1	STATE OF FLORIDA
2	DEPARTMENT OF HEALTH AGENCY FOR PERSONS WITH DISABILITIES IBUDGET RULES DEVELOPMENT WORKSHOP
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4	Office of the Agency for Persons with Disabilities 4030 Esplanade Way Room 301
5	Tallahassee, Florida 32399
6	West 7 2015
7	May 7, 2015 2:00 - 4:00 p.m.
8	In Re: Public Workshop, Rule 65G Florida Administrative Code
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10	MEMBERS PRESENT:
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12	Ms. Denise Arnold, APD Deputy Director of Programs Cheryl Smith, Agency for Persons with Disabilities
13	Mr. Art Barr, APD Program Manager
14	David de la Paz, Esquire, Agency Counsel
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(Whereupon, the public meeting was called to order by Ms. Denise Arnold, after which the following occurred:)

\* \* \* \* \*

MS. ARNOLD: Good afternoon or, excuse me, good morning. This is Denise Arnold with the Agency for Persons with Disabilities. We are connecting you in. My apologies, we had some phone problems and some miscommunication, so I appreciate you all being on the phone. We are going to just re-engage where we left off. We had pretty much just started on the public hearing and this again is for the iBudget Rules 65G4-0213-0218. We will go ahead and transcribe this one since we've had this interruption, so I'm not going to ask Linda Mabel who's with Florida ARF to repeat her comments, but she will pick up where she left off.

Before we do that, can I just see who is on the phone?

SPEAKERS: (Over-speaking.)

MS. ARNOLD: I heard Patty Hoagland, Betty Kay.

MS. HOOPER: Margaret Hooper.

1	MS. ARNOLD: Margaret Hooper.
2	Anybody else?
3	Hillary, are you on? I know Hillary Rizzo
4	(ph) had asked about it. Okay. Thank you.
5	MS. MADDEN: How are you going to handle
6	questions by phone? We missed the beginning of
7	your session.
8	MS. ARNOLD: And who is that?
9	MS. MADDEN: Trisha Madden.
10	MS. ARNOLD: Trisha, okay. Hey, Trisha. We
11	will go ahead and do the people here in the room
12	and then I'll get to the phone people.
13	Who on the phone wants to speak?
14	Trisha, you want to speak?
15	MS. MADDEN: You know I do.
16	MS. ARNOLD: Okay. Margaret?
17	MS. HOOPER: No, I'm just listening today.
18	MS. ARNOLD: Thank you. Betty Kay?
19	MS. KAY: No, I don't expect to.
20	MS. ARNOLD: Thank you. Patty?
21	MS. HOAGLAND: No, I'm fine. Thanks.
22	MS. ARNOLD: Okay. Well, we have three
23	people in the room to speak and then we'll get to
24	you.
25	Trisha?

MS. MADDEN: You just start speaking and have you had an exchange of questions and answers back and forth or you're just -

MS. ARNOLD: No, we have not. The only question that came up was when is the comment period for this Notice of Change, and we were going to give folks 'til the 14<sup>th</sup>, a week from today.

MS. MADDEN: Okay. Thank you.

MS. ARNOLD: And, again, we will transcribe this and put it on the website so people have full advantage of everything. We had just started so, Ms. Mabel was the first speaker. Okay.

So, Linda, will you go ahead and pick up where you left off?

MS. MABEL: Yes, I just have a few additional comments. The next is providing model cost plans based on the algorithm changes. Obviously, you've done a lot of work with the algorithm and it appears as if the new weighting will bring in funds that were needed where you had disparities with the original algorithm. So we've asked that we receive some sort of model ideally looking at people with different ages, with different service needs so that we can see what the impact of the

1	algorithm actually is. It's hard to look at the
2	percentages and the figures and know really what
3	that does to people.
4	MS. ARNOLD: Yes, and we did have plans to do
5	that. You know, we had the different public
6	meetings about the algorithm itself.
7	MS. MABEL: Right.
8	MS. ARNOLD: And we do plan on doing that and
9	providing that to the public.
10	MS. MABEL: Okay.
11	MS. ARNOLD: We just haven't gotten there
12	yet.
13	MS. MABEL: Do you have a date, do you have a
14	date?
15	MS. ARNOLD: No, no, but we know that, that
16	needs to be done. We're working on it.
17	MS. MABEL: Yeah, I think that would help
18	people understand -
19	MS. ARNOLD: Definitely.
20	MS. MABEL: - what happens with it.
21	In section 0.2153(c) you've added
22	information about the iBudget having flexibility
23	and choice and adjusting funds among the following
24	services and lists the services. We were pleased
25	to see this in the rule. However, on item 3 under

this subsection, you limit the flexibility for people in life field development three only to people who are at the 1 to 10 ratio. We feel this is unfair. People are people and if you're going to give choice of use of funds once they've been authorized every one in ADT should have that ability to do funds based on the criteria you set up.

MS. ARNOLD: And I think our intent there was that if people were at a 1 to 10 it's not worded right, but I think our intent was if you're at a 1 to 10 and you want to have flexibility and move it and then increase to a 1 to 5, we want to be able to make sure you meet the characteristics of the 1 to 5, so we did not intend to prevent them from moving their morning. It's a very good point. It's not worded that way.

MS. MABEL: Yeah, I can understand, you know, wanting the criteria met and agree with that, but

MS. ARNOLD: Yeah.

MS. MABEL: But you may want to look at the wording. We had just recommended that that part of the statement be deleted.

MS. ARNOLD: Okay.

MS. MABEL: So really we're just looking at the ability and life skill development three to have -

MS. ARNOLD: And maybe we'll just say within the, the ratio already authorized or something.

MS. MABEL: Right, yeah, or based on criteria, you know, established.

MS. ARNOLD: Okay.

MS. MABEL: We have heard from members that they would also like to see added to this section some flexibility between supported living coaching and personal supports, particularly when you have a live-in. Often the coach may have to pick up personal care responsibilities if the support is ill or there's something that they can't attend or do for the person, and this current limitation doesn't allow for that so just adding a 12 for supported living coaching would give some flexibility.

MS. ARNOLD: Okay.

MS. MABEL: In section 202.02153(d) this deals with retroactive approval of authorizations. You have deleted the ability of a retroactive authorization to be approved by the Agency upon written request, and essentially it just states

that service authorizations will not be approved retroactively. We have concerns because this really sets some severe limits if you're dealing with an emergency situation or someone who has a real need, it's totally unrealistic to expect that you will have timely authorizations given the system in all cases.

So we would like to have you reinstate the ability of the region to authorize that on an emergency basis with written approval from the Agency but say the payment can be received by the provider.

In the provider expansion section,
paragraphs 5(a) and (b), I think we've answered
our own question here. We really had some
question whether this applied only to solo
providers or to all providers. The concern is
that the DD Handbook also addresses expansion and
we didn't see the need for duplicating when
expansion should occur. You always run into
issues if one changes, one rule changes, and the
other doesn't, trying to keep it all together.

So, number one, we would like to see this not apply to Agency providers who are governed by the handbook in other things and have it in one

document.

The only other question that we have is that we'd like to understand the process from here.

You've had a hearing on the rule. You've done a

Notice of Change and incorporated comments.

What happens after this and what are the time frames?

MS. ARNOLD: Well, we are giving 'til May 14th for further comment then we review the comments and determine if there's a need for another Notice of Change.

Is that right, David?

MR. de la PAZ: Yes.

MS. ARNOLD: And time frames I'm not very good on, so maybe you could help - from that point forward.

MR. de la PAZ: Well, if you want - it all depends on the time frame for the effective date. Let's assume that the effective date is going to be July 1, for instance, that would put us to having to do another Notice of Change by May 19<sup>th</sup>. If we do that then we could be in line for the next fiscal year to start the effective date of rule on that.

For every day we go beyond that, we would

push the effective date back, you know, however 1 many days that is. 2 MS. MABEL: But do you have to do a Notice of 3 Change? 4 MR. de la PAZ: Well, that depends on what we 5 hear. I mean, if there are things -6 MS. MABEL: Okay. 7 MR. de la PAZ: - that we hear from the 8 comments that, you know, require us - we see the 9 need to - we want to get it right, so if we see 10 something we're missing here, but we need to make 11 12 the tweet but we can do that by May 19 and still be on a timeline to have an effective date of July 13 1. 14 15 MS. MABEL: Okay. And if you decide not to do a Notice of Change, how many days prior or will 16 the Rule be effective after this date? 17 MR. de la PAZ: Well, I think we can still -18 you're - I don't think there's any idea to put it 19 ahead of that so we're going to -20 MS. MABEL: Okay. 21 MR. de la PAZ: I mean, that's pretty much, 22 you know, a tentative start would be July 1 of 23 this year, so we're not - that's just kind of our 24 25 window for making changes if we want to stay on

1	that timeline.
2	MS. ARNOLD: Okay.
3	MS. MABEL: Okay. All right. Thanks.
4	MS. ARNOLD: Thank you, Linda. Anything else
5	from Linda? Is that it?
6	MS. MABEL: No, we may have some additional
7	comment, like I mentioned, from our members.
8	MS. ARNOLD: Okay.
9	MS. MABEL: So we'll turn that over to you.
10	And I do have a written copy.
11	MS. ARNOLD: Okay. Great. And the comments,
12	does it say they go to you, David? Usually it
13	does.
14	MR. de la PAZ: Yeah, they do.
15	MS. ARNOLD: Yeah, they go to David de la
16	Paz.
17	Thank you very much, Linda. Okay. And
18	sorry to make you interrupt and, again, my
19	apologies for people on the phone.
20	MS. MABEL: No problem.
21	MS. ARNOLD: Okay. So we've done Linda.
22	Mary Clark also has -
23	MS. CLARK: Actually, I'm a pro bono attorney
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25	MS. ARNOLD: Okay.

1	MS. CLARK: - with the Public Interest Law
2	Center at FSU -
3	MS. ARNOLD: That's right.
4	MS. CLARK: - and I have a law student who
5	will be speaking for us and we submitted written
6	comments to Mr. de la Paz.
7	MR. KARPF: You thought of one this morning,
8	right, you'd like to say that one?
9	MS. CLARK: Yeah.
10	MR. KARPF: And I'll do the rest like we did
11	the other day.
12	MS. CLARK: Well, I guess the comment that I
13	thought of after we prepared our written comments
14	to submit to y'all, and certainly we may put this
15	in writing before the $14^{\rm th}$ .
16	MS. ARNOLD: Okay.
17	MS. CLARK: But we understand that you must
18	budget within the appropriations and when you do
19	that how often do you compute the algorithm
20	amounts for all of your clients to assure that
21	there are funds left for the SAN's and for the
22	folks who are at the top, for example, of the
23	crisis list?
24	MS. ARNOLD: Mm-hmm. There's a lot of things
25	that have to be tracked. Part of that is

utilization of services so it's a bit tricky 1 because our budget office has to track how people 2 are utilizing the service because the law says 3 it's expenditures that can't go over, not what 4 we've authorized. So it's an ongoing process that 5 I don't think we've come to that point that you're 6 describing because we've had sufficient funding, so I'm not sure we know exactly what would happen 8 9 but, yes, we would have to rerun the algorithm and figure out how to move forward from there and we 10 would have to have lots of communication with the 11 12 public on that because that's so far not something we've had to do. 13 But people don't utilize as much as they're 14

But people don't utilize as much as they're usually authorized for and so far that has been to our benefit and being able to try not to keep rerunning algorithms over and over.

MS. CLARK: If they don't use it, they lose it; is that -

MS. ARNOLD: No, no.

MS. CLARK: Okay.

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MS. ARNOLD: It's just that we have to stay with an appropriation for what we do spend. No, it's not a if-you-don't-use-it-you-lose-it; you'd still get your same medically necessary amount of

money. It's just that that's how we have to balance it because we have to look at what actually came in as a claim.

MS. CLARK: Okay. Thank you.

MS. ARNOLD: Thank you. And your name?

MR. KARPF: Justin Karpf, K-A-R-P-F, with the Public Interest Law Center. I have a copy of this if you want it.

MS. ARNOLD: Okay. Thank you, Justin.

MR. KARPF: So these comments I believe sent to you, Mr. de la Paz, the other day but just to reiterate them I have a hard copy if you'd like that. I've tried to keep them in order of the Rule to make it very easy to follow along, so for 65G-4.0213 for number five under there we would like to add language that in addition to the statutory language, it would include attorneys. We think that client advocates, the statute says that the friends and relatives, you know, they advocate for the best interest of the client. We think attorneys serve that same function. I don't see why they wouldn't be included there.

Similarly in number 12 of .0213, we think 'attorney' should be added among the other people. It already says a designated person holding power

of attorney. We think just listing 'attorney' 1 separately would eliminate any confusion. 2 MS. ARNOLD: Well, and these don't - this 3 doesn't prevent, particularly 12, an attorney 1 being identified as one of those. 5 MR. KARPF: No. Of course. We just -6 MS. ARNOLD: Okay. 7 MR. KARPF: - think it would be a one-word 8 sort of thing, just eliminates any sort of 9 confusion. 10 MS. ARNOLD: Okay. All right. 11 MR. KARPF: This one we would propose would 12 be number 17 after the QSI in Rule 4.214(1)(a); it 13 mentions a OSI assessor. We think that should be 14 15 defined here. The handbook - we didn't really see anything about that in the handbook, so if you 16 could just add something kind of saying who 17 exactly a QSI assessor is and what their minimum 18 qualifications are. 19 MS. ARNOLD: Okay. 20 MR. KARPF: We'd appreciate that. 21 And the last one for this rule is for 18(3) 22 that says support coordination, which includes 23 limited support coordination, full support 24 coordination, and enhanced support coordination.

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The 2010 Handbook only had a definition for limited support coordination, so we were hoping you could give some - shed some light onto what exactly 'full and enhanced' entailed; we didn't see a definition in that 2010 Handbook. MS. ARNOLD: Hmm. MR. KARPF: It was, I think -MS. ARNOLD: Okay. know -MS. ARNOLD: Okay. different section.

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MR. KARPF: - I know it had 'limited', I think that handbook also had one called traditional. I don't have it in front of me but I

MR. KARPF: - I know that 'full and support' were not in there; or if they were, they were in a

MS. ARNOLD: Hard to find, okay.

MR. KARPF: Right. And then so that's all for 213. For 214, we had two comments. Let me get this right. In (1)(a) we think the QSI assessor, again, the 'should' should be changed to 'shall arrange a face to face meeting'. 'Should' just sounds a little too discretionary for such an important stage, and we prefer striking the language that says, "The WSC shall attend the face

to face meeting upon request of the individual or representative."

We think that sentence should just end at "meeting". I don't think it should be upon request; I think that person should be required to be there unless, I guess, specifically told otherwise by the client for whatever reason, again just because these are such important meetings in determining somebody's allegation. It just seemed a little bit too discretionary maybe.

And then under 214(2)(c), we - the end of that sentence says, "...the fair hearing."

I'm sorry, not (2)(c), just (1)(c).

MS. ARNOLD: (1)(c), okay.

MR. KARPF: Sorry, it's number two on our list.

MS. ARNOLD: Yeah.

MR. KARPF: We're proposing language at the very end, "...request a fair hearing within 30 days of the Agency's receipt of the request."

We like, we like - we think the written notification is a great idea; we just would like some sort of time frame as to when they will receive notice of the Agency's decision. I think 30 days for notice is probably feasible at least;

it doesn't necessarily mean the hearing will be 1 within those 30 days but at the very least the 2 Petitioner's written notice within 30 days. 3 MS. ARNOLD: So you're saying the Agency 4 should notify people within 30 days; is that what 5 you're -6 MR. KARPF: Yeah, ideally, yes. 7 MS. ARNOLD: Okay. 8 MR. KARPF: I mean, administratively, 9 obviously we don't know exactly how long it will 10 take, but if they -11 MS. ARNOLD: You want a timeline on there? 12 MR. KARPF: Just, just, yeah, just some sort 13 of timeline because, you know, our concern - not 14 15 that we think you're trying to do this, of course, is that, you know, somebody is like, oh, we're 16 waiting for the written request and, you know, 17 then they don't get the written - or, sorry, the 18 written notification, you know, it could take, you 19 know, months or years. So just a set kind of time 20 frame. 21 MS. ARNOLD: Okay. 22 23 MR. KARPF: And just one more for a clarification on our part than anything. 24 What exactly happens during this waiting 25

period when they voice their concerns with the QSI 1 assessment? So do they still receive services 2 during that time? 3 MS. ARNOLD: Yes. 4 MR. KARPF: And those services are based on 5 the -6 MS. ARNOLD: Whatever their current level is. 7 MR. KARPF: - the, the contesting - the QSI 8 assessment that they're currently - okay. 9 MS. ARNOLD: Yes. 10 MR. KARPF: Okay, so they're not precluded 11 during that time period? 12 MS. ARNOLD: No. 13 MR. KARPF: Okay. Great. Thank you. 14 And then just two quick comments for 215 for 15 (1) (a) (c). It mentions the - unless the handbook 16 is superseded and replaced by a subsequently 17 18 adopted handbook specifically, we're not entirely sure; it seems a little too preemptive. Like, it 19 seems as if, if a new handbook were to supersede 20 the 2010 one, and I know - I think they're working 21 on one over at AHCA -22 MS. ARNOLD: Mm-hmm. 23 MR. KARPF: It seems that if the, if the rule 24 book, if the handbook is superseded there probably 25

need to be new hearings accordingly. I'm not sure you can preemptively super- -- preemptively supersede the current handbook. I'm not sure; we didn't know exactly what the better way is to do that. And the reason - another reason this concerned us was in 65G-4.0217(2) refers explicitly to the 2010 Handbook and not a superseding one.

MS. ARNOLD: Mm-hmm.

MR. KARPF: It says, "Each individual's proposed iBudget cost plan shall be reviewed and approved by the Agency in conformance with the iBudget rules under Florida Medicaid..." --

MS. ARNOLD: Yeah.

MR. KARPF: "...Handbook, November 2010." So
I would maybe -

MS. ARNOLD: Yeah, I think we meant to make those consistent with the supersede language.

MR. KARPF: Okay. But, I mean, is it possible to supersede it before it's headed, before it's passed or it seems that a new handbook would necessarily lead to some sort of new rule making.

MS. ARNOLD: Well, it's kind of a different rule than this rule. We're just trying to say we

adopt AHCA's rule until AHCA goes through the rule 1 making to change that handbook. That's what we're 2 trying to say. 3 MR. de la PAZ: We can't adopt, we can't 4 adopt AHCA's handbook by reference until it's 5 actually -6 MR. KARPF: Right. MR. de la PAZ: - adopted, so this -8 MS. ARNOLD: We're trying to figure out a way 9 10 to -MR. de la PAZ: This puts everybody on notice 11 that, that's -12 MR. KARPF: That it might change, but it 13 doesn't necessarily. 14 MR. de la PAZ: Yes. 15 MS. ARNOLD: Yeah. 16 MR. KARPF: Okay, okay. Thank you. 17 you for clarifying that. 18 And then for - also under 215(6)(a) then 19 20 subsection (8), we think that first sentence should be removed that "...the individual becomes 21 enrolled in another home and community based 22 services waiver," because, I mean, waivers are 23 separate and distinct programs that provide 24 different services. You know, we have some 25

1	clients that are on, you know, brain and spinal
2	cord as well as the home community based. So
3	being on one shouldn't preclude the other.
4	They're different services. I don't think there's
5	any concern of, you know, overlap or other -
6	MS. ARNOLD: Yeah, we'll check with AHCA but
7	I think there is some issue with being on more
8	than one waiver.
9	MR. KARPF: Right.
10	MS. CLARK: I don't think you can.
11	MS. ARNOLD: Yeah.
12	MS. CLARK: Is there - yeah, where would that
13	be because we actually looked for the authority
14	for that?
15	MS. ARNOLD: I don't know. We'll have to
16	look for -
17	MS. CLARK: Okay.
18	MS. ARNOLD: - look and find the authority.
19	MR. KARPF: Okay.
20	MS. ARNOLD: I know in theory I agree with
21	what you're saying, but there is some -
22	MR. KARPF: Right.
23	MS. ARNOLD: - some issue somewhere. That's
24	why that's in there.
25	MR. KARPF: Okay. And those are the only

comments we had. Thank you. 1 MS. ARNOLD: Great. Thank you very much. 2 MR. KARPF: Would you like the hard copy I 3 submitted? 4 MR. de la PAZ: Yes. 5 MS. ARNOLD: Okay. So that was Justin. 6 And then we have Curtis? MR. FILAROSKI: Curtis Filaroski from 8 9 Disability Rights Florida and we appreciate the opportunity to comment and we will be submitting 10 written comments before the May 14th deadline. 11 MS. ARNOLD: Okay. 12 MR. FILAROSKI: Probably a little bit more 13 than what I'll be presenting today. 14 Before I go on to the specific sections of 15 the Rule, I just had two general Rule concerns I 16 just wanted to bring up. First is the lack of any 17 mention of the phrase 'person-centered planning' 18 in the iBudget rules. And I believe in our 19 written comments we'll have maybe some suggestions 20 of where to include this phrase and include these 21 ideas. 22 MS. ARNOLD: Okay. 23 MR. FILAROSKI: But we have a problem with, 24 you know, just an issue with the fact that person-25

centered planning isn't included in the iBudget rules as written, and also we have some concerns with the fact that not all of the JAPC - the concerns that JAPC had in their January 16<sup>th</sup> letter haven't been addressed in - especially we're concerned with their problem or their concern with Rule 65G-4.0216(3) where JAPC noted that the use of the word "may" appears to give the Agency unbridled discretion to determine whether or not approve a request for additional funding. We think that should be most certainly addressed as well as the other concerns that have not been addressed in the Rule, but that one for us is a particular concern.

MS. ARNOLD: That was .0216?

MR. FILAROSKI: .0216(3) and let me get the specific language.

It states, it's at the bottom, "The Agency may approve an increase to the iBudget amount..."

MS. ARNOLD: Okay, yes.

MR. FILAROSKI: Yeah, and again, that's of particular concern to us and we would like to see that addressed. I just want to reiterate - well, okay, to go into the specific sections -

MS. ARNOLD: Okay.

MR. FILAROSKI: So .0213(5)(12), I just want to reiterate we also - that these definitions for client advocate and individual representatives should include an individual's attorney, again, just so it's specifically - we understand that maybe the definition allows for that but we just would like that specifically stated in there, as well.

.0213(20)(h) where it states as one of the examples that may require long term support under significant additional needs, it states: "...lack of meaningful day activity needed to foster mental health or prevent regression."

We believe that something like - some language such as, "...or engage in meaningful community life and activities."

We don't think that meaningful day activity,
"...the lack of meaningful day activity needed to
foster mental health or prevent regression"; we
just think in addition to that should be something
like, "...or to engage in meaningful community
life or activities..." or -

MS. ARNOLD: Okay.

MR. FILAROSKI: - something like that.

MS. ARNOLD: Okay.

MR. FILAROSKI: Moving on to .0214, the algorithm. We just had just a general comment on that. We believe that a paragraph explaining perhaps the mathematics underlying the iBudget algorithm as well as the specifically indicated figures in paragraph two are derived should be included.

We also believe that with respect to this section that the section should clearly indicate how the algorithm relates to an individual's iBudget amount. I believe the first time that it says this is .0216 is where it first states that the relationship between the algorithm and the iBudget amount and we believe that that should be contained in this section pertaining to the algorithm.

And also just a more, just that there's still two subsection 2's in this section, one of them, I believe the last one should be changed to (3).

MS. ARNOLD: Okay, good. Thank you.

MR. FILAROSKI: That's again just a small change.

MS. MADDEN: Uh huh.

MR. FILAROSKI: Okay. I lied; I actually do

have more comments on .0214. So specifically

(1)(c) states that if an individual receives QSI

results that they believe are in error and they

request a reevaluation of those results, quote,

"The Agency shall notify the individual and the

waiver support coordinator in writing any denial

or request for reevaluation."

But neither this quoted language nor any other language in the subsection outlines their criteria for denying a request for reevaluation. The language does suggest that such a denial may be based upon the challenged area not being a variable in determining the individual's algorithm, but we believe that this language should be clearly stated and not merely suggest a criteria.

Moreover, if an individual requests a reevaluation of their QSI results and is denied, we believe that individual should receive a fair hearing to challenge this denial and the rules should reflect that.

Next is .0214(1)(d), states that when an individual or a waiver support coordinator requests a reevaluation, whether it's a significant change in circumstance or condition,

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quote, "...the Agency shall arrange for reassessment within 60 days of the request."

First, the language does not give any guidance on what happens if the Agency fails to meet those guidelines, and moreover we think that 60 days is an unduly long time for an individual experiencing a significant change in circumstance or condition, especially if the circumstance or condition is due to emergency. We believe that 60 days is perhaps an acceptable outer bounds, like, you know, an outer bounds deadline but that the language should be edited so it states something like, you know, the Agency shall arrange for a reassessment as early as possible within no more than 60 days.

And finally, we believe that the 60 - that it should just be clarified in the Rule that the 60 days means calendar days as opposed to business days 'cause that would be a change in about 20 days or so, I think. I think that's what the math comes out to.

Okay. Moving on to .0215(3), we had a problem with the last - (3) and specifically (3)(a) and (c), we had a problem with the lack of flexibility that seems to be demonstrated here

with respect to certain services and service families and things of that nature. We are unsure of why, for example, in (c)(10) and (11), there is a monetary cap of \$16,000 and \$5,000, respectively, and we think just generally that these iBudget rules should reflect a greater amount of flexibility for individuals who move between services and service families and things of that nature.

Let me see. Okay. Next is .0215(3)(d) which states that, "An exception to the refusal to approve service authorizations retroactively may be made in limited circumstances on a case by case basis by the Agency regional office to correct an administrative error or to consider a health and safety risk in emergency situations."

We think this language is problematic for two reasons. First, it does not outline standards or criteria by which regional offices are to make decisions regarding these exceptions; and second, because it doesn't outline this criteria, it allows the regional offices to sort of develop independent criteria which means, you know, individuals in similar situations but located in different areas may have received different

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treatment; and we think maybe there should be some criteria outlined to prevent this problem.

.0215(5)(b) states that, "When an Agency regional office conducts a determination required under this paragraph determining whether or not a provider may expand from solo to Agency enrollment status, it shall take no more than 30 days."

And again, we would just like some language giving guidance on what happens when the Agency fails to meet that 30 day deadline.

Under .0215(6)(b) it states that, "If an individual family member or individual representative refuses to cooperate with the provision of waiver services, the Agency will review the circumstances on a case by case basis to determine if the individual can be removed from the waiver."

Again, this language is problematic 'cause it doesn't outline any criteria for this case by case determination and allows for perhaps ad hoc determinations. And we believe that the language should be changed so that, you know, an individual's waiver status isn't subject to these case by case determinations without criteria.

And finally, our final comment is on

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.0216(3), the significant additional needs review, which is particularly problematic for us. believe that if the Agency denies a request for significant additional needs funding the individual making the request should be given an opportunity for a fair hearing to challenge the denial, and if a waiver support coordinator doesn't submit a request for significant additional needs funding and the individual disagrees with this - the lack of a request made by the waiver support coordinator, we don't believe it's enough to just say as the rule does that the individual may submit in writing to the Agency the reasons for their disagreements because an individual has a right to ask for an increase in services through this process and get a timely - excuse me - and get a timely response from the Agency; and we believe that this process needs should comply with due process fair hearing, things of that nature.

And the way that this process is kind of laid out in the Rule, it kind of makes the waiver support coordinator act as a first reviewer on whether or not to decide on this - whether or not this request goes to the Agency. And, again, we

don't think that the waiver support coordinator should act as if this first level reviewer and we don't think this should be - the waiver support coordinator should be in a position, an adversarial position with an individual, and we just think that this whole process should be changed so there's more, more due process opportunity to challenge a denial, more than merely just, you know, a letter saying that they disagree with the waiver support coordinator's decision, and that's it. Thank you.

MS. ARNOLD: Okay. Thank you, Curtis.

MR. de la PAZ: Are you going to have any suggestions on the language there that talks about the Agency may approve, which you mentioned about JAPC?

MR. FILAROSKI: Yeah, yeah. I'll write that down, yes.

MS. ARNOLD: Okay. I think that's it for the people in the room, so we'll go to the phone.

Trisha Madden.

MS. MADDEN: Yes, I appreciate the opportunity to discuss this. I've been tied up with my husband in surgery, so I got this just recently. So I will save in the first place much

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of what's been said for areas that I was covered, I will add just sitting here as a representative of possibly and the future caregiver if things go on - also, as an attorney that you do need to add the word "attorney". You had it there before and in one of the main changes took it out. I don't want any question because I raised the question once before with the Department, what happens if I'm no longer the representative, for example, but I am my son's legal counsel and I have an active legal license? And no one could answer that question. The answer should be, of course, that I can speak and find out things about him, I can ask questions, but your staff is very unclear on that. So I think it's because perhaps the definition of the question is they were going to ask. think you need to specifically add "attorney" because we do have certain rules that are certainly critical to the client, even if they have other representatives.

The other thing is just a couple of things I want to mention and the biggest question is the one that you and I discussed before, but I still see no, no solution to it in the forms. I will come back and comment, but I'm going specifically

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to the numbers that I did not have time to prepare. However, in particular I noticed in .201 - let's see, let me go back here. You do have, you do have a typo in one of two places, but I'll do that by letter.

In the question of (Inaudible), I did agree with the gentleman who just spoke. I was just curious why you picked that figure in the first place.

Why were you limiting it to a number?

If the purpose of flexibility is to allow you to substitute services that are better suited not only for the client but maybe available to the community, why were you even considering a limitation? Just in case that pops up again.

MS. ARNOLD: One of the reasons for that is because we do by statute have to stay within appropriations, so we were trying to find a way to for those things that appeared that someone would be dramatically increasing those types of services that we had a chance to look at what's going on, so that we're sure what's going on with their health and safety. That's why we did -

MS. MADDEN: Well, one of the things I question about that is, for example, Kevin, my son

is 1 to 3 in an ADT. It happens that ADT is now having problems. Kevin also has comorbid health problems, so at times it may appear that though much as I would like him to stay in ADT as much as he can that the need for personal care support grows and so my usual technique as a CDC Plus user is to shift the ADT funds if they can't be used because it's not able physically, mentally, or whatever the reason to get ADT is to switch them to PCA.

MS. ARNOLD: Mm-hmm.

MS. MADDEN: So you're putting a price limit there, as the gentleman mentioned it, so hopefully you will eliminate that because I think that you can look at that and decide in the sense of when you get reports back the way the money's being expended, but to put that limitation in for the individuality of the person that you're dealing with - for example, Kevin's comorbid and you're putting a limitation on, on - and I'm not sure if CDC Plus - if it seemed contrary to CDC Plus in itself.

And that's another question I had: Does that section apply specifically to CDC Plus and also in the question of that, connected to that, when you

of that language, there's no proviso there and you did take out - and I don't have it in front of me 'cause I just got this yesterday - that section you put no change on CDC Plus. I may be asking that question that was explained by that - that (Unintelligible) sitting there, but one of the advantages of the CDC Plus was that we did not have to have Medicaid qualified individuals.

Now, Medicaid application if that includes the type of forms that we use for CDC Plus, but I could not determine from this if they did, if it doesn't I know how it came forth and what you have to do to become a Medicaid provider, and that would seem to defeat the whole purpose of CDC Plus.

Perhaps paragraph four which is not sitting there because you made no changes would explain that if I had time to read it better, but if not, I have concerns about that.

MS. ARNOLD: Okay, okay. Good point. Yeah, we'll check that.

MS. MADDEN: The other thing I have a concern about is - maybe the main one, and I'll get to that 'cause I'm going first 'cause the time is

limited, I'm sure, but the one that we have continually talked about but has not reached any conclusion is when you get down to the sections on special - extraordinary needs or the other additional needs.

You have in your section where you talk about the implication of those things, for someone who's new to the waiver, not new to iBudget - new to the waiver, that they will go through the process of getting the budget amount and then they will sit with their waiver support coordinator, have a discussion as to whether or not there's help for the (Inaudible) or the sum will provide for the health and safety of the individual, and I'm not reading exactly from the document right now.

However, again, we have no provision of how those of us who are in a waiver but have actually never been on iBudget, there is still no provision for a decision for someone who may very well qualify or require special additional funds or needs or have an extraordinary need, whichever term you happen to be fitting in to that particular situation.

My suggestion is that you do need a section

in the rules because the rules are giving you a process, not just the algorithm. The algorithm is one thing and is a component of the rules. How you work that iBudget back into what is really technically and legally right now, no one's on iBudget; we're all back on the tier even though the monies you're paying to some people may be equivalent, no one's on iBudget right now.

So when you do the first run on iBudget you do need, I do believe strongly still and I've gotten several e-mails on that just as I was sitting here this morning, that we do need to have a provision that when you do the first run you're giving us more information. You're going to have to give us more information on the notices.

However, that's not still very effective or anything. It's not all that helpful unless there's a recourse before the actual iBudget goes into effect that you can discuss that. Now, if you take someone who has an iBudget amount or a budget amount, let's say a cost plan amount now, and you run the iBudget without considering you're doing that basing it off QSI statements and the algorithm only, the QSI does not cover some of the extraordinary need situations and if you run that

budget you stand the chance of either having multiple hearing requests again, which I think is something we'd all like to avoid if possible, it's a waste of time and money and stress, but you need some way to accommodate those people who don't fit iBudget.

I remember at the last meeting we had Dr.

Niu himself said that when I described one of the situations related to our son, it kind of does not fit the QSI. So he's only one but I'm sure there are others who will be in the same situation. So you have a procedure here where you run the iBudget for new people, new people to the waiver. I think you need to include in this rule even a transition statement about how you start the first run through. It would be one that you could then remove or it can be conditional, a one-time event of the initial running of iBudget so people who are already on the waiver -

MS. ARNOLD: Are you speaking about when we run a new algorithm? Is that what you're speaking about?

MS. MADDEN: No, not - I'm sorry. You need to, I think, have a procedure in there that the first time, and this will be legally the first

time you run iBudget, the next time you run it because the previous run was disqualified, and the fact that you had to reimburse and put everybody back on the tier system. So legally you're going to be doing the first run of the iBudget maybe perhaps by the July 1st deadline, maybe not. But when you run that you don't have anything in here indicating how you allow the entering of information for those individuals who have extraordinary needs that are official additional funding needs.

You have it if someone is new to a waiver.

Almost no one that is involved in this process,

the vast number, are not new to the waiver. They
will be new to iBudget.

MS. ARNOLD: Okay. Yeah, I got it.

MS. MADDEN: I don't - yeah, so either you need to see people need to - new to iBudget need to go through this process and that may be one - maybe the term "waiver" should be deleted and the term "iBudget" should be put and placed in there. I know your intent was that in the future you'll be looking at people even new to the system completely; you will be looking all the time at people coming off the wait list. But this initial

run is none of those things. It's everybody.

MR. de la PAZ: Ms. Madden, can I ask you one thing?

MS. MADDEN: Yes.

MR. de la PAZ: We started, we actually started the implementation of iBudget and it was invalidated, so why are you saying now that everybody is on the - this is the first time we're going to run the iBudget and everybody's on the tier system right now?

MS. MADDEN: Because you were, you were placed back in the position that iBudget as it was run was invalidated by the court, not the iBudget — all right. You're not funding people on iBudget right now. You have cost plans going out there, but your funding mechanism is not the algorithm right now for everybody. You have a lot of people out there still running off of tier funds, off the tier calculations.

Okay. You, you ran iBudget, you ran into a wall of legal masses, mass cases about the fact of the various elements of iBudget which were not, and the new process, which were not valid. One was the notice process, so that notice process which you did before has been invalidated by the

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courts and you've had to re-instore (sic) all budgets theoretically to the amount people were getting before you started all this. That means that there is no one out there right now who is legally or technically receiving the amount of funding that they would have gotten or are getting just becuase of the iBudget algorithm and this new rule. So maybe those are actually on that same amount, it may have turned out that amount either was old, the same old amount they got; it may be that that amount worked for them and they have an issue, they didn't actually request for hearing. You are missing some discussion about how many people will be requesting hearings when the iBudget is applied again to them. There's nothing discussing this rule unless you're somehow - I mean, all the hearings were - the court voided all the hearings because they are no longer applicable because the whole system had been told to go back to restart.

MR. de la PAZ: So your -

MS. MADDEN: So even though you may think of it is iBudget funding, technically, legally it's not.

MR. de la PAZ: All right. Thank you.

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MS. MADDEN: So you need that - I mean, all right, I can use my son, and I have - my son lives at home, in the family home. He is, of course, by the time we're all finished he may have a lot more needs because he will now be 65 years old, but hopefully not that long, but we're headed that way, but when he comes back into this system, when you run iBudget for him, let's say you run it for the July 1st effective date. He has never had a revision conference, he has never had - been on any budget except the budget he had from before iBudget was ever thought of, so there never has been a time to discuss either his needs when it was first run or his needs as he exists today, which is now several years later, and he has regressed.

You've never had an opportunity to - I have never had, he has never had, his support coordinator has never had an opportunity to prepare any kind of evaluation of what extraordinary needs or special needs he has.

If you were to put him on the budget you put him on before, I would immediately have to request a hearing because that budget would kill him. So there are others out there much in the same

category. Hopefully, we're a limited number because it implies that we have significant need as clients, us consumers, children, whatever you want to call them. So there is no process here except for those people new to the waiver to allow for that consideration of extraordinary needs until after the budget's already run and then the only answer then you're going to get is a request for hearing. Is that really a profitable

effective way to handle this?

I don't think so. I mean, I'm an attorney but I'm not really in the business of chasing business up for attorneys, but that's in effect what you'll be doing. Or you'll catch families who do not have access to an attorney either because of lack of funding or finding an attorney to qualify in this field in their area and they may end up accepting funds, which then they get into trouble with and then they need to do something to come up with extraordinary needs, the fact that you have just damaged the health and safety of their client. I don't think you want to do that, I don't think the Department wants to do that, and I don't think Governor Scott wants to do that. But there's nothing in this Rule for a

transition period. 1 MS. ARNOLD: Okay. We're -2 MS. MADDEN: You're going to have a -3 MS. ARNOLD: We'll look at that. 4 MS. MADDEN: -- transition period because you 5 have had had to recall all the notices that you 6 did before. Those notices did include an opportunity for a mediation session. 8 MS. ARNOLD: Okay. We'll look -9 MS. MADDEN: So either you're -10 MS. ARNOLD: - we'll look at that, Trisha -11 12 MS. MADDEN: - saying that was unnecessary, is useless and you don't need it, or you need to 13 put something in this rule that says for the first 14 15 or for the one with the - however you want to classify it legally, carefully, and I haven't had 16 time to think that out since I got this copy 17 'cause we talked about it at the last hearing, 18 that some - that there needed to be some mechanism 19 to give consideration to extraordinary needs and 20 special needs that people have now -21 MS. ARNOLD: Right. We'll look at that, 22 Trisha. 23 MS. MADDEN: - that we're going to have new -24 You have a categorization of two people - people 25

who have those special needs now that they've not yet been ever formally considered into the iBudget Rule. I guess they're all waiting for hearings. Or there was confusion and some people didn't think to ask for hearings, but you're going to have a different approach because people are more aware now.

MS. ARNOLD: Okay. We'll look at that.

Did you have other comments on the Rule?

MS. MADDEN: Yes. The - it was interesting in - I think this is a comment and I said I would send in written comments more specifically when I have time to do that when I equate them with the Rule numbers. But one of the discussions I just heard earlier, I would have to conclude - concur with. I think in much of the writing that you've done in these sections, and I don't have them spelled out in a completely clean way to tell them to you right now on the phone, but a number of them rely far too heavily in my opinion on the waiver support coordinator's opinion.

We had a CDC Plus group support meeting yesterday in the area 87, we call 13, and we had there a reviewer who wanted to learn about CDC Plus. The questions exchanged there were, and I'm

not giving you his name because it wouldn't be fair to him, that his comment was that when he reviews a client to put on the CDC Plus he finds the ones that are in pretty good shape or the ones that have good support coordinators. The ones that don't have bad support coordinators and he said he finds it about a 50% divider on who has good support coordinators and bad.

Now, we hear all the time that you all have trouble getting good support coordinators. I've had very few. I've had a lot of them but very few and I can do my work myself, but that's not every family. So to make a support coordinator so far up in the evaluation of the client I will tell you I think it is unreasonable and also going to cause difficulties for the health and safety because there are a lot of support coordinators out there and much to our own display - dismay that do not know their clients very well, and do not make the required calls and do not make the required calls and no one seems to check that, that is, the regional offices. And that I've heard from several regions.

So I will put it in written comments specifically sort, it's already been referenced a

couple of times today that you have the support 1 coordinator play such a high role in evaluating a 2 client. 3 I can tell you, I have a fairly decent 4 support coordinator right now; she does not know 5 my son very well, and you can't know a child or a 6 client or an adult that well in a brief visit once every month, two months, six months, depending on 8 where you stand in the system. So that was just a 9 general comment about putting too much value on 10 the support coordinator's participation and that's 11 12 it for now. MS. ARNOLD: Thank you so much, Trisha. 13 Are there other people on the phone that 14 15 have comments? MS. FRENCH: Yes. 16 MS. ARNOLD: Go ahead. 17 MS. FRENCH: Yes, hi, this is Gail French. 18 How are you, Ms. Arnold? 19 MS. ARNOLD: I'm good, how are you? 20 MS. FRENCH: I'm okay. I just have a couple 21 of comments in reference to a couple of these 22 rules. 23 In Rule 65G-4.0214 and I jumped over one 24

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that I was going to speak about, but I'll get to

that one in a minute, about the QSI and the fair hearing, and I think that's a very good addition and I appreciate the Agency's, you know, response in some of the people that had wanted that in there. So I appreciate that you guys are putting that in there, but I thought that where it says, "The Agency shall notify the individual and waiver support coordinator..." -

Are you there?

MS. ARNOLD: Yes.

MS. FRENCH: I'm hearing a bell in the background.

MS. ARNOLD: Yeah, it's not on our side. We're not in a church.

MS. FRENCH: Oh, it's my phone going off. Anyway, back to what I was trying to say.

In reference to the allocation algorithm and regarding the QSI results and the right to request a fair hearing, I thought that what you should put is - add these words and I will send comments to this effect, but "The Agency shall notify the individual and waiver support coordinator in writing of any denial or request for reevaluation, reassessment, etc., resulting in no change to the challenged score and give the individual their

right to an opportunity to request a fair hearing."

And I know that you would be giving them notice but I just thought it should be put in there as the language, the right to due process and the opportunity to request a hearing. I think that would just be an important addition to put in there, and the 30-day requirement - usually that's what it is anyhow for an inadequate notice case and due process case, but that would be fine and that would be also a good addition, the gentleman who spoke earlier about the 30 days for that right to request a fair hearing. That was that for that.

65G-4.0213 under Definitions, number 12,
Individual Representatives. I noted that you have
or whomever, your legal department has deleted the
word "individual's advocate" to "individual's
representative"; I do know that one good thing is
that you did include - I think this is the first
time you put "client advocate" there which is a
good addition on number five, but that I believe
that you need to reinsert either "client advocate"

Let me go back to my other area. Okay.

or "individual's advocate" there in that

definition, even though it's mentioned beforehand as the "individual representative", I think you need to insert one of those two terms, "individual advocate" or "client advocate" in there just to add that back in there because I don't see any reason why it would have been deleted in the first place.

Let me see. I've got like two more areas.

And can you hear me okay, Ms. Arnold?

MS. ARNOLD: Yes, sure can. Thank you.

MS. FRENCH: Okay, just wanted to make sure.

Okay. Thank you.

This is just a small addition for 65G-4.0215 where A, APD added "natural supports" and I'm very thankful to see that that's in there but I thought that in that section directly after "natural supports", even though you had put it in the definition as far as the natural supports being provided voluntarily, which I commend the Agency for putting that in there, that you need to put it also right there. You might not need to but this is just my opinion that after that word "natural supports", you should put "provided voluntarily" and add that in there.

And then I think that there is maybe one or

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two more areas. 65G-4.0217, iBudget Cost Plan. It's number 5.

"If an individual's budget includes significant additional needs beyond what was determined and the Agency determines that the service intensity, duration, etc., is no longer medically necessary, the Agency will adjust...", pay attention to that word, please, "adjust" - "...needs to be matched to the current need."

I think that the word "adjust" even though there were no corrections on this, in the newer proposed Rule, that the word "adjust" needs to be deleted and that the word "reduce" should replace the word "adjust", and, you know, with the understanding, too, that those persons will also be given their right to due process. I just feel that the word "adjust" is not an appropriate word. Even though that's what the Agency will be doing in the background, "reduce" is a better word and, you know, the treating physician comes into play there, the medical necessity comes into play there because once the services are covered the issue is whether the covered service is medically necessary, 42CFR230D. So I just feel, and I will be following up with comments to Mr. de la Paz,

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David de la Paz, or however you pronounce his name, excuse me.

The last - okay, the last section that I have a problem with and maybe I'm just the only person that sees this, but it's 65-G.4.0218, Significant Additional Needs, where it states in number 8:

"No additional funding for an individual's services shall be provided if the additional funding is not premised upon a need that arises after the implementation of the initial iBudget amount."

I don't know how that should be worded, but this language appears to me to be not taking into consideration the numerous individuals' unmet existing and/or preexisting needs that they may have had lifelong where they have never even requested services for those, or perhaps did request services at one time and were denied. And so, to me, this is a limitation there on who can ask for medically necessary services as it being only a need that arises after the implementation of the initial iBudget amount.

So I think that that needs to be changed and I haven't decided exactly what should be put in

there, but I will also follow up with some 1 comments in relation to that. 2 MS. ARNOLD: Great. 3 MS. FRENCH: That was basically all that I 4 had, I think. Let me just make sure. Yeah, that, 5 that's about it for, for what I have right now, 6 and if I come up with anything else I'll send them in comments. 8 MS. ARNOLD: Thank you, Gail. And, yeah, if 9 you think of a better way to say, and of course, 10 this is for anybody, we always appreciate y'all 11 giving us the specific language you think would 12 fix what you're recommending. 13 MS. FRENCH: Okay. 14 MS. ARNOLD: That's always -15 MS. FRENCH: I'll try to figure something out 16 and I appreciate that. 17 MS. ARNOLD: Yeah. And I know -18 MS. FRENCH: Thank you. 19 MS. ARNOLD: - you can't always do that, but 20 if you know what you think would fix it that would 21 really help us a lot. 22 MS. FRENCH: Okay. 23 MS. ARNOLD: Anybody -24 MS. FRENCH: I'll -25

1	MS. ARNOLD: - on the phone? Thank you, Ms.
2	French.
3	MS. FRENCH: You're welcome.
4	MS. ARNOLD: Anybody -
5	MS. MADDEN: I have one question, Trisha
6	Madden, I meant to ask a question.
7	MS. ARNOLD: Yeah, Trisha.
8	MS. MADDEN: In the - I was trying to - it's
9	actually - I'm not sure if I read it correctly. In
10	- where is it? In the definition section, in
11	.0214(2)(g), I may have trouble reading that.
12	Is that saying that the - if you live in a
13	family home the combined sum of questions
14	(Unintelligible) are multiplied by - is that 0.63,
15	et cetera?
16	MR. de la PAZ: Yes.
17	MS. MADDEN: What is the number that's
18	supposed to be there? It's hard to read.
19	MS. ARNOLD: 0.63489.
20	MS. MADDEN: Okay, then that one and then
21	coupled also with that same section except down at
22	level - what - well, (k) is - references question
23	18 and my comment is about question 19 of the QSI.
24	In the previous meeting we had a discussion with
25	Dr. Niu there that said that he agreed that
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question 19 should be added in. I didn't know if

My question is did y'all blend it with 19 included as a special separate weighted item, that is, toileting? And I think that his comment was endorsing the one I had made that the fact that toileting if you're living in the family home can be an extremely long term -

MS. ARNOLD: Right.

MS. MADDEN: Even an hour or two.

MS. ARNOLD: Yeah, and back to the one you just identified, (g), that's where it comes in because there's an additional weighting for functional factors if you live in the family home. So it does take -

MS. MADDEN: Then my next question wsa going to be and initially is that seems like a very low weight. I think again that you all are underestimating the amount of time and effort that it takes to provide services in the family home and yet we're providing a service to you all by costing you less than if you put him some facility, and I don't think you yet have a realistic view of what the - particularly the more severe, even the severe behavior people, but the

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more physically impaired that should be using 24 hours/7 days to take care of them.

MS. ARNOLD: Yeah, and you know, when they -

MS. MADDEN: (Unintelligible) - the family room home is given the same appearance it's always had, that you are demeaning the value of the services provided by those keeping individuals in their family home. Now, perhaps again it may be relevant to the functioning level of - and yet the QSI only to a certain extent looks at functioning level as far as using somebody that's able to do your own care. That doesn't come out clearly reflecting of the QSI. If you're someone who has absolutely no ability to do that, then your rate value - the weight value for the family home is extremely low and would encourage, I think, more families - or is encouraging more families to look at these -- they're receiving and looking more at outside placement, and I think that's a risk that you really don't - as a State we don't need to take because there's not a lot of outside placements and if you go through with the new community service rules on transitioning out of more out of group homes even, the situation gets worse not better, and the advantage of having them

stay in family homes is going to be greatly reduced if people cannot handle things longer. That's just my - and that's 19.

MS. ARNOLD: Yeah, I definitely agree that we're trying to support people to stay in the family home and that's part of what that individual review and extraordinary need process will, will capture. But this algorithm does give some additional weight to situations in the family home. It still may not be quite exactly where it needs to be, but as you remember we talked about it. It's based on historical expenditure data and as we get better and better at coming closer that probably will increase over time.

So you're always going to have that catch area where you've got to have an individual review and look at the situation and see what the needs are to help that person remain in the family home if that's what they want. So that will always be the -

MS. MADDEN: There should be a new section on how to provide that individual review before you run the iBudget and stick them with the budget.

Not before you run the budget perhaps but before you actually implement the budget for that family.

MS. ARNOLD: Okay. 1 MS. MADDEN: So I think that is going back to 2 the earlier comment I made that - and you and I 3 discussed that, that there seems -4 MS. ARNOLD: Yeah. 5 MS. MADDEN: - to be a need, so I'll try to 6 think of some language. Did not have a chance to 7 do it at this time. 8 MS. ARNOLD: Great. 9 MS. MADDEN: But it is a critical area but 10 will try to put in some actual legal language for 11 you. 12 MS. ARNOLD: Okay, thank you. 13 MS. MADDEN: Thank you. 14 MS. ARNOLD: Anyone else on the phone would 15 like to comment? 16 MS. FRENCH: This is just Gail French. 17 wanted to concur with Ms. Madden about everything 18 that she stated. I'm in agreement with everything 19 that she said and I appreciate her bringing up 20 those issues. 21 MS. ARNOLD: Thank you. 22 MS. MADDEN: Denise, it's just that we 23 represent more family members than people in 24 facilities. 25

MS. ARNOLD: Yes, and I'm glad you're on the 1 phone. 2 MS. MADDEN: Thank you. 3 MS. ARNOLD: Anyone else on the phone need to 4 make a comment? 5 Anyone else in the room here? 6 Okay. Well, again, we apologize for our technical difficulties on the phone. We will 8 transcribe this. We will post the transcription. 9 You have 'til May 14th to give us any other 10 comments and then we will go from there with 11 either moving towards final rule or doing another 12 Notice of Change. That would be the two options. 13 So thank you very much for attending and we 14 will end our public comment at this point. 15 (Whereupon, the meeting was closed.) 16 17 18 19 20 21 22 23 24 25

## CERTIFICATE 1 THE STATE OF FLORIDA, ) 2 COUNTY OF WAKULLA, 3 I, Suzette A. Bragg, Court Reporter and 4 Notary Public, State of Florida at Large, 5 DO HEREBY CERTIFY that the above-entitled 6 and numbered cause was heard as herein above set out; 7 that I was authorized to and did transcribe the 8 proceedings of said matter, and that the foregoing and 9 annexed pages, numbered 1 through 60, inclusive, 10 comprise a true and correct transcription of the 11 proceedings in said cause. 12 I FURTHER CERTIFY that I am not related to 13 or employed by any of the parties or their counsel, nor 14 have I any financial interest in the outcome of this 15 action. 16 IN WITNESS WHEREOF, I have hereunto 17 subscribed my name and affixed my seal, this 23rd day of 18 May, 2015. 19

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SUZETTE A. BRAGG

MY COMMISSION # EE 852984

EXPIRES: February 21, 2017

Bonded Thru Notary Public Underwriters

My Commission Expires: 2/21/2017

State of Florida at Large

Public