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)

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

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

A CALLER: We can hear you.

MR. BARR: All right. That is awesome.

Okay. Thank you so much.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. NIU: Yeah, she has a cold.

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

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

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

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

Living setting, which is family home.

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

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

the current algorithm.

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

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

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

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

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

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

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

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

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

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

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

to 21, 21 to 30, and 31 plus.

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

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

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

Question 18, your ability to transfer.

Question 20, hygiene.

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

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

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

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

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

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

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

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

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

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

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

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

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

MS. MADDEN: What a surprise, Denise.

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

HIPAA on anybody else, not even incidentally.

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

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

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

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

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

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

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

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

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

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

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

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

MS. MADDEN: No, not really.

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

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

MS. ARNOLD: Okay.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. NIU: Eighteen.

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

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

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

MR. BARR: Okay.

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

MS. ARNOLD: Yes.

DR. NIU: Yeah.

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

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

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

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

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

MS. MADDEN: That whole thing?

DR. NIU: Yeah.

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

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

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

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

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

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

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

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

MS. ARNOLD: No doubt.

MS. MADDEN: - for many families.

MS. ARNOLD: No doubt.

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

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

MS. ARNOLD: Right.

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

MS. ARNOLD: Right.

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

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

MS. ARNOLD: Right.

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

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

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

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

MS. ARNOLD: Right.

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

MS. ARNOLD: The natural supports, yeah.

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

MS. ARNOLD: Right, right.

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

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

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

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

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

MS. ARNOLD: Right.

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

MS. ARNOLD: Right.

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

MS. ARNOLD: Right, right.

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

MS. ARNOLD: Yeah.

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

MS. ARNOLD: Right. So some of the things

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

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

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

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

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

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

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

MS. ARNOLD: Yes.

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

MS. ARNOLD: Right.

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

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

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

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

MS. MADDEN: Would that come before or after?

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

MS. MADDEN: Thank you.

MR. BARR: Thank you.

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

Do we like what we see? Yeah? Okay.

MR. BARR: Anybody on computer?

MS. SMITH: No.

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

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

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

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

A CALLER: We are here.

MS. ARNOLD: Oh, good.

A CALLER: Hello?

MS. ARNOLD: Yes, hello?

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

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

A CALLER: Oh, we are?

MS. ARNOLD: Yes, ma'am.

A CALLER: Okay. Well, that was a lot

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

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

MS. FRENCH: Gail French.

MS. ARNOLD: Okay. Thank you, Gail.

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

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

MS. FRENCH: Is it? Oh.

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

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

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

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

MS. FRENCH: Okay.

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

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

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

MS. ARNOLD: I'm looking at attorneys.

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

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

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

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

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

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

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

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

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

MS. ARNOLD: Mm-hmm.

MS. FRENCH: And the levels of need.

MS. ARNOLD: Okay.

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

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

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

MS. ARNOLD: Okay.

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

MS. ARNOLD: Okay.

MS. FRENCH: I appreciate that.

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

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

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

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

MS. ARNOLD: Mm-hmm.

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

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

MS. ARNOLD: Absolutely.

MS. FRENCH: And level of need or -

MS. ARNOLD: Yes.

MS. FRENCH: - is it Agency personnel?

MS. ARNOLD: No, no, there's no review done. The QSI assessor scores the instrument and enters it into the system.

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

MS. ARNOLD: You're welcome.

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

MS. ARNOLD: Yes.

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

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

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

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

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

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

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

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

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

MS. ARNOLD: Right.

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

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

MS. ARNOLD: Well, in general -

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

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

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

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

MS. FRENCH: Correct.

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

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

MS. ARNOLD: Okay.

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

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

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

MS. ARNOLD: Right, right.

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

MS. ARNOLD: Okay.

MS. FRENCH: Is he still there?

MS. ARNOLD: Yes, he is.

DR. NIU: Yes.

MS. FRENCH: Okay. Dr. Niu?

DR. NIU: Yes?

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

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

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

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

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

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

MS. FRENCH: Okay.

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

MS. FRENCH: Okay. Okay.

MS. ARNOLD: Yeah.

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

MS. ARNOLD: Okay.

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

You stated to me, Dr. Niu, on February 16th -

DR. NIU: Yes?

MS. FRENCH: Are you there?

DR. NIU: Yes.

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

DR. NIU: Okay.

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

DR. NIU: Uh huh.

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

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

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

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

MS. FRENCH: Okay.

DR. NIU: I hope you see.

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

MS. ARNOLD: Okay.

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

MS. ARNOLD: Thank you, Gail.

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

Anything on the computer, Cheryl?

MS. SMITH: No.

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

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

MS. ARNOLD: Okay.

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

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

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

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

MS. ARNOLD: Yes.

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

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

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

MS. ARNOLD: Change it to what?

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

different tracks.

MS. ARNOLD: Changes to what?

MS. CLARK: Changes to the algorithm.

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

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

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

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

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

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

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

MS. ARNOLD: Yes.

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

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

MS. CLARK: Okay.

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

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

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

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

DR. NIU: Mm-hmm.

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

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

MS. CLARK: Okay. Thank you.

DR. NIU: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DEBORAH: The State took their share out.

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

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

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

the wait list and put them onto the waiver.

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

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

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

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

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

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

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

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

MS. ARNOLD: And David?

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

MS. ARNOLD: And would you say your name?

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

MS. ARNOLD: No, okay.

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

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

MR. YOUNG: Right.

MS. ARNOLD: Thank you.

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

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

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

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

DR. NIU: Yes.

MS. ARNOLD: Yes.

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

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

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

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

MS. ARNOLD: Yeah. No, I understand.

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

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

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

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

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

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

MS. ARNOLD: Mm-hmm.

MS. MADDEN: Kevin was my fourth.

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

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

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

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

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

MS. ARNOLD: Yeah.

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

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

But the issue that comes into play here is

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

MS. ARNOLD: Mm-hmm.

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

MS. ARNOLD: Mm-hmm.

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

MS. ARNOLD: Yeah.

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

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

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

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

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

MS. ARNOLD: Okay. Then -

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

MS. ARNOLD: We aim to be clear.

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

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

MS. ARNOLD: Mm-hmm.

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

MS. ARNOLD: Right.

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

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

Other questions? Suzanne? Or comments.

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

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

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

Was that correct or was it two internally different circumstances?

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

DR. NIU: We did not do any adjustment.

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

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

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

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

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

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

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

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

MS. ARNOLD: Yes, and under current statute.

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

MS. ARNOLD: Yeah.

MS. SEWELL: - your statute needs work.

Okay.

MS. ARNOLD: Yeah, yeah, yeah.

MS. SEWELL: All right.

MS. ARNOLD: Yeah, exactly.

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

MS. FRENCH: Yes, I -

MS. ARNOLD: Okay. Then I get my question.

Yes, ma'am?

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

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

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

MS. ARNOLD: Yes, that's correct.

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

MS. ARNOLD: Yes.

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

MS. ARNOLD: Yes, ma'am.

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

MS. ARNOLD: Okay.

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

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

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

MS. ARNOLD: Okay.

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

MS. ARNOLD: Okay.

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

MS. ARNOLD: Okay.

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

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

MS. FRENCH: Okay. Thank you.

MS. ARNOLD: All right.

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

MS. ARNOLD: Thank you.

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

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

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

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

DR. NIU: Yes.

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

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

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

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

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

MS. ARNOLD: Mm-hmm.

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

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

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

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

MS. ARNOLD: Mm-hmm.

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

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

MS. ARNOLD: Mm-hmm.

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

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

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

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

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 21st day of May, 2015.

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