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STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
AGENCY FOR PERSONS WITH DISABILITIES  
iBUDGET RULES DEVELOPMENT WORKSHOP

Office of the Agency for Persons with Disabilities  
4030 Esplanade Way  
Room 301  
Tallahassee, Florida 32399

**March 23, 2015**  
**2:00 - 4:00 p.m.**

**In Re: Public Workshop, Algorithm  
Florida Administrative Code**

MEMBERS PRESENT:

Ms. Denise Arnold, APD Deputy Director of Programs  
Mr. Art Barr, APD Program Manager  
Cheryl Smith, APD

Xu-Feng Niu, Ph.D., FSU, Dean/Chair Department of  
Statistics  
Minjing Tao, Ph.D., FSU, Assistant Professor (Absent)

**ORIGINAL**

1 \* \* \* \* \*

2 (Whereupon, the public meeting was called to  
3 order by Mr. Art Barr, after which the following  
4 occurred:)

5 \* \* \* \* \*

6 MR. BARR: All right. Folks on the phone, can  
7 you hear us?

8 A CALLER: We can hear you.

9 MR. BARR: All right. That is awesome.

10 Okay. Thank you so much.

11 A CALLER: Art, we could hear you when you  
12 thought we couldn't hear you.

13 MR. BARR: Oh, that's good. Okay. I'm going  
14 to put you back in that mode again.

15 Today is a public meeting for the algorithm.  
16 It's March 23<sup>rd</sup>, and this meeting is being  
17 recorded, so we also have microphones for everyone  
18 during the question time. We'd ask that you speak  
19 into the microphone, tell us who you are, and then  
20 we'll have that for a recording which we will be  
21 posting online.

22 Now, for the folks on the phone, we have a  
23 computer link system which we'll be showing the  
24 Power Point today and then usually we'll have  
25 questions that will come up on the screen. We

1 have Cheryl Smith looking at the screen that we  
2 could ask your questions, but we're not sure  
3 that's working. For some reason, we're having a  
4 problem with the link system itself, so we may  
5 have to stop, take the phone off the mute and ask  
6 some questions over the phone at different points.  
7 If your questions do start popping through then  
8 we'll answer them and we also record those.

9 All right. Today we have Denise Arnold,  
10 Deputy Secretary for the program department. We  
11 also have Dr. Niu.

12 Thank you so much, Dr. Niu, for being here,  
13 the Dean of Statistics at Florida State  
14 University.

15 Oh, we have the computer working? Isn't  
16 that great, technology?

17 My name is Arthur Barr and I'm also with  
18 programs. We have Cheryl Smith on the computer  
19 and we have other APD staff here. And with that,  
20 today's presentation - the good news is this is  
21 what, our third - fourth meeting, I think, already  
22 on the algorithm. And up 'til now we have had a  
23 lot of presentations and most of the slides have  
24 been about 40 plus slides, so we are at half today  
25 because we are going to present where we've come

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from and then where we're going and a tentative proposed model for us to discuss.

One of the things that's important, though, in case you happen to be new today on the phone or in the audience is that we have all of our information online at iBudgetFlorida.org under the Rules and Regs tab, and I'm going to slide up here in a minute to show that so I'm going to say it twice. And all previous Power Points, publicly noticed agendas, the public notice, along with some other public meetings are listed there for you so you can go back to the Power Points and if you need to, to catch up.

That doesn't mean we don't take all questions, of course, but some of the questions you'll probably be able to look back at the old Power Points and you'll be able to catch up pretty quickly.

So with that, are there any questions before we start?

All right. I'm going to pick up a clicker and we're going to get going.

All right. We're going to go through this, but for those folks on the phone if you're seeing, you should be seeing now the second slide. It

1 says for today's meeting, the Power Point handouts  
2 along with other Power Point information and the  
3 Public Noticed meetings are on the  
4 iBudgetFlorida.org website under rules and regs.  
5 Most of you should be able to click there and go  
6 right to it. In case you are not able to log into  
7 the link system today, you can go ahead to this  
8 Power Point right on the web and just follow  
9 along.

10 At times, I will try - we will try to  
11 remember to say what number slide we're on so that  
12 you can follow along, which is slide 2 at this  
13 point.

14 All right. For phone participants, now the  
15 computer is working. We are going to try go  
16 through this in one shot and then we're going to  
17 open up the phones at the end and take your  
18 questions. All right. And then as far as the  
19 audience, we'll take questions throughout and  
20 we'll use the microphone. Again, if you'll  
21 announce your name, we'll go ahead.

22 Dr. Niu, thank you so much. I know Dr. Tao  
23 is under the weather.

24 DR. NIU: Yeah, she has a cold.

25 MR. BARR: We miss her. Let her know we miss

1 her. And Dr. Niu is here today in person and to  
2 take your questions.

3 This is going to be easy. You know, I think  
4 most of you have sat through four presentations  
5 already. You're going to be able to do this  
6 better than I can, so together where are we with  
7 the current algorithm? This is a quick reminder.

8 This is our current algorithm, what we're  
9 really using today. So it's age, living setting  
10 and age is 21 under and 21 and over. As we get  
11 into the new tentative proposed algorithm there  
12 are some changes there that we're proposing, but  
13 this is the current algorithm only.

14 Living setting, which is family home.

15 Supported - I always put slash independent  
16 living, group home, residential habilitation.  
17 Those were the living settings.

18 Then we use the QSI Functional Behavioral  
19 Sum of Scores in the current algorithm. That's  
20 all those different scores added together and you  
21 get a number. So it's only those two areas in the  
22 current algorithm in questions 18, 20, and 23  
23 which I know by heart now, but just so we go over  
24 it. It's transferring, maintaining hygiene, and  
25 the ability to self-protect. That's the core of

1 the current algorithm.

2 All right. Moving on. The two goals over  
3 the last few months have been very simple yet  
4 complex.

5 The goals are evaluate and refine Florida's  
6 APD's current iBudget algorithm and these are the  
7 goals for Dr. Niu and the Agency.

8 And, two - and that's where we are today -  
9 update the statistical model for Florida APD's  
10 iBudget algorithm and identify a new algorithm,  
11 one that would be a better fit because we have  
12 more information now that the entire state has  
13 been in iBudget for more than a year, the entire  
14 state. So that was always the goal. Once you had  
15 the entire state in iBudget, that means Miami was  
16 the last folks that went in which was July '13, so  
17 that's a full year for the entire state. Now we  
18 have better information, better data.

19 R-square value. Only one slide for this at  
20 this point. What is an R-squared value? It's  
21 very simply, it examines the goodness of fit. The  
22 R-square is a number that indicates how well  
23 statistical model fit the data. That's what we're  
24 going to be talking about as we go into the second  
25 part of this presentation.

1           So what makes a good algorithm? The higher  
2           the R-square, the better the algorithm. If you  
3           have a 0.50 or a 50%, it's all we have. You get  
4           above that, which you'll see today as we present  
5           the new tentative proposed algorithm, it gets  
6           better and better. And one of the reasons we can  
7           get better is because we have more information,  
8           again having everybody in iBudget for this period  
9           of time.

10           Outliers. Not my favorite term but it's a  
11           term that's used. It's those who generally - and  
12           that's an important word here - generally,  
13           individuals with extremely high or extremely low  
14           cost plans but not always, but generally that's  
15           the case. And so you're looking for that goodness  
16           of fit but as we have all said during public  
17           meetings, during implementation of iBudget is that  
18           no one person is an algorithm alone. You hear  
19           that all the time, I know many people in this room  
20           that have seen me do the public meetings, you  
21           know, no person fits a formula so you try to find  
22           the goodness of fit to the best. So you have  
23           outliers and they could reduce precision of the  
24           model. Hence, you'd remove the outliers and we'd  
25           look for an altered way to evaluate the analysis



1 on that and we're going to see today where we have  
2 ended up with the R-square value in the second  
3 part of the presentation. It's very exciting  
4 stuff.

5 Outliers. March 2<sup>nd</sup>, which was our last  
6 public meeting, the general consensus from you all  
7 was that we should look at approximately 10% that  
8 - that was a number that everyone could live with  
9 as far as saying 10% we leave out. We started  
10 with 5% at the meeting before that. So as you  
11 looked at models, that's kind of what we used from  
12 your advice.

13 Now, what's that mean for today's  
14 presentation? Final tentative proposed model  
15 would have 9.4% outliers or 2,410 consumers.  
16 That's a major difference from the days of 5,000.  
17 And we're going to go through each line and what  
18 makes up the algorithm and explain specifically  
19 how this new tentative proposed model looks and as  
20 far as then why you come to a 9.4% and why we're  
21 only at 2,410 outliers. So that's the good news.

22 With this I'm going to turn it over to  
23 Denise and she's going to walk us through the  
24 tentative proposed model and we'll do it line by  
25 line and then we'll take questions.

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MS. ARNOLD: And thank you, Art, and just to start off with last time we met we had a tentative proposed model, too.

MR. BARR: Oh, we did.

MS. ARNOLD: We did, so this one's slightly different and I'll tell you what the differences are after I go through what's in there, okay, and then we can talk that through.

So living setting is, is still what, what it was last time - family home; independent and supported living; residential habilitation, standard and live-in; residential habilitation behavior focused; intensive behavior residential habilitation; and the CTEP and special medical home care model. I got a call today and somebody thought that this meant we were collapsing all the CTEP rates into one and we were collapsing it in with special medical home care. So that's not what this means; this just means for statistical purposes those high rates that the CTEP and the special medical home are in one category for living. So I was glad that person called and we could let that rumor be changed. So that's the same as you knew it.

Age is the same. Again, we're looking at 3

1 to 21, 21 to 30, and 31 plus.

2 Then you get into - and here's where there  
3 are slightly some differences - in the behavior  
4 sum, we'll be looking at the behavior sum itself.  
5 In the family home, we'll also look at the  
6 functional sum. It has its own predictive value.  
7 If you're living in supported living or  
8 independent living, we'll also look at the  
9 functional sum. Supported living or independent  
10 living, behavior sum. So these are starting to  
11 get into within a certain living arrangement  
12 behavior or functional scores have a higher  
13 predictive value, and this is different from, of  
14 course, our current model, same as our previous  
15 model on March 2<sup>nd</sup>.

16 Then you get into the specific questions  
17 that fall out as significant in addition to  
18 looking at the sums we just talked about.

19 And those are question 16 which is your  
20 ability to eat on your own and what kind of help  
21 you need.

22 Question 18, your ability to transfer.

23 Question 20, hygiene.

24 Question 21, dressing and what kind of  
25 support you need there.

1           Question 23, self-protection. Nothing  
2 really new there.

3           Question 28, behavior - under behavior  
4 status, inappropriate sexual behavior, and under  
5 physical status, injury to the person caused by  
6 aggression toward others or property aggression.  
7 There's also under physical status the use of  
8 mechanical restraints or protective equipment.  
9 Also under physical status, the use of  
10 psychotropic medications and also under physical  
11 status the treatments that require skilled nursing  
12 to provide.

13           So you see that there's pulled in some  
14 questions from the physical section of the QSI,  
15 which was a lot of the public comment we got.

16           The results of that model are 0.7998 or  
17 rounded up to 80%, very similar to what we  
18 proposed March 2<sup>nd</sup>. The differences from March 2<sup>nd</sup>  
19 are we looked at question 8 and question 12, which  
20 are not in either the functional, behavioral, or  
21 physical section. They're in an up-front section  
22 of the QSI. They were not part of the reliability  
23 and validity testing when the QSI was reliability  
24 and validity tested, so we thought due diligence  
25 would be - and we need to probably remove them and

1 see what kind of model we get without them since  
2 our goal is to always use pieces of data that have  
3 been validated and determined reliable. And so  
4 that's what we did. We pulled out these two  
5 questions, the question on mental health and  
6 anxiety disorder and the question on mental health  
7 and traumatic stress. Now, that's not saying  
8 they're not important. There's other ways that  
9 they're going to be picked up in the algorithm,  
10 but we want to make sure that the data points we  
11 use are very accurate and there's some concern  
12 that those might not be recorded accurately.

13 Same is true for question 12, several  
14 different ones under 12. Same kind of scenario.  
15 They were not part of the original testing. We  
16 wanted to see what the model would look like if we  
17 pulled them out. Were we still getting a pretty  
18 high model and, and if we did pull them out what  
19 questions in the QSI would show as significant.  
20 So you've already seen which ones those are.

21 And then when we re-ran it without those  
22 questions, this particular question that was in  
23 March 2nd's tentative model fell out as not  
24 significant, so we didn't purposely take it out  
25 but when Dr. Niu ran his model without questions 8

1 and 12, question 39 also fell out as not  
2 significant. And again so we're at 0.7998.

3 So this is the proposed tentative model.  
4 Let me just go through our next steps real quickly  
5 and then we'll take all your questions. We had  
6 hoped, of course, last time to give you case  
7 studies and impact statements and instead we have  
8 another model to give you but that's because we're  
9 trying to do due diligence on the accuracy of the  
10 data. So what we are doing as well as working on  
11 the algorithm is contracting with an actuarial  
12 firm, Milliman (ph), to look at the proposed set-  
13 aside or reserve amount that would be for people's  
14 extraordinary needs, significant additional needs.  
15 So that's in the works.

16 We still need to run a proposed model and  
17 determine its impact. We still need to look at  
18 case studies and give you a little bit more  
19 additional information about how it would affect  
20 each individual person. And so because of that  
21 and we're not sure of the time frame, we haven't  
22 announced another public meeting yet on those  
23 results. Things may change in the legislature on  
24 issues, so we just kind of want to wait until we  
25 see where the dust settles on some of that.

1                   So at this point a lot of info for you,  
2 we're going to take questions and I think we'll go  
3 ahead and start in the room here, and I have a  
4 list of people who have signed in at least on this  
5 sheet it shows that Trisha Madden would like to  
6 ask a question or to speak, so Trisha?

7                   MR. BARR: You can do it right from here.

8                   MS. MADDEN: What a surprise, Denise.

9                   The - this - I missed the tables. The one  
10 thing I want to bring up because I've not had a  
11 chance before to see Dr. Niu and I'm so pleased  
12 he's here. By telephone it's a little different.  
13 But one of the things that disturbs me about the  
14 whole concept, which I -- questions about 18, 16  
15 and all that you've chosen is that we're going as  
16 a statistical model a la the legislature's way  
17 they worded their bills. However, you can't force  
18 people to black-and-white and that's not a racist  
19 issue, people, that's the black and white of  
20 reading and writing. And my concern is that the  
21 basic fundamental tool at this entire process, the  
22 algorithm, is based on the QSI. Dr. Niu has not  
23 been asked to change the QSI and add wordings, but  
24 I know and I'm going to use my son who's sitting  
25 here with me as an example so I'm not breaking

1 HIPAA on anybody else, not even incidentally.

2 He doesn't fit most of the QSI anymore. He  
3 falls, like if it's a 3 and 4, he's a 3.5 or he's  
4 just not explained at all. So that will go  
5 through almost all the ones 18, 16, 20, and the  
6 others that were numbered on here. So in general  
7 I have a concern and the concern that relates back  
8 to that is once we get all this finished, when we  
9 do it, is how you go into review process where you  
10 enter back into what we had heard referred to as  
11 the personal review, and how do we do that without  
12 making the whole thing just as cumbersome and just  
13 as obnoxious as the last iBudget session was?

14 I would like to make a note for one thing.  
15 I think, I think the understanding which was said,  
16 Art, but I don't think you can say this whole  
17 state was in the iBudget because many of us are  
18 still on tier budgets, so when you try to equate  
19 this to year '13 and '14 if you do it on a  
20 monetary basis, total expenditures made, then you  
21 would have to assume that Kevin's budget had not  
22 been cut in the iBudget. It was and we requested  
23 a hearing, so you're not really looking at the QSI  
24 effect of Kevin on the iBudget from his point of  
25 view. So I don't think you can say the whole



1 state's in the iBudget technically or  
2 statistically true as a statement. And that  
3 concerns me.

4 I'm also, just to be more annoying for  
5 people who may not know, I'm also an attorney  
6 which makes this really annoying.

7 The other thing is that with this particular  
8 one, I have a question and, and for Dr. Niu, is  
9 when you take the separation of the entities into  
10 family home and the various other residential  
11 settings, we're looking at those, I would  
12 anticipate that one factor that relates to them is  
13 the fact that the more - as you go down the line  
14 they're more expensive. We are looking at a new  
15 statewide transition plan which directs us from  
16 (Unintelligible) to go more and more to the  
17 community environmental and recreate the family  
18 environment. Yet, if you take the family home  
19 itself as a factor that it costs less to put  
20 people there, it may cost less, and it does  
21 because we're paying the root causes, but it may  
22 require additional help in the family and I don't  
23 know how that relates to your - when you talk  
24 about the cost of living in a family home, if this  
25 is a factor that's being used to justify then you

1 may find yourself with more people in facilities  
2 than you do at home because when you are at home  
3 you don't have a back-up staff member to come  
4 running into the room next door to help you  
5 position somebody.

6 And specifically looking at the, at the, the  
7 QSI number of transfers, number 18, that happens.  
8 Kevin probably most of all ends up in four, which  
9 is fine, but I know some other clients I have who  
10 have need of physical assistance at two. That's  
11 actually more expensive in one way because I have  
12 lifts in my house, because the lifts once I've  
13 paid for them, they're there. So maybe an  
14 immediate year function in the, in the algorithm,  
15 that lift cost if you put it in for a special need  
16 will show up higher function - level. The next  
17 many years, though, it's going to drop whereas you  
18 always need two people to assist them, it's not.  
19 And sometimes you have homes like mine that wasn't  
20 built for a handicapped person 30 years ago, 40  
21 years ago, and in some places in the house we  
22 still need two persons to assist because he's  
23 doing what we talked about before - aging out.

24 And so how is it - that is one of my  
25 questions. How is that dividing those into

1 subcategories, how that's really going to affect  
2 the overall family home environment?

3 MS. ARNOLD: And the subcategories you're  
4 talking about are the living arrangements, the  
5 family home?

6 MS. MADDEN: Yes, the living arrangements,  
7 the family home and the 14 steps of - I'm sorry,  
8 the many steps of residential living environments.  
9 Without reading them off the list, I can't tell  
10 you what they are.

11 MS. ARNOLD: Right. Or are you asking about  
12 the family home sum and all that? Is that what  
13 you're -

14 MS. MADDEN: No, not really.

15 MS. ARNOLD: I want to make sure I know what  
16 you're asking.

17 MS. MADDEN: Okay. Let's go back to the  
18 family home sum since you mentioned it. I'm not  
19 sure what that means right now.

20 MS. ARNOLD: Okay.

21 MS. MADDEN: All I know is that you have it  
22 in there. What that actually means is from a  
23 functional point of view, I gather you're taking  
24 everything under family home, but I'm not - we  
25 don't really have that category in the QSI.

1 MS. ARNOLD: Well, maybe Dr. Niu can explain.  
2 Those are the ones that are the interactions,  
3 right?

4 DR. NIU: That's a good question. Okay. So  
5 family home here the live inside in, mainly just,  
6 you see, we have six categories of family home and  
7 supported living. Then we have, like I say, four  
8 other categories. So the main purpose of this  
9 algorithm, we have six basic living settings.  
10 Then we should have, you see, the QSI questions.  
11 For example, somebody living at the family home  
12 but, you see, some factor that's not, you see,  
13 common for the family home. We hope it occurs and  
14 questions can pick up the difference, so that's  
15 the main progress that we - that QSI that's  
16 already a fundamental, you see, variable for our,  
17 for fast use.

18 So here as I believe that's, that's a very  
19 nice case. Her son has maybe a QSI score fall  
20 between, like, between a 3 and a 4, not exactly a  
21 3 and not exactly a 4. So first we need - I  
22 believe that belongs to a special case and needs  
23 to be paid special attention. Like, first we need  
24 to see whether he falls into an outlier cases or  
25 not. Even if not, even for those cases, I believe

1 we need an agency that should collect this kind of  
2 information for those people who think that the  
3 QSI is not so accurate. So they suppose that  
4 something between, not fall into two or three,  
5 just between. So I think that those cases needed  
6 to, you see, to, you see, to be, you see,  
7 specially treated and just like you said. I think  
8 that's very important, a very good questions.

9 MS. MADDEN: Well, thank you. That's -

10 MS. ARNOLD: And in these particular ones, Dr  
11 Niu, additionally show an interaction between the  
12 family home.

13 DR. NIU: Yeah, for example, the family home,  
14 we do have the functional side, okay. So that's  
15 again, that's one specific purpose to try to pick  
16 up some facts, you see, the family home. We know  
17 a consumer living in a family home, that's about  
18 half of the consumers, about 12,000. It's a big  
19 group. We always feel we needed to, you see, try  
20 to get the most specific information about family  
21 home.

22 So here that interaction, we call - I call  
23 it the interaction, that suggests that functional  
24 sum for family home. That means the family - for  
25 consumer living at the family home, I think we

1 also consider that, you see, functional sum, not  
2 just a, you see, specific of algorithms. So for  
3 them, you see, that will make a difference for  
4 that functional sum, you see.

5 That's a, again, that's a - we tried to  
6 catch up so that's the difference for that  
7 consumer when they're living at the family home.  
8 Different summation, different goals, so that's,  
9 you see, you can do some kind of adjustment used  
10 like, you see, the functional sum for that  
11 consumer living at the family home.

12 MS. MADDEN: Then I guess the question would  
13 be, I understand that and I disagree with that,  
14 but the question is based on the slides alone and  
15 just on what we've been given, what makes that -  
16 the question has to be what makes up that  
17 functional sum as far as what are you looking at  
18 as far as entity or identities of - what makes one  
19 family home different than another family home and  
20 therefore can you maintain all family homes in the  
21 same level of budgeting, or is it a weighted  
22 factor or not because it can be so different? It  
23 can be so different whether there's one person  
24 there or two people there. My husband and I both  
25 quit our jobs at UCC Plus (ph). Well, that's

1 unique. That's unique to us. It's not the family  
2 down the street who's doing it with some other  
3 combination.

4 And the other part of that, that comes up,  
5 if you look, for example, on hygiene. I think  
6 it's hygiene -

7 DR. NIU: Eighteen.

8 MS. MADDEN: Eighteen or hygiene. You talked  
9 somewhere in here about - if we can get about 19?

10 DR. NIU: Nineteen, that's, that's  
11 (Unintelligible).

12 MS. MADDEN: Yeah, and I assume that's,  
13 that's - is that totally out of the system or is  
14 it - okay. I've got the details up here, I've got  
15 the QSI in front of me.

16 MR. BARR: Okay.

17 MS. MADDEN: And 19, is 19 still being  
18 considered in the whole physical - I assume  
19 between 14 and 24?

20 MS. ARNOLD: Yes.

21 DR. NIU: Yeah.

22 MS. MADDEN: It's just that you're not  
23 singling it out for different weighting. And then  
24 if you look at hygiene, one of the factors of 19  
25 not being in there concerns me is if I have -

1 Kevin is a totally impact and in the chart of the  
2 QSI he falls at the 3.5. He doesn't use a  
3 colostomy bag, he has an altered anatomy but we  
4 have to do fecal manual evacuation, just the way I  
5 love to spend my Saturday afternoons, and we do it  
6 daily. That's not factored into the wording.

7 DR. NIU: That's - I believe that will be  
8 covered by that functional sum because 19, that's  
9 in that functional sum, that summation.

10 MS. MADDEN: Well, maybe what we need is, I  
11 need, I guess, to satisfy me is a little more  
12 information or whatever, what is making up that  
13 functional sum.

14 DR. NIU: Functional sum just from question  
15 14 to question 24.

16 MS. MADDEN: That whole thing?

17 DR. NIU: Yeah.

18 MS. MADDEN: But since he doesn't fit in some  
19 of those and -

20 MS. ARNOLD: Yeah, let me, let me try.

21 MS. MADDEN: You're not really getting there.

22 MS. ARNOLD: Yeah. So, you know, as we all  
23 have said, the algorithm is the first stop, right?  
24 You run the data off of these questions. And our  
25 statute's pretty clear about what you do next and



1 so you do consider individual circumstances, and  
2 the statute lays that out.

3 MS. MADDEN: Sort of used in space (ph)?

4 MS. ARNOLD: Right, and that's where that  
5 kind of stuff comes in, the individual review,  
6 whatever you want to call it, is what we do next.  
7 And so Dr. Niu's task can't be that he's going to  
8 cover every single person in this algorithm. His  
9 task is to get us as close as possible and then  
10 we've got to define the rest of it, and I think  
11 we're now getting to the point of the rest of them  
12 because y'all are all seeing, you know, here's a  
13 pretty good algorithm, here's what it captures,  
14 and so now your questions are starting to become  
15 well, what do you do about a person who still may  
16 not have enough funding or how do we make sure  
17 they meet significant need or extraordinary need?  
18 And so the statute's pretty clear on that and that  
19 is what we used when we did the transition into  
20 iBudget.

21 MS. MADDEN: Well, you did but the way you  
22 did it was extremely stressful and dramatic -

23 MS. ARNOLD: No doubt.

24 MS. MADDEN: - for many families.

25 MS. ARNOLD: No doubt.

1 MS. MADDEN: Because it was a, here's your  
2 cost plan, now if you think you can do something  
3 with this, fine, come talk to us and we'll  
4 mediate. And I know of some of the families who  
5 came to me after the mediation saying they're not  
6 listening to us, they're not hearing what our  
7 problem is. I remember hearing two because at  
8 that time we had a different director, who I  
9 listened to his testimony to the subcommittee on  
10 financing, which might have been part of his  
11 downfall because he was actually telling them that  
12 now that I'm into this people level trying to go  
13 through and see what we can do to mediate these  
14 things I realize that there are some people who  
15 just - the QSI doesn't address, and that's still  
16 happening.

17 I think the concern we have is that most of  
18 us don't want to go through the trauma again and I  
19 heard earlier someone say, well, yes, we may get  
20 back to requesting hearings. That sounds really  
21 charming from an academic bureaucratic point of  
22 view; it's real un-charming to somebody -

23 MS. ARNOLD: Right.

24 MS. MADDEN: - who spends 24/7 hours trying  
25 to keep a kid alive.

1 MS. ARNOLD: Right.

2 MS. MADDEN: Now, you say again the human -  
3 the home and community based transition plan,  
4 apparently he wants to add a few words or else I'm  
5 interrupting. He was laughing earlier at some of  
6 the comments. But he doesn't talk so that's,  
7 that's - he has a neurological reason.

8 But with the question that, and maybe,  
9 Denise, as you said earlier when we were talking  
10 on the phone, that this comes into a process where  
11 maybe we're more concerned now because of the  
12 unknown is how we get without having a family  
13 heart attack and a - I'm an attorney but I don't  
14 think having hearings and things like that I could  
15 do for free for me -

16 MS. ARNOLD: Right.

17 MS. MADDEN: But I would rather not have to  
18 do it.

19 MS. ARNOLD: And that's where the statute and  
20 then the rule hearing we had this morning on our  
21 iBudget rule, that's where you have to look for  
22 that peace that you will feel it is being covered  
23 appropriately. So in that iBudget rule, you see  
24 the things that you think are important to  
25 consider, that's where you need to look for it in

1 addition to knowing what's already in statute. So  
2 that's the way the two blend together.

3 MS. MADDEN: Well, I just said that and I  
4 think there are some problems, for example, and I  
5 think I mentioned this morning, just what it says,  
6 how do you -

7 MS. ARNOLD: Right.

8 MS. MADDEN: - how do you prove that you did  
9 the supports?

10 MS. ARNOLD: The natural supports, yeah.

11 MS. MADDEN: There's no - it may be the  
12 statutory language, it may even be the federal  
13 statutory language. It's not a -

14 MS. ARNOLD: Right, right.

15 MS. MADDEN: So if you're suggest - if you're  
16 telling me that after we get through working with  
17 the numbers over here that we're actually going to  
18 look at a concrete step motion, I mean,  
19 extraordinary means, but, yes, just the same I've  
20 got to into a hearing to request something.

21 Is there going to be another step in there  
22 or is there -

23 MS. ARNOLD: Well, where the steps would be  
24 is in the iBudget rule that we had a public  
25 hearing on this morning. So if you don't see in

1 that rule what you need then we need to hear from  
2 you what you think would make it better.

3 MS. MADDEN: But I think, because, but I  
4 think that's why when you say something about  
5 toileting or hygiene or something, he fits in  
6 between.

7 MS. ARNOLD: Right.

8 MS. MADDEN: And a lot of people are calling  
9 me on the phone saying, look, I've seen this, I  
10 don't fit, are we getting ready to do this whole  
11 battle all over again?

12 MS. ARNOLD: Right.

13 MS. MADDEN: And if so, why do we just - do  
14 we need to lose more weight? And neither do they.

15 MS. ARNOLD: Right, right.

16 MS. MADDEN: Or eat more because they're  
17 nervous because we're trying to keep him in the  
18 family home -

19 MS. ARNOLD: Yeah.

20 MS. MADDEN: Transition plan says Florida's  
21 got to move towards more and more home like  
22 environments. You're not going to get that if we  
23 have to start dumping our kids into inadequate  
24 group homes.

25 MS. ARNOLD: Right. So some of the things

1 you might want to consider giving us some  
2 information on is how you think we should  
3 transition it in, you know; any kind of particular  
4 steps you think must be taken, you could provide  
5 that to us in response to the rule from this  
6 morning; or you can send it based on - it doesn't  
7 matter. We're all working on the same stuff.

8 So that's where we want to tweak it better  
9 and I understand what you're saying. You want  
10 that piece to be fair and not - and we don't want  
11 to be just looking at QSI scores. That's not what  
12 this is about. But it's a starting place and then  
13 we go -

14 MS. MADDEN: One quick question and then I'll  
15 let someone else have a chance.

16 And that is procedurally if there are  
17 questions about the way in which the QSI's  
18 individual portions are worded and what they do  
19 and don't capture, is this the time to consider  
20 that? Are y'all looking at that or is that a  
21 closed topic that you -

22 MS. ARNOLD: No, it's not a closed topic.  
23 It's not part of the iBudget rule we had this  
24 morning and it's not part of the algorithm, but it  
25 is part of a project we would like to move forward

1 on in the future to revisit the questions and see  
2 how we can make them better.

3 MS. MADDEN: And I think that's the concern  
4 that's raised.

5 MS. ARNOLD: Yes.

6 MS. MADDEN: We're concerned that it's not a  
7 part of this discussion.

8 MS. ARNOLD: Right.

9 MS. MADDEN: And so we go through this whole  
10 discussion, we get our cost plans, and we're back  
11 where we were, and the lawsuits start flying  
12 again.

13 MS. ARNOLD: Well, that's why that individual  
14 review has got to be exactly what it needs to be.  
15 That's why it's such an important step.

16 MS. MADDEN: Well, if you have to and  
17 especially only after the cost plan is out, I  
18 think you're going to have - that's the question.

19 MS. ARNOLD: Right, we don't want to -

20 MS. MADDEN: Would that come before or after?

21 MS. ARNOLD: It would come before you would  
22 get your final notice, the individual review  
23 would, yeah.

24 MS. MADDEN: Thank you.

25 MR. BARR: Thank you.

1 MS. ARNOLD: Other people in the room here,  
2 questions? Comments? Then we'll go to the phone.

3 Do we like what we see? Yeah? Okay.

4 MR. BARR: Anybody on computer?

5 MS. SMITH: No.

6 MS. ARNOLD: Okay. So let's see about the  
7 phone.

8 MR. BARR: I'll try not to hang up. Try  
9 this.

10 MS. ARNOLD: Okay. Do we have anyone on the  
11 phone who has questions or comments?

12 Are you there out there, wherever y'all are  
13 on the phone?

14 A CALLER: We are here.

15 MS. ARNOLD: Oh, good.

16 A CALLER: Hello?

17 MS. ARNOLD: Yes, hello?

18 A CALLER: Yes, hi, I have a few questions  
19 for you. I thought we were going to wait 'til the  
20 end. Is that not what we're doing?

21 MS. ARNOLD: We are at the end. It's a quick  
22 one today.

23 A CALLER: Oh, we are?

24 MS. ARNOLD: Yes, ma'am.

25 A CALLER: Okay. Well, that was a lot



1 quicker than I thought and my questions aren't  
2 even in order here.

3 MS. ARNOLD: Okay, and what's your name,  
4 please?

5 MS. FRENCH: Gail French.

6 MS. ARNOLD: Okay. Thank you, Gail.

7 MS. FRENCH: Thank you. The questions are,  
8 and I hope I can read my writing here, but other  
9 than a few situational changes, what is the main  
10 difference between the QSI and the old FSTS or  
11 Florida Status Tracking Survey Assessment?

12 MS. ARNOLD: Oh. That's a really long  
13 question.

14 MS. FRENCH: Is it? Oh.

15 MS. ARNOLD: The answer to that is really  
16 long. There are quite a few differences. I could  
17 probably send some material out that would kind of  
18 identify the differences. I'm not sure -

19 MS. FRENCH: The reason I asked that is  
20 because to me in my opinion I believe that they  
21 are basically with the responses and answers to  
22 them nearly identical, not maybe with the  
23 situations. I do know that there are changes and  
24 I will acknowledge that, but they almost appear to  
25 be identical and I had thought that the FSTS was

1 discontinued in 2003, if I'm correct, for its lack  
2 of being a valid and reliable assessment tool, and  
3 so that was, you know, basically my question. And  
4 if it's a long, lengthy answer then if you can  
5 give me just any short, little answer there?

6 MS. ARNOLD: Yeah, well, they are very  
7 similar and when you look at any kind of needs  
8 assessment you're going to see there's a similar  
9 type of questions about toileting, about behavior  
10 issues, about medical issues.

11 MS. FRENCH: Okay.

12 MS. ARNOLD: So, yes, you'll see some  
13 similarities but the QSI went through its own  
14 separate set of testing for validity and  
15 reliability and it was found to be valid and  
16 reliable, so that kind of solved that problem for  
17 that point. Now, back to Ms. Madden's point of,  
18 you know, are we going to look at it in the  
19 future, sure. We will be looking at it in the  
20 future to see how we can improve it.

21 MS. FRENCH: Okay. Okay. Well, then let's  
22 get off of that one and I want to ask you if the  
23 Agency deems the QSI, which you do, as being  
24 reliable and valid with the understanding that  
25 mostly the QSI is going to be used for the iBudget

1 allocation and algorithm, and it's primarily based  
2 on the overall QSI scores, if I'm making sense  
3 'cause I can't read my writing whatsoever, then  
4 why aren't there ever due process rights given to  
5 the individual along with their copy of the QSI?  
6 It's, you know, for all individuals actually and  
7 particularly for those who disagree with those  
8 scores.

9 MS. ARNOLD: I'm looking at attorneys.

10 The QSI is supposed to be an inclusive type  
11 of process. I'm not saying it's always done  
12 perfectly and if it needs to be re-looked at for a  
13 person, we always will. A copy of that assessment  
14 is always available upon request. We're working  
15 on the future to make that a, sort of a given,  
16 that when we're finished completing a QSI, the  
17 person will get a copy. We had a couple of little  
18 glitches in there of who's supposed to do that, so  
19 we're ironing that out. But in essence the QSI is  
20 not just about running an algorithm, it's a  
21 planning tool as well.

22 So there are other questions and other  
23 purposes for it and if you need due process  
24 because of it, it would be because there's a  
25 decision about your budget that maybe you have an

1 issue. And so you do have due process. It's just  
2 at what point does the, does the results of the  
3 QSI, whether it's for planning or for an  
4 algorithm, impact a decision made on your behalf,  
5 and if you want to file a due process you  
6 certainly can. So there is due process.

7 MS. FRENCH: And I understand that part, but,  
8 you know, as far as having someone come out and do  
9 a reassessment on the QSI if you do disagree with  
10 it, it would be in my opinion and at least for us,  
11 it would be futile to have a reassessment done if  
12 the responses are going to be exactly the same on  
13 each of the questions on the QSI and they haven't  
14 differed, and yet still the QSI is inaccurate as  
15 far as the level of need for that particular  
16 person. So -

17 MS. ARNOLD: Well, I mean, you know, when you  
18 have a test that's been determined valid and  
19 reliable, just like an IQ test, you might not like  
20 the way the answers come out but that's the  
21 result, that's the measurement of the test. And  
22 so when we get asked to do a reassessment, we will  
23 do that and we will talk to the person about what  
24 is it that you think is not accurate about this  
25 QSI and we'll talk that through.

1                   However, there are specific answers to the  
2 questions and specific reasons why someone gets a  
3 0, 1, 2, 3, or 4. It's not just, well, in my  
4 opinion you ought to be a 4. It's because of  
5 certain things, so in that way sometimes people  
6 get frustrated because the number or the answer  
7 doesn't change. But that, that's the nature of a  
8 needs assessment. So if your question is I don't  
9 feel like my, you know, I'm getting the proper  
10 services or the proper funding, that's a better  
11 way to go in terms of what your issues are than,  
12 than if you've had a reassessment done and the  
13 questions have been answered and, you know, you've  
14 gone that route. I mean, it's just a suggestion  
15 for you.

16                   MS. FRENCH: But, you know, I'm getting back  
17 to I believe it's a legal requirement and I don't  
18 know where it is, that the algorithm has to have a  
19 statistically validated relationship to the  
20 client's level of need. And there again I will  
21 give you an instance, a for instance.

22                   My daughter was a level 5 for nine years  
23 prior to the implementation of the iBudget. And  
24 in 2011, she was - had her score lowered on the  
25 transfer question when it has not changed and

1           neither has her level of need. It just - it's  
2           bewildering to me how that could have happened  
3           and, you know, I, I just - I hope it hasn't  
4           happened to other people, and if it has, I just  
5           want people to have a recourse and be able to, you  
6           know, to, if necessary, litigate that but I don't  
7           think that they have that option and I just think  
8           that would be a good thing for you people to look  
9           into. Most of the people probably do agree with  
10          the scores.

11                   MS. ARNOLD: Mm-hmm.

12                   MS. FRENCH: And the levels of need.

13                   MS. ARNOLD: Okay.

14                   MS. FRENCH: Probably very few, if any,  
15          disagree with it, but for those individuals that  
16          adamantly do disagree with it, then I think that  
17          they should have the opportunity to request a fair  
18          hearing on that, and that's just, you know,  
19          something for you guys to consider.

20                   MS. ARNOLD: Do you have any need for anybody  
21          to follow up with you from our office up here  
22          about why that score was changed because we can  
23          certainly do that? We can have somebody phone.

24                   MS. FRENCH: If I do I will contact you.

25                   MS. ARNOLD: Okay.

1 MS. FRENCH: I have your phone number and I  
2 have your e-mail, so I appreciate that offer.

3 MS. ARNOLD: Okay.

4 MS. FRENCH: I appreciate that.

5 Let me see if I can get - I'm almost done  
6 here. Okay. When I last spoke, and I think you  
7 were the one that responded and answered the  
8 questions for me on February 16<sup>th</sup>. I missed the  
9 March 2<sup>nd</sup> one, but anyway, you had explained to me  
10 that the QSI information is put into the computer,  
11 you know, to determine the overall score and I  
12 don't believe, unless I've forgotten, that I  
13 followed up with that question and asked you this  
14 question:

15 Is it the QSI assessor that puts that  
16 information from the QSI assessments into the  
17 computer and/or is it the District or Agency  
18 personnel that puts that into the computer?

19 MS. ARNOLD: The QSI assessor does and the  
20 QSI assessor works for the Agency.

21 MS. FRENCH: Okay. It's the QSI assessor  
22 that does it. Okay.

23 MS. ARNOLD: Mm-hmm.

24 MS. FRENCH: And they - but does the QSI  
25 assessor since they're the ones that put that into

1 the computer, do they have the final say on the  
2 overall score?

3 MS. ARNOLD: Absolutely.

4 MS. FRENCH: And level of need or -

5 MS. ARNOLD: Yes.

6 MS. FRENCH: - is it Agency personnel?

7 MS. ARNOLD: No, no, there's no review done.

8 The QSI assessor scores the instrument and enters  
9 it into the system.

10 MS. FRENCH: Okay. Okay. Thank you very  
11 much.

12 MS. ARNOLD: You're welcome.

13 MS. FRENCH: And the reason I ask that  
14 question is back in 2011 on the question of  
15 transfers my daughter is, you know, she does  
16 really basically need lifting equipment, but that  
17 could be a problem because of her full spinal  
18 fusion with a sling type thing or even the lift  
19 itself, and so she is lifted by, you know, by me  
20 and she does have quadriplegic cerebral palsy and  
21 every one of the last parts, I don't have the QSI  
22 - yeah, I do have it right here in front of me -  
23 the last part of question 18. I don't know if you  
24 have a copy, but -

25 MS. ARNOLD: Yes.



1 MS. FRENCH: Let me start, let me turn to  
2 number 18 and explain this to you.

3 Where it states, "Needs lifting  
4 equipment/procedures to safely transfer person,"  
5 well, she requires procedures to safely transfer  
6 her and then it says, "...may require..." the word  
7 "may", "...require specialized equipment to  
8 provide safe transfer due to..." she has severe  
9 spasticity, history of bone fragility, potential  
10 for injury due to her size, the degree of physical  
11 deformity with that rod in there, and the severe  
12 scoliosis, and she has to have a range of  
13 specially designed positions. So that was the  
14 response that I gave the QSI assessor each time  
15 all these years, and back in 2011 when it was  
16 initially changed she - the assessor told me that  
17 she would put down number 4 but that she thought  
18 it would be the number 2 or needs physical  
19 assistance of one person to transfer or to change  
20 positions.

21 And she said she would have to check with  
22 the District Supervisor to determine which of  
23 those responses, you know, would be the  
24 appropriate one to put, and that she would call  
25 me. She did indeed follow up and call me, which

1 was kind of her to do so, and she said, now, we  
2 have to put number 2, we can't put number 4. So I  
3 just wanted to tell you that, you know, that it  
4 did happen differently than maybe it should have.

5 MS. ARNOLD: Mm-hmm, mm-hmm.

6 MS. FRENCH: Okay. So we'll close off that  
7 one. I only have a couple more questions and then  
8 I'll be done 'cause I know y'all are anxious to  
9 get out of there; you've had a long day.

10 If a client is quadriplegic and/or is  
11 considered to be totally dependent on others or  
12 external help for all activities of daily living,  
13 and that includes self-care activities, should  
14 they or do they receive the highest amount of  
15 services and do you happen to know that statistic?

16 MS. ARNOLD: Run that by me one more time.

17 MS. FRENCH: Okay. If a client is  
18 quadriplegic and/or - because not all quadri- --  
19 you know, there's people with better total,  
20 totally dependent, need total care -

21 MS. ARNOLD: Right.

22 MS. FRENCH: That's actually the word I  
23 should have put in there - and is considered to be  
24 totally dependent on others or external help for  
25 all of their activities of daily living or self-

1 care activities, shouldn't they receive the  
2 highest amount of services or do they? Do you  
3 happen to know because you deal with this all the  
4 time? And just your opinion, and I'm not going to  
5 hold you to it.

6 MS. ARNOLD: Well, in general -

7 MS. FRENCH: Would you say it's the highest  
8 dollar amount -

9 MS. ARNOLD: Yeah, I mean, that's really hard  
10 to say without knowing the person's age and where  
11 they live and -

12 MS. FRENCH: I see. Okay. And I know that -

13 MS. ARNOLD: You really have to know the  
14 whole package to know what amount of money they  
15 would need, and I mean there's just, you know,  
16 30,000 people; I would have no way of knowing if  
17 they're getting the highest amount, I mean, so -

18 MS. FRENCH: Correct.

19 MS. ARNOLD: Yeah, it's a little detailed.

20 MS. FRENCH: Okay. Just something for you  
21 all to consider.

22 MS. ARNOLD: Okay.

23 MS. FRENCH: I know that you take that into  
24 the factor, you know, with the QSI on totally  
25 dependent for hygiene -

1 MS. ARNOLD: Absolutely 'cause that's the  
2 whole point.

3 MS. FRENCH: - and I do know I remember that  
4 terminology well.

5 MS. ARNOLD: Right, right.

6 MS. FRENCH: And then my last couple of  
7 questions are for Dr. Niu and then I am done.

8 MS. ARNOLD: Okay.

9 MS. FRENCH: Is he still there?

10 MS. ARNOLD: Yes, he is.

11 DR. NIU: Yes.

12 MS. FRENCH: Okay. Dr. Niu?

13 DR. NIU: Yes?

14 MS. FRENCH: Are you familiar with the term  
15 'total care and/or quadriplegic cerebral palsy'?

16 DR. NIU: No, not that one, no.

17 MS. FRENCH: Okay. You are familiar with  
18 cerebral palsy, that diagnosis, correct, because  
19 you've input that type of information into the  
20 computer, correct?

21 I mean, don't you go by the different groups  
22 of people?

23 Am I wrong here, Denise? I mean, this is -

24 MS. ARNOLD: Yeah, you're a little off. I  
25 mean, Dr. Niu takes our data -

1 MS. FRENCH: Okay.

2 MS. ARNOLD: - and our data is a combination  
3 of the claims from '13-'14 and all the different  
4 QSI questions - where you live, your age - he does  
5 not enter or hand-enter anything. He's taking our  
6 data and running statistical models to see where  
7 the predictors are.

8 MS. FRENCH: Okay. Okay.

9 MS. ARNOLD: Yeah.

10 MS. FRENCH: Well, then let me get to this  
11 and then I'm going to be done here.

12 MS. ARNOLD: Okay.

13 MS. FRENCH: This also is for Dr. Niu.

14 You stated to me, Dr. Niu, on February 16<sup>th</sup>

15 -

16 DR. NIU: Yes?

17 MS. FRENCH: Are you there?

18 DR. NIU: Yes.

19 MS. FRENCH: Okay. It just beeped, it made a  
20 loud beep. I don't know what was going on.

21 DR. NIU: Okay.

22 MS. FRENCH: You stated to me that it was  
23 very important for you to have an accurate level  
24 of need when you input the data into the computer,  
25 you know, that information from the QSI.

1 DR. NIU: Uh huh.

2 MS. FRENCH: And then you further stated to  
3 me that it would be difficult to have a  
4 statistically validated relationship to the  
5 client's level - statistically validated  
6 relationship, my question is not completed here,  
7 if the client's level of need is inaccurate.

8 Well, let me ask you this: Wouldn't you  
9 agree that for those individuals with inaccurate  
10 levels of need that they could never have a  
11 statistically validated relationship if that level  
12 of need is inaccurate?

13 DR. NIU: So that's - typically the  
14 relationship is based on a majority, based on what  
15 you said. So it's just like the case here we have  
16 a consumer in the room, so seeing that QSI, that  
17 information for him not, you see, accurate, so  
18 that's, that belongs to an individual. We have to  
19 do individual, you see, checking.

20 But the statistical relationship, that's  
21 based on, you see, majority; based on, you see,  
22 not a - in fact very little by individual by two  
23 consumers.

24 MS. FRENCH: Okay.

25 DR. NIU: I hope you see.

1 MS. FRENCH: Okay. That, that's all I have  
2 for questions for you.

3 MS. ARNOLD: Okay.

4 MS. FRENCH: And I appreciate y'all's  
5 assistance. Thank you very much.

6 MS. ARNOLD: Thank you, Gail.

7 Anyone else on the phone? Questions or  
8 comments from people on the phone?

9 Anything on the computer, Cheryl?

10 MS. SMITH: No.

11 MS. ARNOLD: Okay. Anythign else from the  
12 audience? Yes, ma'am.

13 MS. CLARK: I have a process question. I'm  
14 Mary Clark, I'm a volunteer lawyer working with  
15 the FSU Public Interest Law Center.

16 MS. ARNOLD: Okay.

17 MS. CLARK: I gathered from this morning that  
18 y'all are going to go forward with the rule  
19 promulgation, that the comment period will close  
20 March 30<sup>th</sup>, and then there will be a notice of  
21 changes.

22 You're not going to wait on the final  
23 algorithm development?

24 MS. ARNOLD: At this point, this is the model  
25 that we want to go with, what we presented today.

1 MS. CLARK: So this is the model that you  
2 will be noticing with the, with the notice of  
3 change?

4 MS. ARNOLD: Yes.

5 MS. CLARK: Okay. And you're going to have  
6 another public meeting on the algorithm to be  
7 determined later?

8 MS. ARNOLD: Exactly, yes, so that people  
9 have a better idea of, you know, a combination of  
10 things. There's a legislative session going on so  
11 we need to know what they're going to do, if  
12 anything, to any of this; we need to - Dr. Niu  
13 needs more time to clean up and do all the quality  
14 work, the check that he does; we need our Milliman  
15 contract, which is the actuarial group to come in  
16 and tell us what that set-aside is. So all those  
17 kind of moving parts over the next month or so are  
18 going to occur and then we'll have another public  
19 meeting so that you all can see what the impact  
20 will be.

21 MS. CLARK: So if there are changes during  
22 that process, are you going to re-promulgate the  
23 Rule or amend the Rule or what because -

24 MS. ARNOLD: Change it to what?

25 MS. CLARK: - it sounds like you're on two



1 different tracks.

2 MS. ARNOLD: Changes to what?

3 MS. CLARK: Changes to the algorithm.

4 MS. ARNOLD: This is the proposed algorithm  
5 that we're going to be using. There's no further  
6 changes.

7 MS. CLARK: Okay. So the, the next hearing  
8 is just going to be or the next meeting is just  
9 going to be to explain one more time what y'all  
10 have already sort of developed?

11 MS. ARNOLD: Well, and to tell you what the  
12 impact would be, to tell you, you know, what we  
13 think the results of the algorithm are and talk a  
14 little bit more about how we might transition  
15 people into a new algorithm, get into a little bit  
16 more of that detail that's, you know, after, after  
17 you run an algorithm.

18 MS. CLARK: Okay. And I know y'all addressed  
19 this at the last meeting somewhat, but what  
20 inspired you to go with the years '13-'14, as  
21 opposed to the earlier years even prior to the  
22 development of the tier process?

23 MS. ARNOLD: We had a long discussion about  
24 that and if you went back to '07-'08 or Dr. Niu  
25 can tell you even better, you have to adjust

1           somehow to the present, and those things seemed  
2           fairly arbitrary and assumptions would have to be  
3           made and so the way I kind of landed on it was  
4           that you've got to use, you know, the claims that  
5           you have that are legitimate and that's the best  
6           you can do because you can't really go back and  
7           tweak something arbitrarily. Then you're sort of  
8           changing what you're measuring, and so I think we,  
9           you know, we all agreed that, yeah, maybe there  
10          might be a few things better if '13-'14 had this  
11          added and that added, but those are things that  
12          just aren't facts. We have to use the facts which  
13          are the claims and that's the best we have at this  
14          point.

15                 MS. CLARK: And it would be the more  
16          contemporary claims that are more valid -

17                 MS. ARNOLD: Yes.

18                 MS. CLARK: - than the older claims, is that  
19          it?

20                 MS. ARNOLD: Yes, yes. That's one way to  
21          look at it.

22                 MS. CLARK: Okay.

23                 MS. ARNOLD: Dr. Niu, did you have another  
24          way to explain that?

25                 DR. NIU: Well, that's 2007 and 2008 until

1 now, that's about six years, okay. So many  
2 surveys that keep changing during that period,  
3 during that period. So we always try to use the  
4 most updated information, use any information  
5 outdated that's not easy, not good for the  
6 algorithm, good for the whole plan. So that's why  
7 we choose the most current one.

8 MS. CLARK: Even though - excuse me, sorry -

9 DR. NIU: Mm-hmm.

10 MS. CLARK: Even though the most current  
11 yielded folks who were not receiving the full  
12 amount of their needs and perhaps were even less  
13 so more recently than the old years?

14 DR. NIU: So we can argue, you see, for  
15 example, that currently you can find, of course,  
16 you see, you always can find many problems here  
17 similarly for the older one, you can find many  
18 problems, too. Okay. We just used the most  
19 currently the updated information.

20 MS. CLARK: Okay. Thank you.

21 DR. NIU: Thank you.

22 MS. ARNOLD: Okay. I see other questions.  
23 First, I saw Deborah, then David, and then Trisha.

24 DEBORAH: To use the '13-'14 cost plans, are  
25 you going to use the '15-'16 iBudget waiver

1 allocation from downtown? You know, we're  
2 supposed to stay within the -

3 MS. ARNOLD: No, we use the expenditures, the  
4 '13-'14 expenditures, not cost plans.

5 DEBORAH: Okay. Expenditures. But, you  
6 know, the statute says we have to stay within the  
7 allocation, and what allocation will be using?  
8 The '15-'16 just every time?

9 A MALE VOICE: It says that the estimated  
10 expenditures for the year cannot exceed the  
11 appropriation.

12 DEBORAH: So it would be the '15-'16  
13 appropriation?

14 A MALE VOICE: It would be the '15-'16  
15 appropriation, yes.

16 DEBORAH: Okay. You know, I get concerned  
17 because if you look - our photo F-map (ph) went  
18 out this year, so the feds gave us nine million  
19 more, the money was taken out. So it's like we  
20 can't win.

21 A MALE VOICE: Well, well, it was not taken  
22 out. There was a fund shift that there was nine  
23 million dollars more in general revenue that was  
24 not needed to match nine million dollars of trust  
25 fund. So the proportion of general revenue and

1 trust in the waiver is the proportion of the new  
2 F-map (ph).

3 DEBORAH: Okay. So but our - the iBudget  
4 waiver allocation this year will not go up by nine  
5 million because we transferred it out of there,  
6 right?

7 A MALE VOICE: It will not go down by nine  
8 million.

9 DEBORAH: It will not? So it won't go down  
10 but it won't go up even though the feds cranked in  
11 more money to it, right?

12 A MALE VOICE: The, the feds increase their  
13 participation -

14 DEBORAH: The State took their share out.

15 A MALE VOICE: - that's correct, they did not  
16 just do it for the waiver. They did it for all  
17 Medicaid programs.

18 DEBORAH: Which is difficult because every  
19 year they can do that. I mean, we lapse dollars  
20 and we just put them in the back of the bill. I  
21 mean, you understand what I'm saying? It's like  
22 we can't win.

23 A MALE VOICE: Well, I mean, if you look at  
24 the appropriation vote, the Senate and the House  
25 added additional appropriation to take funds off

1 the wait list and put them onto the waiver.

2 DEBORAH: Right, but most of the people in  
3 here are already on the waiver, they're concerned  
4 about the cost plans.

5 MS. ARNOLD: So I think what she's saying is  
6 you would like the nine million to have stayed in  
7 our budget.

8 DEBORAH: Right, and if there's always going  
9 to be a shift out -

10 MS. ARNOLD: The nine million that was  
11 shifted out.

12 DEBORAH: If there's always going to be a  
13 shift out, it's just going to be a problem.

14 A MALE VOICE: Well, but in fairness and if  
15 the percent had gone the other way, then the  
16 legislature in order to maintain the -

17 DEBORAH: I've been there when it went the  
18 other way and you took the money away from us.  
19 I'm saying when the money goes up we'd like for it  
20 to stay there because when it goes down it comes  
21 out.

22 A MALE VOICE: Well, that's beyond our  
23 purview.

24 MS. ARNOLD: And David?

25 MR. YOUNG: Yeah, I just want to say -

1 MS. ARNOLD: And would you say your name?

2 MR. YOUNG: Yeah, I'm David Young I serve as  
3 counsel to APD and I just wanted - to the specific  
4 question you were asking earlier about rule  
5 process, I think there is still room for changes  
6 in all of this. It is a tentative model, so I  
7 don't know exactly what point you're trying to  
8 make earlier, but I just want to be sure that the  
9 Agency continues to get as much input and react to  
10 that input as possible and there's not a shut-off,  
11 cutoff -

12 MS. ARNOLD: No, okay.

13 MR. YOUNG: - period for any of that yet.

14 MS. ARNOLD: Good point. We just don't  
15 anticipate it but that's a good point.

16 MR. YOUNG: Right.

17 MS. ARNOLD: Thank you.

18 MS. MADDEN: Thanks to David for that. It  
19 clarified one point that I thought was kind of off  
20 the end.

21 The other thing is a question I think  
22 perhaps for Dr. Niu or perhaps for all of y'all.

23 Since we're changing the QSI any time soon  
24 probably, I just am concerned that in the Q 34,  
25 36, and 43, and you can see that I'm squinting

1 because I don't have my glasses on, one is  
2 physical status use of (Unintelligible), the other  
3 one is physical status use of psychotropic  
4 medications, and they apparently are being left  
5 in. Is that correct?

6 DR. NIU: Yes.

7 MS. ARNOLD: Yes.

8 MS. MADDEN: Whereas the '08 and '12 came  
9 out, which I assume these are some you have not  
10 covered. I have one problem with the way those  
11 QSIs were worded, too, and this goes back to the  
12 transition plan which you all also - this is not a  
13 hearing on the transition plan, but certainly AHCA  
14 has (Unintelligible) for this to be considered.  
15 And it certainly is the direction we should be  
16 going in.

17 I'm a little concerned about the way the QSI  
18 focuses on the use of psychotropic medications and  
19 medical treatment of people with behavior problems  
20 to the extent that those of us who have people at  
21 home that have - if I wanted to could make him  
22 qualify under any kind of thing for medications  
23 that would have other side effects on him that  
24 would be negative. So if I give him a medication,  
25 a psychotropic medication - well, a better example



1 would be more common, people who know someone  
2 who's schizophrenic. They're obviously quieter,  
3 calmer, better off if they take their medication  
4 but if that medication also gives them heart  
5 trouble then they're not really better off. So  
6 this heavy reliance through this whole process on  
7 the physical - on the behavior side, we kept him  
8 out of that side but yet it's tempting to go ahead  
9 and let the doctor prescribe the heavier drugs  
10 because I'm going to get more funding for him.

11 Now, I say that for us. I'm not telling you  
12 we would ever do that, but I do have that question  
13 coming from families. You know, if I try to do  
14 this by keeping better care of him, making sure  
15 that the people who work with him are handling his  
16 behaviors, I get penalized but I need more - I  
17 need more PCA, I need more - I'm sorry, I can't -

18 MS. ARNOLD: Yeah. No, I understand.

19 MS. MADDEN: I'm still in CC mode. If I use  
20 more or the alternative, I think, problem comes  
21 into play. This is what I worry about and I think  
22 (Unintelligible) a comment there. Yes, we are all  
23 happy the wait list is being cleared but I'm aging  
24 and getting older and the fact that my son's been  
25 covered since I fought for him from the very

1 beginning does not mean that this is the time to  
2 be telling me to take less help for him because  
3 otherwise you're going to end up putting him in,  
4 what, a group home that already doesn't comply  
5 with the Agency's new rules. So I think to say  
6 what Deb is saying that the \$9 million should have  
7 stayed here, I am concerned that the Agency is so  
8 tied up in the algorithm and everything else that  
9 I don't think people -- that's y'all's function,  
10 that we need to go to the legislature and say,  
11 look, it's all very well and good. You've given  
12 us a wonderful iBudget, this wonderful law that's  
13 supposed to give all kinds of flexibility, and  
14 being a CD Plus client my son is well benefitted  
15 by CD Plus.

16 But for me to get less money on the argument  
17 that, well, at least you had the flexibility of  
18 going out and hiring your own employees. So when  
19 I'm being told by the legislature if we don't  
20 approach them differently is that I can get more  
21 money by negotiating with lower money to pay to  
22 lesser qualified people to take care of him then  
23 I'm better off. Now, that's just so illogical and  
24 ridiculous, yet I've heard that said in these  
25 meetings and I've heard that approach, not word

1 for word, but I've heard that same approach today  
2 is you're so much better off because you've got  
3 this iBudget thing. No, I don't if the end result  
4 is I had to go with somebody who doesn't know how  
5 to handle him. And as an attorney I've seen a lot  
6 of clients who had that problem, particularly with  
7 the behavior issues where they had lesser quality  
8 people, more hours but no improvement in the  
9 person because the approach was wrong.

10 So I think over all we may be - and I did  
11 think that what you were saying, Denise, is that  
12 we were finished with - this is not tentative,  
13 this is the final one except for your doing the x-  
14 ray stage and all. So I think it is - we still do  
15 need to look to Dr. Niu.

16 Is his use of the QSI as a fundamental input  
17 document for the algorithm, is that so secure and  
18 so firmly well set that he's getting accurate  
19 reflections of what the needs are in the  
20 population, which I still cannot agree that he is.  
21 And I've done statistics, I design computers, I'm  
22 - law is just my third career -

23 MS. ARNOLD: Mm-hmm.

24 MS. MADDEN: Kevin was my fourth.

25 MS. ARNOLD: Well, yeah, and I think in terms

1 of the comments on the algorithm, I mean, we've  
2 been through, what, four meetings now with y'all.  
3 We've looked at - I mean, we've posted comments,  
4 we've gotten thousands of comments about what we  
5 should consider. We've done all that testing so I  
6 was just saying that at this point this is the  
7 best that we feel we've found. Absent some other  
8 comment we might receive that is something nobody  
9 ever thought of checking, and that still could  
10 happen and that's to David Young's point of  
11 certainly as we've - if you - you know, we  
12 continue to get comment and there's something we  
13 should be testing, but at some point you've tested  
14 everything that, that at least everyone's brought  
15 to your attention and believe me everyone in this  
16 building has racked their brain on, what other  
17 things can we test? What other - and, and at some  
18 point you arrive at this is the best we can do at  
19 this point. So that was my only point. And at  
20 this point we don't anticipate any further  
21 changes, maybe we will get something that we need  
22 to look at.

23 But I encourage you to look at the iBudget  
24 Rule, you were here this morning, again on what  
25 that individual review looks like, how we move

1 forward once we have an algorithm, do you think  
2 those steps are correct. That's where you need to  
3 focus some attention. I mean, I think it's pretty  
4 well laid out, but you may think of something  
5 that's not there that would be important to  
6 mention.

7 MS. MADDEN: Well, that was the question I  
8 said because these two meetings happened to come  
9 the same day.

10 MS. ARNOLD: Yeah.

11 MS. MADDEN: It was convenient driving from  
12 Orlando and staying overnight, and I bless you all  
13 for doing that, but Tallahassee always seems like  
14 they're hiding up here, but not you all, the  
15 legislature, but the fact remains that I've looked  
16 at the Rule. Unfortunately, it only got put on  
17 the website at a time when I was back in time and  
18 got it three or four days ago. I'm not sure when  
19 you all posted it finally.

20 And we also have a tie-in effect that AHCA  
21 is involved in all of this, too, which makes some  
22 of the things not just what we comment on here but  
23 what they have in their procedures, like the  
24 handbook is still missing - still a mystery.

25 But the issue that comes into play here is

1 that if the QSI itself is still not giving you a  
2 clear picture of some people, even many, the rules  
3 that I read this morning and I read it this  
4 weekend coming up here while he drove, did not  
5 seem to specifically spell out what step and into  
6 which process. It makes it sound like  
7 (Unintelligible), I'll read it again on the way  
8 home. No, I'll read it tomorrow. That it runs  
9 budget and then if after you run the budget you  
10 find that you have extraordinary needs or special  
11 - knowing the special temporary needs that you  
12 have because the process, the fillers are about  
13 the same -

14 MS. ARNOLD: Mm-hmm.

15 MS. MADDEN: - then you come back at this  
16 point, okay, here's your cost plan. Now you're  
17 threatened and two of the things I find a problem  
18 with that is many parents when they got them last  
19 time, they read that, especially the first time  
20 when it's given and it said if you don't take this  
21 we're going to make you pay this back. That stuck  
22 with them and they got scared to ask for hearings.  
23 A lot of parents are afraid to ask for hearings  
24 because they're going to go against an attorney.

25 MS. ARNOLD: Mm-hmm.

1 MS. MADDEN: And they're not attorneys but if  
2 you've got a kid like Kevin -

3 MS. ARNOLD: Yeah.

4 MS. MADDEN: - there aren't many people -

5 MS. ARNOLD: And our goal is to try to get to  
6 the right amount and that's the point of looking  
7 at extraordinary needs, your individual review  
8 process. I mean, that's our goal is to try to get  
9 to that place where health and safety is  
10 protected, people can move forward -

11 MS. MADDEN: So where is that going to fit  
12 into your - because the Rule's -

13 MS. ARNOLD: If you don't see it in the  
14 iBudget Rule, then -

15 MS. MADDEN: I don't see it in the Rule, no.

16 MS. ARNOLD: Okay. Then -

17 MS. MADDEN: It's there, but it also says my  
18 -

19 MS. ARNOLD: We aim to be clear.

20 MS. MADDEN: Well, one of the questions I  
21 asked earlier but I'll ask it again because you  
22 said there might be a different answer. I'm not  
23 trying to quote it because I just closed my book  
24 on it, but it also says in that if you have  
25 extraordinary needs or special needs, you contact

1 your waiver support coordinator and if she agrees  
2 she can ask for money. Well, I would hate to  
3 think that my life was dependent on the 15 or 20  
4 support coordinators I have terminated services  
5 during 20 years.

6 MS. ARNOLD: Mm-hmm.

7 MS. MADDEN: So that is troublesome that to  
8 get to a point where someone decides that if this  
9 is part of that process in that rule, and I meant  
10 to bring it this morning, that I have to wait for  
11 a support coordinator to agree with me, now, will  
12 one not agree with me? Probably not. But will  
13 other parents have that ability to -

14 MS. ARNOLD: Right.

15 MS. MADDEN: - convince a support coordinator  
16 to go forward?

17 MS. ARNOLD: Yeah, and we received that  
18 comment and you're most welcome to send how you  
19 think it ought to read. We've received that  
20 comment from others as well that that's a concern.

21 Other questions? Suzanne? Or comments.

22 MS. SEWELL: I have a question. Suzanne  
23 Sewell, Florida ARF.

24 Regarding looking at the claims and  
25 expenditures for '13-'14, those expenditures would



1 not have had transportation, maybe dental sum  
2 funding because I think those have been reduced.  
3 Now they have - those services have been  
4 reinstated, I understand that, but I thought there  
5 was a process where you were looking at and  
6 somehow going back and accounting for those  
7 services that would have been removed.

8 Was that correct or was it two internally  
9 different circumstances?

10 MS. MADDEN: No, I don't believe we did that.  
11 We just took the claims. We didn't, we didn't go  
12 back and adjust anything.

13 DR. NIU: We did not do any adjustment.

14 MS. ARNOLD: No. The only thing we looked at  
15 was making sure people had 12 months of claims,  
16 that they had been on the waiver long enough to  
17 have the 12 months of claims.

18 MS. SEWELL: Okay. That sort of leads to the  
19 next question then.

20 As I understand, at earlier hearings you  
21 would be going back and looking at adding in  
22 transportation, some of those services. I think  
23 that was in the handout for -

24 MS. ARNOLD: We did, we did look at that but  
25 that's again an arbitrary piece of data that we, I

1 mean, as we presented it at that particular  
2 meeting, it was not something that would be a  
3 valid piece of data to put in there. So we did  
4 not do that. So rather we looked at the QSI  
5 questions and their relation to both  
6 transportation and other pieces, so no, we did not  
7 adjust those claims.

8 MS. SEWELL: Okay. Moving forward and I  
9 thought the position had been to look at in the  
10 future and, you know, those services that have  
11 been reinstated do include transportation, maybe  
12 some other things, so how does this all fit  
13 together because -

14 MS. ARNOLD: Well, that piece would fit in  
15 with the individual review and looking at is  
16 there, is there a health and safety issue for  
17 people regarding their transportation or any other  
18 service that they feel was, was reduced.

19 MS. SEWELL: So would it have to come in as a  
20 significant need on your current proposed rule?

21 MS. ARNOLD: Yes, and under current statute.

22 MS. SEWELL: I think that's back to my  
23 earlier comment -

24 MS. ARNOLD: Yeah.

25 MS. SEWELL: - your statute needs work.

1 Okay.

2 MS. ARNOLD: Yeah, yeah, yeah.

3 MS. SEWELL: All right.

4 MS. ARNOLD: Yeah, exactly.

5 Okay. Other questions, comments in the room  
6 or on the phone? Okay, well, I have --

7 MS. FRENCH: Yes, I -

8 MS. ARNOLD: Okay. Then I get my question.  
9 Yes, ma'am?

10 MS. FRENCH: Yes, this is Gail French again.  
11 I actually have a question. I can't remember her  
12 name exactly. She was an attorney there. I think  
13 she said her name was Cynthia and what she was  
14 speaking about was if y'all were going to go ahead  
15 and go forward with the algorithm and she  
16 mentioned 2007 and 2008, and something to the  
17 effect of they weren't getting the full amount of  
18 their need. I think her name was Cynthia, but I  
19 had, you know, just a comment to state here.

20 And I know that this hearing today is  
21 actually not on the rule. Y'all already had that  
22 this morning, but I do have a concern and I just  
23 wanted to voice it on the Rule for 65G.04.2018(8)  
24 where it's talking about no additional funding  
25 unless it's premised upon a new need.

1 My concern is that there are numerous  
2 individuals across the state that do not have new  
3 needs, they have existing needs and have lifelong  
4 existing needs but have only got a certain amount  
5 of services and I know that y'all are going to go  
6 forward with the Rule and we can also, I think,  
7 write comments, correct, until the 30<sup>th</sup> of the  
8 month, is that correct?

9 MS. ARNOLD: Yes, that's correct.

10 MS. FRENCH: Okay. And then it could be  
11 changed possibly with those comments or not; it  
12 just depends on what you review, correct, as to  
13 the comments coming in?

14 MS. ARNOLD: Yes.

15 MS. FRENCH: As far as the Rule? Okay.

16 MS. ARNOLD: Yes, ma'am.

17 MS. FRENCH: Because there are so many that I  
18 know of personally, individuals that have never  
19 gotten their amount of services based upon their  
20 needs that it concerns me that they are not new  
21 needs, they're existing needs that have never been  
22 met.

23 MS. ARNOLD: Okay.

24 MS. FRENCH: And I'm concerned about that  
25 and, you know, just wanted to run that by you.

1 MS. ARNOLD: Okay. Well, getting some  
2 feedback, any language you think would be helpful  
3 in the iBudget rule to clarify whatever it is  
4 you're trying to clarify is always helpful and the  
5 exact language -

6 MS. FRENCH: And I had actually submitted  
7 comments, public comments -

8 MS. ARNOLD: Okay.

9 MS. FRENCH: - when the proposed rule came  
10 out -

11 MS. ARNOLD: Okay.

12 MS. FRENCH: - for that very particular, that  
13 very same -

14 MS. ARNOLD: Okay.

15 MS. FRENCH: - you know, question and rule  
16 and apparently it hadn't been changed on the  
17 draft.

18 MS. ARNOLD: If you wouldn't mind re-  
19 submitting, I know we looked at a lot of different  
20 things but we'll certainly be glad to look at it  
21 again. Thank you.

22 MS. FRENCH: Okay. Thank you.

23 MS. ARNOLD: All right.

24 MS. FRENCH: I'm done now. Thank you.

25 MS. ARNOLD: Thank you.

1           So I guess my question to stakeholders is,  
2           are you thinking there's something we've missed?  
3           Is there something else you want us to be testing  
4           in this algorithm? I'm hoping there's nothing  
5           that's coming to mind, but I feel like we need to  
6           have that knowledge from you; if you're still  
7           sitting there going, well, I wonder if we tested  
8           for this or I wonder if we did that? We need to  
9           know that and you can either do that today as a  
10          comment or send it to the algorithm e-mail address  
11          because we really want to know that. If there's  
12          still something festering with you that you still  
13          think is either not accurate or you think we  
14          tested it but you want to make sure we tested for  
15          this, and again, all the public comments have been  
16          posted on the website so you can see the things  
17          that we've received that we would have responded  
18          to and tested, but again, please feel compelled -  
19          I'm not going to say feel free. Please feel  
20          compelled to tell us if you have something that  
21          you still think we need to be looking at because  
22          we do want to get to the best one that we can.

23                 I think we've come to a really good one, but  
24                 - yes, Trisha?

25                 MS. MADDEN: I just have one last - I don't

1 know if it's a question or - this goes to Dr. Niu.  
2 I realize, Dr. Niu, your background is statistics.

3 DR. NIU: Yes.

4 MS. MADDEN: You can't magically become a  
5 long term servant in the field of special needs  
6 people, whatever the current name we're using. He  
7 doesn't change any though we keep changing the  
8 name. It would be better to put more dollars in,  
9 the feds, too.

10 The question I have is and what you were  
11 saying, Denise, is we have a statute. I'm sure  
12 you want to go home and read the statute again  
13 very carefully and I read and listened to the  
14 appeal on the GB, et al. vs. State. Intrigued by  
15 one of the clients who had my son's syndrome,  
16 which is extremely rare and statistically doesn't  
17 exist which is (Unintelligible), but so actually  
18 he's not here, but unfortunately he does have  
19 needs.

20 But the question I have before I can look  
21 at, and I raise this now because y'all are here  
22 and I'm here, we have an algorithm and we have in  
23 a sense an algorithm, some sort of form or fixture  
24 that we can come up with a thing, but then it says  
25 you only have the two ways to go - extraordinary

1 needs and that's why the GB test case failed in  
2 the sense that you had not complied with just two  
3 methods of going about adjusting the mediation.  
4 The mediation systems had not been - you actually  
5 added more considerations.

6 So my concern is that while the legislature  
7 is saying and it also said it didn't need to deal  
8 with the algorithm because they were saying  
9 everything had to be looked at again and they  
10 weren't - and they came up with statistically  
11 valid needs reflecting the statistically valid  
12 needs of the person. If there are some questions  
13 about whether it's the QSI or anything else,  
14 whether that really gives you a statistically  
15 valid meeting of the needs of the person, that  
16 cannot be truly just a number game and that's what  
17 the algorithm is, it's a number game.

18 MS. ARNOLD: Mm-hmm.

19 MS. MADDEN: My concern is that we all look  
20 at extraordinary needs and then the SAN needs that  
21 if you read the legislature it doesn't prohibit  
22 you from giving more consideration to the items  
23 under extraordinary needs and especially without  
24 making it a major hurdle, which the rules make  
25 them a major hurdle - the kind of documentation



1 you require, the kind of emphasis you require that  
2 everything has to be based on a medically written  
3 note from somebody saying before I talk about it -  
4 now, I know you have to have medical proof of  
5 medically reasonably necessary, but I guess,  
6 again, Kevin's a good example.

7 I've been trained do all the things because  
8 visiting nurses, for example, are usually fairly  
9 inept in our neighborhood. I may be the only one  
10 in Orlando that - maybe it's just Orlando has  
11 lousy medical service, but there are times his  
12 doctors have said, you know, it's better that you  
13 do them. Now, he has enough prescriptions  
14 prescribed, injections and everything else but  
15 he's not the one I'm worried about right now. But  
16 if I didn't have all this - oh, yes, his doctor  
17 does an endoscopy every year. He's just been in  
18 the hospital again, so what do we have to do? Now  
19 we have to ask for a new QSI because a year ago he  
20 wasn't back in the hospital that year.

21 There has to be some way of simplifying this  
22 process so you reach the person and not just the -

23 MS. ARNOLD: Mm-hmm.

24 MS. MADDEN: Statistics are statistics and  
25 there's no line about that, a cold statistic

1 without having to go through - because every time  
2 you have a big legal case or even hearings, you're  
3 spending money on my profession, lawyers, whether  
4 they're in-house or out of house. You're spending  
5 legal costs in-house or out of house.

6 MS. ARNOLD: Mm-hmm.

7 MS. MADDEN: That's money I would much rather  
8 see go to solving a person's problems.

9 MS. ARNOLD: Yeah, and that's why I keep  
10 saying, I'm not saying it to be stubborn. I'm  
11 saying it because it's really important that you  
12 give us feedback on the iBudget rule and if you  
13 think it's making something too complicated,  
14 suggest to us how we could do it differently, not  
15 just that you don't agree with it.

16 MS. MADDEN: Well, I'll work on that this  
17 weekend because -

18 MS. ARNOLD: Yeah, I know, and the words are,  
19 you know, it's difficult to get it absolutely  
20 right. I mean, we have a very clear statute about  
21 what we're supposed to do and we're trying to  
22 interpret, you know, in rule and make things clear  
23 to people what they need to do. So it's just  
24 really - that's a very important rule for the  
25 kinds of things you're bringing up, which are very

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good points.

MS. MADDEN: You say a very clear statute. I would dispute that a long time because -

MS. ARNOLD: Well, yeah, that's a whole different meeting. That's going on down at the big building down there.

MS. MADDEN: That's the one we're stuck with. I understand that.

MS. ARNOLD: Okay. Any other questions, comments from the phone or from the audience?

All right. Well, again, we have our e-mail if you want to send us anything.

Thank you very much for coming and we will be in touch later.

\* \* \* \* \*

(Whereupon, this concludes the meeting.)

C E R T I F I C A T E

THE STATE OF FLORIDA, )


COUNTY OF WAKULLA, )

I, Suzette A. Bragg, Court Reporter and  
Notary Public, State of Florida at Large,

DO HEREBY CERTIFY that the above-entitled  
and numbered cause was heard as herein above set out;  
that I was authorized to and did transcribe the  
proceedings of said matter, and that the foregoing and  
annexed pages, numbered 1 through 75, inclusive,  
comprise a true and correct transcription of the  
proceedings in said cause.

I FURTHER CERTIFY that I am not related to  
or employed by any of the parties or their counsel, nor  
have I any financial interest in the outcome of this  
action.

IN WITNESS WHEREOF, I have hereunto  
subscribed my name and affixed my seal, this 21<sup>st</sup> day of  
May, 2015.

  
\_\_\_\_\_  
SUZETTE A. BRAGG, Notary Public  
State of Florida at Large  
My Commission Expires: 2/21/2017

