to protection of civil liberties.

Rep. Wasserman Schultz is an original cosponsor to H.R. 1255, legislation aimed at restoring the legal decisionmaking rights of residents of ICFs/MR, and where appointed, their legal guardians, in certain class action lawsuits.

VOR is pleased and honored to announce her attendance as our featured guest for the 4th Annual VOR Capitol Hill Reception, to be held in the Gold Room of the Rayburn House Office Building.

MEMBER VOICE

2. Part 2 of 2: One parent's experience with the Microboard Model

Summary: Last week's Weekly Update featured Part 1 of Bill Haas' article detailing his family's experience with the Microboard care alternative for his daughter, Bridget, who has profound developmental disabilities. Part 2 of Bill's article provides an overview on several issues relating to the Microboard alternative. [The complete article, including a picture a Bridget in her home, is now on VOR's website.](#)

A Non-Traditional Alternative

Part 2 of 2

By Bill Haas

January 2010

Anyone interested in evaluating the Microboard alternative probably has several questions-board composition, sufficiency of funds, continuity of services, staffing, etc. I will address those concerns and questions in a series of titled paragraphs.

How much money does a Microboard receive, and is it sufficient?

If the parent/legal guardian and the board members perform the administrative duties without remuneration, available funds are quite sufficient. Other alternatives will be discussed in a later paragraph. There are two sources of funds-Medicaid and Social Security. The Microboard contract will specify what client-specific services must be delivered and how much Medicaid will reimburse the Microboard for delivering those services. Medicaid funds are used to pay for client services and Microboard administration, and they may not be used to pay for the client's room and board; the client's social security must pay for room, board, and personal items. Essentially the home is the Microboard's headquarters, so the client's share of the occupancy expense need only cover an acceptable portion of that expense.

What type of corporate structure should the Microboard select?

It can incorporate as a standard C, as an LLC, or as a not-for-profit. If it incorporates as a not-for-profit, it still must pay taxes as if it were a standard C. The IRS will not grant 501(c)(3) status to a Microboard because its services are not available to the public at large.

What type of people should be on the board?

An ideal board would be composed of professionals whose services are needed and who are willing to donate their services. For a five-member board, that composition might be: the parent/guardian, an attorney, an accountant, a nurse, and a special education teacher. Should the parent/guardian be an attorney, accountant, a nurse, or a special education teacher, a nutritionist or a home economist would be a valuable addition. If the parent/guardian functions as the board president and team leader, the

time required from the professionals is not burdensome. A board composed as suggested would result in the Microboard having very minimal administrative expense.

If one or more of the suggested professional persons cannot be found to serve on the board, and alternative is for the Microboard to forge a cooperative arrangement with a larger community provider who has those professionals on staff. Why are those talents needed? The attorney and accountant skills are probably obvious. The rules regarding administration of medications by direct care staff are quite restrictive, and the ability to contact an RN or LPN for procedural approvals is necessary. A special education teacher, a social worker, or a similarly trained professional must be available to write the client's habilitation plan. Should the microboard be unable to procure the voluntary services of such a person, the assigned case worker can usually write the plan.

What type of home should the Microboard have?

That depends on the client. Even so, it is best not to be wed to only one particular type during the search phase. Because Bridget is physically-handicapped, we initially limited ourselves to considering only one story ranch homes. What we finally selected was a tri-level. Its location and the price trumped the one-levels that we had seen. Fitting the home with lifts posed no problem. The Microboard is not restricted to any specific contractual arrangement. It can own, lease, or rent. An ideal situation might be leasing a furnished home owned by a board member.

How should the Microboard staff the home?

Zoning regulations and the necessity to cover room and board with client Social Security funds virtually force the traditional community provider into homes occupied by three clients and staffed by non-residential minimum wage hourly employees. Because a Microboard has only one client, it has greater flexibility in staffing hire and in staff duty assignments. While each client will have unique staffing needs, we have found that for Bridget three staff members, all of whom can be classified and paid as professionals, works well. Two of the staff members reside in the home and alternate weeks being on duty nights and weekends. The third staff member, who is Bridget's principal trainer, is on duty weekdays.

Where can a Microboard find staff?

A staff of the caliber I described for Bridget's home is best composed of mature adults who seek long-term employment. While graduate social or nursing students are excellent prospects for one or two year residential staff, a more permanent residential staff can be found in the senior single population. The value of being in residence to such a prospective employee is a major drawing card. Retired or displaced facility employees are also a potential source. Regardless of the source or the urgency to fill a position, a thorough background check and at least two in-depth interviews are essential. A staff hiring mistake for a Microboard is an error with disproportionate consequences.

What about medical and dental services?

Those services are in-house or under contract in institutions. Community providers, to include Microboards, must locate such services. Medical services are covered by Medicare, but dental services are not. If there is a teaching hospital or university nearby, they will probably offer both Medicare covered medical care and very affordable dental care. In most cases, the doctor and dentist will be interns supervised by a senior doctor. Initially we were skeptical of these services, but we have found them to be highly satisfactory.

Does a Microboard need start-up funds?

Yes. Remuneration for services provided by community providers is paid after the fact. While payment lag varies by state, as a general rule, payment for services provided in month one will not be received until the 3rd week of month two. That delay necessitates start-up funds of at least two months operating expenses. There are also pre-occupancy home expenses including bringing the home into compliance with community home standards, furniture, appliances, utility deposits, and insurance premiums. Unless the state will advance the funds (unlikely) or the parent or a board member has available funds to loan to the corporation, a bank loan will be necessary. The parent or one or more of the board members will likely have to personally guarantee the loan.

What insurance should the Microboard carry?

In addition to homeowners' or renters' insurance, the Microboard must protect its board members and itself. Thus, board liability and general liability policies are essential and probably mandated by the state. A package policy covering the home, board liability, and general liability for a home located in other than a hazardous area should run about \$3,000. If the staff will be transporting the client to activities, the general liability policy must cover the corporation for that liability.

A group solution to potentially difficult requirements

Some parents who might want to consider Microboard status for their child might not be able to marshal all the volunteer talent (nurse, accountant, nutritionist, attorney, administrator, special education teacher, etc) that I have indicated are needed. The inability to attract all that volunteer talent need not be a deterrent. If several Microboards enter into a cooperative venture, there are endless possibilities. If necessary, they could go together and hire all the required professional services. One nurse, for example, could easily serve several Microboards. With several Microboards operating in a cooperative venture, the cost of hiring professional services for the group would not financially burden any given Microboard. Another advantage of a cooperative venture is the sharing of staff. The type of arrangement that I am suggesting is already fully functional in Tennessee. There are approximately 40 Microboards in Tennessee. They have hired an executive director and staff who function to help Microboards get established and serve as a source of information and assistance to all the Microboards in the state.

Microboards give us one more care option. While not for everyone, it is certainly an option that should be considered for the profound/severe who are multiply involved. Where facility care is not an option, Microboard status may well be the only viable option. Should anyone have additional questions, contact Tamie. She can put you in contact with me, and I will be more than happy to answer as many questions as you might have and would be pleased to work with you in forming a Microboard should you elect to pursue that option.

In closing, I apologize to any reader who might be offended by my use of the "R" word and my failure to use the euphemistic People First language. I find that using benign sounding words for unpleasant or tragic conditions masks the seriousness of the condition to the uninformed public and as such results in their not appreciating the degree of care and assistance required.

Tamie Hopp, Director of Government Relations & Advocacy

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