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

In Re: Public Workshop, Rule 65G,
Florida Administrative Code
January 2015

MEMBERS PRESENT:

Ms. Denise Arnold, APD Deputy Director of Programs
Mr. Art Barr
Mr. David Dobbs, APD, Budget Director

Xu-Feng Nu, Ph.D., FSU, Statistician for algorithm
Minjing Tao, Ph.D., FSU, Statistician for algorithm

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(Whereupon, the public meeting was called to order by Ms. Arnold, after which the following occurred:)

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MS. ARNOLD: Okay. Good afternoon, everyone. This is Denise Arnold with APD.

Welcome to our public meeting. This is the second in a series of public meetings about the iBudget algorithm.

MR. BARR: Is your mic on?

MS. ARNOLD: I don't know. Let me see if my mic is on. Can you hear me? Can those on the phone hear me okay?

A VOICE: Yeah, we can hear you.

MS. ARNOLD: Okay, great. So, again, this is Denise Arnold. I will be presenting some of this information along with Art Barr (ph) with the Agency. And, of course, we have Dr. Nu and Dr. Tao who are statisticians with FSU that will also be answering questions and listening in and providing feedback, and David Dobbs, our Budget Deputy Director is also up at the table with me.

So what we're going to do, you see the Agenda. We're going to - there's a lot of

information to share; some of it is not new, but it's put in more of a formal - if you were part of December's public meeting, some of this will be things you've heard. We don't have all the data to share; we only have some of it. But we are sharing it as we get it prepared and Dr. Nu is working hard to get us all that data analyzed.

So what we're going to do is go through the Power Point. If you do not see the Power Point up here, you can get it off of our website, APDCares.org, under 'News' and under 'Public Notice'. It's also posted there.

We will have certain places where we'll stop and take your questions or comments. As we talked about in the previous public meeting, which that one did not have a phone call in a teleconference, so we're glad to hear more people are calling in. That's awesome. We do have and will review that with you at the end of the Power Point a website or an e-mail, I guess, set up specifically to receive your comments, so at any point in time that you want to provide comments on the algorithm and what we're talking about, that is the most expeditious way to do that.

We are going to -

A VOICE: How, how -

MS. ARNOLD: Excuse me?

A VOICE: Will you state again how to - what is the best way to say something to you?

MS. ARNOLD: We're going to go through it at the end of the Power Point. There's a specific e-mail address that you would send your comments to, and so it's in the Power Point.

But just so you know what it is it's iBudgetalgorithm@APDCares.org.

A VOICE: Okay.

MS. ARNOLD: Okay?

A VOICE: Thank you.

MS. ARNOLD: Thank you. And so we're going to put you on a mute. For all of you on the phone, you need to do a star-6 so that you are muted so everybody's not hearing your background information. We're going to put you on a participation mute so that we can present, so we won't be able to be hearing back from you. But after we get to a certain point, we'll undo that and we'll be able to have a conversation with you. But that way at least you can hear without background noise and all that. So we're going to do that right now.

Before I do that, let me just make sure everybody on the phone, do you have any questions on how we're going to proceed?

Please remember to put your cell phone star-6 which will mute your line.

Anybody in the audience have a question before we go? Okay.

Okay. Off we go.

So, obviously we're talking about the iBudget Florida. A little bit of background just to make sure people are all thinking the same thing we are.

MR. BARR: Do you want me to click for you? Just tell me when.

MS. ARNOLD: Okay, no, I'll do it. Thank you.

MR. BARR: Okay. You have to point it over that way.

MS. ARNOLD: Okay. So we're talking about iBudget implementation, which is authorized in 393.0662 and that was established in 2010. We're talking about revisiting the algorithm because we have now had a full year of implementation. The main purpose of developing the algorithm for calculating Agency for Persons with Disabilities

consumers' budgets is to increase fairness of resource distribution based on consumers' individual characteristics and assessment results, and to predict resource needs before services are decided upon giving flexibility for individuals to spend their funds as they choose, and to enhance the transparence of the fund distribution process and to sustain APD's programs and services. So, if we can predict people's resource needs, our Agency is more stable and more able to serve the most number of people that we possibly can.

One of the things we decided to do in re-looking at the algorithm was to have public meetings. We've already had one. And so some of the things that have occurred since we started having public meetings is we had some feedback from Family Care Council specifically and that was in December. We also had a public meeting on December 18th and got lots of good feedback. We will have another public meeting after this one, February 16th from 2:00 to 4:00 p.m. in the same room here in Tallahassee. We will offer teleconferencing as well for that.

Some of the common recommendations we've

already received from you all as stakeholders regarding the algorithm is that we need to look at the caregiver age, that we think that has some impact on the amount of services people need; how much care the caregiver is having to provide to other people besides the person with the developmental disability; the health of the caregiver; the caregiver employment status. In other words, are they able to be employed if that's what they need to be doing or are they overcome with their caregiving duties and cannot have a job. So that's a big one. And if there's been some protective services involvement in the family home. So those were some things we've gotten feedback from already.

Additionally, we had some conversations last time about looking at the client age 50 and above. We looked at possibly carving out the cost associated or the expenditures associated with transportation, dental, support coordination, environmental adaptations, and medical equipment, and to see what that looks like when we carve it out and decide what to do from there. Run the algorithm absent that and figure out what to do with those expenditures.

So that's one option we'll look at.

To look at the licensed facilities by rate level, so as some as you know we have a lot of residential habilitation levels for services within a licensed facility. I think there are maybe, I don't know, 15 different levels. So, instead of looking at one group home kind of collective cost, we will kind of evaluate the different rate levels.

Include data from the physical section of the QSI. People were concerned that that did not appear to be considered, although it was considered but there's a lot of people that were concerned that it had not been.

That the more QSI questions in general needed to be considered for future algorithm study.

This is Dr. Nu's information. He is the professor and chair at Department of Statistics at Florida State University. He is our primary statistician and Mingjin Tao is also an assistant professor who will be helping him with this analysis. So it's very much a partnership of what do stakeholders think and helping the statistician understand what we think are

important factors. So we are very happy that Dr. Nu and Dr. Tao are back with us; they have some background that's very helpful, and so we're real excited to move forward with them.

So thank you for being here and they'll be able to help answer questions as we get to that portion. I'll turn it over to Art Barr at this point so you don't have to listen to me the whole time.

MR. BARR: Thank you, Denise. It's been a while since I've been up in front of an audience talking about an algorithm, and to everyone on the phone, welcome.

For those that may not have been able to join the link by the link connection and went through our website to get the Power Point, what I'll try to do is tell you what slide number we're on so that you can follow along. Currently, we're on slide number 9.

For those that don't you, did you get to raise your hand, Dr. Tao? There you go. We know Dr. Nu is up front, so thank you so much for this week of meetings and coming together for this public meeting.

Today we're going to actually walk through

what the tasks were for Dr. Nu and Dr. Tao, and we're going to talk about specifically what they were. We may go further into grants, not me, totally grants, than we want to but I think it's important for us. We'll talk about some of the outcomes of the initial task and then where we're going. So we're going to share that between Denise and myself and there will be questions again. We'll get through about 10, 11 slides and then there's a break for after task one and we'll take questions of the audience and we'll take questions from the phone. And, so with that we're going to proceed.

So what were the tasks? Oh, sorry, I'm going to try to go back. Let's start off with where we came from. Our current iBudget algorithm formula. For those that have seen all these presentations through the years, this is a very familiar slide because we handed it out last month as part of your presentation. It's a real simplistic way of looking at what the algorithm for the Agency for Persons with Disabilities was. It was based on an age, an assessment called the Questionnaire for Situational Information which included those things listed, we'll go into it in

a little more detail, and then a living setting. And when you take all those three things together, it kind of shoots down to the bottom here, it determines the individual budget. Let's talk about that in a little more detail.

The current iBudget allocation formula. It was based on the 2007-2008 fiscal year expenditures. I think everyone is aware of that. There was a lot of discussions on that. That's where we kind of walk through these next few slides on how that looks so that we have some information for you. This is not a marking presentation today and it's a fact presentation of what we've been doing, what Dr. Nu has been doing and Dr. Tao.

So the other basic things were that age 21 was a key factor. It's not that other agents worked with that, but the original formula as it stands right now, we're calling it the 2010 algorithm formula was based on the age 21 key factor and living settings, which were divided into family home, independent living, supportive living, group homes and residential centers, residential habilitation center. So those were the areas for the living settings. As Denise

mentioned already, from the feedback that you have all given, you know, we're looking at those very closely.

Additionally, the group home was a point that - this might need a little explanation and I've done this before in the public meetings. It's a combination of group home setting dollars except for the residential habilitation center. So what does that mean?

I won't get into all the technical stuff, but to give you a real clear example, in our old system, our computer system, there were 37 codes for all the services. In our new system we have a 117 in-service codes and 147 procedure codes. What's that mean? It means that we're able to make a more one-to-one correlation between settings and services, so that's the difference when we implemented iBudget the first time to where we're at today. So it's real important because people said we wanted to look at that group home setting and that's kind of where we're going to go into where we're going in the next part of the presentation.

So going back to the question here for situational information was the functional and

behavioral scores, but it was the sum of scores.

What's that mean for anyone who has not seen the QSI? It's basically a section that has questions that start here, and here starts another section and if you took all the different numbers for each one of those questions and added them up and you got a sum of score for that section. So it was behavioral and functional sum of scores. Then there was questions that were also weighted. They were questions 18, 20, and 23. Now, I just said that and people are like, what does that mean? So we did - what it means is it actually is based on transferring. Does a person need assistance with that? It's based on question 20 which is self protection and it's based on 23 which is maintain hygiene. So with those weighted, we were able to have a predictor and that's what we did for the first algorithm.

So this is where we're at in 2014-15. Dr. Nu and Dr. Tao were tasked with number one, which is what I'll be going through in the next few slides: Evaluate and refine the Florida's APD current iBudget algorithm. We're going to talk about what that means. Then the second task is update statistical models for the Florida's APD

budget algorithm to identify new algorithm options, and this is slide 13 for those on the phone. I get going sometimes and I forget. Sorry. Slide 13.

All right. So we're going to start right in with task one. Oh, we went backwards there. Let's try this again. We're going backwards every time now. It's having a mind of its own. Okay.

We're going to examine - now, before anyone - just kind of take a breath; we're going to walk through this. That's why we're going to take questions at the break time because we want to walk through exactly what this looks like on slide 14. Slide 14 says we're going to examine the Florida iBudget algorithm using the baseline data from July 1, 2013, to June 30, 2014. That immediately brings up a lot of questions, so we're going to walk down this path for a little bit and then we'll get to that section.

I see heads going up and down, so probably those on the phone, too, you're saying the same thing. And we'll see if I'm getting it.

Number one, Task 1B is conduct outlier detection and regression models. What is that?

We're going to talk what exactly is an outlier because that's the question you have. "What are outliers?"

And, Denise, if I skip a slide because of my presentation, would you let me know I missed one?

MS. ARNOLD: Yes.

MR. BARR: Thank you so much. I'm not trusting my clicker at the moment.

Okay. Now, outliers are generally individuals with extremely high or extremely low expenditures. But let's qualify that because I know Dr. Nu will if I don't and he can speak to this after we're done with this slide. It doesn't mean that every single person with a high or low expenditure is excluded; it doesn't mean that. They may fit the model. That's why the important word here is "generally". All right. So generally that's what you look at.

Secondly then these outliers could sometimes reduce - this is the issue - they reduce the precision of the model estimation and basically the prediction result. We're going to look at those prediction results. That's what we're going to get to. We're going to give you the hard stuff. Now, here it is, this is what it

looks like. Here' s what the data looks like. But outliers are very important and we looked at that and we know from all the meetings people continue to ask, what is an outlier, why did you do this, what does it mean?

Hence, in practice outliers commonly need to be detected and removed. That sounds a little harsh. What do you mean, "detected and removed"? It's not that we're detecting and removing human beings; it's just that's what we need to do from a mathematical standpoint. Take those outliers, high and low generally; if you remove them it's typically at 10 percent, figure that you're looking at would be removed. All right.

We're going to move on because I know - I see the eyes. We're like, "Okay, all right now. Just kind of thinking through that." Let's get to it. Let's be specific on this project in this task. Out of 29,766 individuals with APD waiver expenditures, and we're looking at fiscal year '13 and '14, it's 9.51%. So I said approximately 10; the exact figure is 9.51% and there you have the exact number of consumers. It's 2,831 individuals. It's a little less than 3,000. That's what we're talking about with the 10%.

And for those that don't know, you know, you saw that we had 29,000 people, just shy of 30,000. So that make sense that we're at 2,831. So these individuals' expenditures were removed. All right. We're going to continue on.

Examine goodness of fit of the selected model. Now, Art Barr didn't come up with that term. "Goodness of fit" is an expression that's used, it's an appropriate expression so we're going to talk about what a "goodness of fit" looks like.

We evaluate the iBudget algorithm based on the 2013-2014 claims. Here we go. It showed, I'm going to talk about "r-square", what that means, as much as we can in a second. It showed that the r-square values of the regression models based on the new data are, and yes, it's in bold "significantly higher than those based on the fiscal year 2007-2008 claim data". We're not going to leave it at that. We're not going to say there you go, here's the bullet, trust us. We're going to show you exactly what that looks like.

So just to recap, we looked at the 2013-14 claim that showed that the "r-square" value of

the regression models were significantly higher than those we used in 2007-2008.

So, what is "r-square"? In a simplistic way, "r-square" is a number that indicates how well statistical model fits the data. I think it's maybe one of the best definitions there are. It's just that simple. However, there's one coming up in a couple of slides that's even more simplistic that I really like.

The next bullet, "r-square" value is the fraction - so this is the definition now - what, what is it? Okay, great, it fits the model. But ""r-square" value is the fraction of the total variation..." - I'm just going to read this - "...of expenditures explained by the model. The total variation is the sum of squares of individual expenditures from the average."

Okay.

MS. ARNOLD: That's where math comes in.

MR. BARR: Now, I'm not that guy. All right. I just want to be - full disclosure, I'm not that guy. But I know there are a lot of students here that are taking stats; you are those folks, so glad to have you here. And Dr. Nu and Dr. Tao are those folks. So, I'll just say one more time

because we really wanted people to know the definition. We - I've been asked for it public meeting after public meeting and I wish I actually had this. I'm not sure how valuable it would have been, but I wish I had it.

So "R-square" value is the fraction of the total variation of expenditures explained by the model and then total variation is the sum of squares of individual expenditures from the average. All right.

So what makes a good algorithm? For those that were around the stakeholder meetings back in 2010, I plagiarized this slide; yes, I did; thank you, Susan Chen. I took it and I copied and pasted it.

MS. CHEN: Good job.

MR. BARR: Thank you so much. It really does give you the visual of what "r-square" as a measure tells you how well a formula fits the data. So, there's, there's a picture. As you see the "r-square" higher as it comes in and then, bang, mess. So that's how I look at it.

So if we go to the over-simplistic definition of "r-square", the way I kind of like to say it, that first bullet: "r-square" value is

a measure reflecting the model goodness of fit; the larger the number, the better the fit. I like that. So, what kind of numbers are you talking about? Zero to one. The larger the number, it's a percent, zero to one, the better the fit.

So, "r-square", here we go. Let's talk about what it actually looks like having run this. These are the facts, Jack. I see everyone reading, so I'll read along with you.

""R-square" value for 2010 algorithm with fiscal year 2007-2008 claims data...", now before removing those outliers that we talked about. Prior to that it came out to a point of 0.52. Remember, 0 to 1, the higher the better? So what - how do you say that in plain English? About half the time. It's just that simple. About half the time this model's predicting accurately according to how Dr. Nu does this, 0.52.

Now, let's look at it with the new data. The "r-square" value for 2010 algorithm with fiscal year '13-14 without the outliers does go up significantly. It goes up to 0.58. So we're almost at 60% and that's the odd fit. So let's keep going on this and do more comparisons

because I know that's what people want to see. If you take "r-square" value in the 2010 algorithm, this is using the old algorithm we just went through, how did we get here, then we talked about age, living setting; this isn't what we're going to do, this is what we have done. If you use that 2010 algorithm with fiscal year '13-14 claims data after removing the 10%, which is really 9.51% - 2,831 consumers, you are up to 0.73 or higher and this 73%, that is a change. And for those that already know what we were at in - when we first ran the algorithm, that's the next bullet - it shows that using the 2007-08 data, we're at 0.67.

So what do you see from that? It's a 5.8% increase from the "r-square" value on that model. Remember, this is task one. We had to look for what we're going to start and we asked Patrick (ph) to run this different ways, so we wanted to see. We know now if I move a lot of arguments, either way, even given that. So that's what we're going to talk about on the break in between the Task 1 and Task 2.

So what is it? 1.0 is a perfect fit of data. It's difficult to achieve that. Anyone

who has seen me over the years out giving the presentations from Pensacola to Key West knows there's one thing I've said in every public meeting I've ever been at, that human beings are not formulas. And people go, "What? He actually said that? I thought that's what you were trying to say." No, we're not.

So you can see right there that a perfect fit, 100%, is difficult to achieve. So what did other states achieve? And it's right there; Louisiana's 0.46; Georgia is 0.75; Colorado 0.26 and 0.51 on two different waivers; you have Oregon at 0.45 and Wyoming at 0.80, which is where we're headed towards. But they started out at half.

MS. ARNOLD: And it took ten years.

MR. BARR: And that took ten years. That's a great point to know.

MS. ARNOLD: And they have 3,000 consumers.

MR. BARR: So for those who didn't hear on the phone, Wyoming has approximately 3,000 consumers. It took them ten years to get from the 0.50 to the 0.80.

So, again, with 10% outliers we're at 0.73. We're a little bit above 73%.

Conclusion for Task 1. This is what we concluded and are sharing with you that the iBudget algorithm developed in 2010 fits the fiscal year '13-14 claims very well because as more customers are added based on the iBudget algorithm and the significant additional needs process, the prediction accuracy is improved. And that's what we're trying to get at.

Is it perfect; is 0.73 perfect? No. I remember Dr. Nu saying in the first meeting maybe 0.80, maybe 0.90; that's what we want to get to as we get better and better. And that really is going to lead us down the road to where we're headed.

So there's one more thing here, Task 1d -

MS. ARNOLD: I just wanted to add to that.

MR. BARR: Go ahead.

MS. ARNOLD: Is this on? I just wanted to add to that a minute. Can you go back to that slide?

MR. BARR: Sure can.

MS. ARNOLD: So the reason why it took Wyoming ten years is for the same reason; you keep adding data and you keep running an algorithm and trying to figure out, and Dr. Nu's

going to correct me where I misstate because sometimes I do; but I'm trying to think of it simply. Why do we do better with '13-14 data than we did in '07-08 in terms of predicting?

We have more people in there, more data, and we also have the people that needed the significant increases in there as well. And so all of that gives you a richer set of data. And so as you continue to refine what you're looking at in terms of variables that we're looking at, what QSI questions, et cetera, and your data becomes more rich, you start to grow the predictability of it and that's, that's really the conclusion. I mean, we're on the right tract; that's the conclusion.

Are we there yet? No. We want more feedback from you, we want to make it the best we can. But that's - I just wanted to say it in my words. I don't know why -

MR. BARR: That's perfect, that's absolutely perfect.

MS. ARNOLD: - but I did.

MR. BARR: iBudget algorithm Task 1d and 1e as we come to the conclusion of Task 1 overall is to make recommendations for the future algorithm,

and that's what we're doing; perform additional statistical analysis, and that's what's going to lead us to the next part of this presentation, Task 2.

But before that we're going to a stop and take questions. What we're going to do is un-mute the phone and because this is a little different having a webinar this time, we may need to take the mic and have you ask your question so that you're recorded. And by the way, if you didn't know this, you are being recorded today so it's too late - but before you speak that way you know we are recording this. And then we will publish, I believe, on the web, Denise, is that correct?

MS. ARNOLD: Yes.

MR. BARR: Which some people have written and thanked us for. So we appreciate that very much.

MS. ARNOLD: I was wondering if maybe we should start with folks in the room and get their questions first -

MR. BARR: Sure.

MS. ARNOLD: - and then we'll un-mute the phones.

So do folks in the audience here in the room

have comments, suggestions, questions from what we've shared so far?

Deborah Linton.

MS. LINTON: Thank you. Deborah Linton, the ARC of Florida. I'm way out of my comfort level on this, but if you want to talk social services I'm your woman, okay?

And I also have one of your students who I found works for us at the ARC of Florida who wants to graduate, by the way, so he doesn't want to oppose anything that's said today. I asked him if he would ask the questions, but he wouldn't do it, so.

MS. ARNOLD: Can those of you on the phone hear Deborah? Oh, you're muted. How would I know? Okay.

Can you speak a little louder, Deborah?

MS. LINTON: Yes. So this is just a question from some of our membership. It said, you know, when we state that the current algorithm was run for 2013-2014, it's "r-squared" value includes - the presumption was it had become more reliable. It seems, however, that comparing the algorithm to a model year when the algorithm was used would always result in a higher correlation. This

would not, however, provide an insight into whether or not the algorithm did a better job predicting the actual funding needs of the client.

Any comment on that?

DR. NU: Well, that's -

MR. BARR: One second. Sorry for this inconvenience, but thank you, sir.

DR. NU: So the Task 1 we did it, it's mainly to verify the model we developed in 2010. Still valid for the new data. The new data we have for 2013-2014 expands it and we also have the new QSI information. So we detect that model still works, still valid for the new data. That's mainly because we have the variables.

Remember our algorithm. We have age, we have living setting, we have the (Unintelligible), we have the Q18, Q20, and Q23. That's our predictors. That's the independent variables. That's why we just want to check if the old algorithm still works for the new data, still valid in the new situation. Actually, we found yes. That's because we have new data, we have more data. Also, some data that's based on the algorithm, so that's actually naturally - we

expanded "r-square" (Unintelligible).

That's why, you see, we are thinking from the beginning 2010 - 2009-2010 when we began to develop this program. We discussed, you see, we should upgrade - update the program algorithm every two years. I think every two years would be a very good schedule. So eventually after 10 years we can reach "r-square" that's equal to 0.85, 0.90. We'll never get a perfect, we'll never get a 100% but we want to reach, you see, as high as possible. So that's the one time when you see continue, when we continue to upgrade, updating our model; we're getting more and more consumers falling in the model. We are going to guide this, you see, the prediction is going to be more accurate.

MS. ARNOLD: Yeah, and when we get into Task 2 - this is still Task 1 - so what he's saying is we looked at more current data, yes, the model's valid. So your kind of question about do you use '13-14 - in previous public meetings we've talked about would we stick with the '07-08, but somehow adjust it for to make it match current world. That's another option, but - so your comment may be more applicable to what you want to recommend

for Task 2, 'cause all he's showing with Task 1 is it's still a valid algorithm.

DR. NU: That observation you mentioned, you said, he or she, that's correct. Okay. The data in 2007-08 and 2013-14, they had called it because that's still the majority still that use the - all the consumers. So that, you see, the body for them - (Unintelligible) - 2007-2008, maybe one consumer gets $50,000, maybe the new year he or she will get $55,000. So that's where we had to call it.

MS. ARNOLD: Other questions?

MR. COLEMAN: Steve Coleman. I'm a senior behavioral analyst. One question is, does this correlation with the outliers taken out, does that imply we should treat the outliers differently meaning assessed their characteristics differently?

DR. NU: So the outliers, that's statistical terminology, and I know, you see, because I work since 2009 here many consumers actually they hated that terminology. They don't want to be an outlier. Actually, outlier, that just means your models don't fit your data for those cases. For those individuals the model did not give a good

prediction because their characteristic because maybe some - for some reason the model for those individuals did not do a good job doing the prediction. So that's the model predicted variable and the actual expenditure, so the difference, that's big. Either it's a negative or it's a positive. Somebody we may give too much money, somebody we may give too, too few money, you see in that case.

So generally for consumers either with very huge expenditures, like $150,000, or some consumer just with a couple thousand. So for those then even - that condition does not mesh with the actual expenditure. So with those consumers we have to put them aside, we have to use a different way to do that to manage how much we should give them. For the majority, the 90%, we use the algorithm to decide how much they will get. But for those people the model did not do good for them, so we have to actually the Agency did that while you see you have to treat this individual as special consumers. You need a special, you see, scheme, special strategy how to distribute the money to them. That's why you see generally we take out the 10%, 10%. Last time in

the 2010 we did that. This time we are doing - we are planning to do the same thing, too.

By taking 10%, those 10% of the consumer will be especially tricky. That will be - you see, their budget. Well, you see, based on - because even though we use those all conditions, but some consumer they do have a very special situation, very special. In that case we have to, you see, use a different way to distribute the budget.

MS. ARNOLD: And, and what we've called that is extraordinary need.

DR. NU: Yeah.

MS. ARNOLD: Or once they're on the waiver the significant additional needs if something comes up. So they do have a special process.

DR. NU: Yes.

MS. ARNOLD: Any other questions from the audience?

DR. NU: Maybe that's -

MR. COLEMAN: Could I do a follow-up?

MS. ARNOLD: Yes.

DR. NU: Okay.

MR. COLEMAN: When I was asking about treating them differently, I really meant does

that mean - not knowing who those outliers are - does that mean that there's an additional tool or a different assessment tool that we should apply with that population? I'm most familiar with the folks that are special need because of their behavior, for example.

DR. NU: Okay.

MR. COLEMAN: And so they're very expensive. We know they're going to be very expensive, but my - I guess, one, I'm wondering if the questions in the QSI for behavior get to the level of their need or they're not predictive. So maybe there's something else we ought to apply to that group of folks.

DR. NU: Yeah, that's a good point.

Denise, do you want to -

MS. ARNOLD: And that really -

DR. NU: - say something?

MS. ARNOLD: - would be our recommend - a programmatic recommendation, and then whatever we as group thought were assessment pieces we needed, Dr. Nu would take that and determine. So that's kind of, you know, up for discussion. And I think that's kind of partly of where we're trying to get with looking at the res hab levels,

too, to see if, if there's something else, that the combined piece of the QSI can help us with, but that's a good point and something, I think, we'll, we'll want to keep looking at.

Any other questions from the field of room here? Field of room? Whatever that was. Sorry.

MR. BAR: Field of dreams.

MS. ARNOLD: I've been sick all week. I'm not up to par here.

Okay. So we're going to go to the phone and I'm not sure how we're going to calmly figure out who has a question, but we'll just ask that you all be sensitive to each other and we're going to take you all off of the general mute, and if you have a question we need you to identify your name so we know who you are and ask your question, and then we will see if we have a response.

You can also just provide suggestions if that's what you're interested in, either way.

MR. BARR: Okay. This is where we find out whether I hung up on everyone or not.

That wasn't funny, was it? I already did something wrong there.

MS. ARNOLD: Hello, everyone on the phone. We can hear you.

I hear some conversations going on, so this is Denise Arnold with Agency for Persons with Disabilities. We're now ready to take some questions from people on the phone. And so if you have question or you would like to provide comment, please let me know that and identify yourself so I can just open up the mic.

And everyone needs to have themselves on mute unless you are going to ask a question.

A CALLER: Can you hear me?

MS. ARNOLD: So to put yourself on mute is star-6.

Yes, I can hear you.

MS. PENNER: I have a question.

MS. ARNOLD: Okay. Go ahead.

MS. PENNER: Hi. My name is Candy Penner (ph) and my question is this: You obviously got a higher correlation when you took the 10% of outliers out. So how does that compare with the other states? Do they also do outliers?

DR. NU: Well, you see, we do need to see whether out of state (Inaudible) was dated, so I believe the Agency needs to collect more information. But, typically, here you see we want to do a good job, so we just, you see, took

out the (Inaudible). That's true so that (OVER-SPEAKING FROM PHONE CALLERS) - we take those outliers and then we fit the model for the rest of them.

MS. ARNOLD: Thank you for that question. Did that answer?

MS. PENNER: It's a little hard to understand.

MS. ARNOLD: Okay. We will look and see what other states have done, but in statistical predictions it's very typical to take out outliers, which is why we did that.

DR. NU: Yes.

MS. ARNOLD: But we will definitely check, that's a very good question. Thank you.

MS. PENNER: Thank you.

A CALLER: I have a question.

MS. ARNOLD: Yes, and you are?

MS. MADDEN: Patricia Madden. In the use of '13-14 as your fiscal year, did you include in that base figure the cost plans that were executed for a number of - approximately 3,000 people, a little bit less, who then did not accept those plans and stayed on their old budgets by requesting hearing? Were they

included in the analysis of the plan of the algorithm against the - were their predicted iBudget plans included in your comparison or are they deleted because people never went on those budgets?

MS. ARNOLD: So I'm not sure; let me see if I understand your question.

Did we exclude anyone from the analysis for the '13-14 fiscal year other than outliers? Is that your question?

MS. MADDEN: No. My question is: you had a number of people, I was one of them, that we had an iBudget cost plan run for us; it was a significant reduction and inadequate and we requested a hearing. Therefore, my son actually never did use the budget that was included as an iBudget budget.

Did you include those in your statistical analysis using '13-14 as a base year, as if we had used that budget or did you exclude our -

MS. ARNOLD: We used the '13 - okay.

MS. MADDEN: - budget and then take it out of that -

MS. ARNOLD: We used the '13-14 -

MS. MADDEN: But did you include it one way

or the other, it affects your figures in -

MS. ARNOLD: Yeah, they were all included when we looked at their expenditures. So that is a problem with the '13-14 is we did have some folks who were in the middle of hearing issues and all of that. And so one of the discussions we had with the last public meeting was that it's very difficult to figure out exactly what year to use to compare because every year that you can pick after '07-08 had, had policies, new waivers, different things imposing itself on the expenditure rate of the individual. So we're going to always have a dilemma with which year do we pick, and so some of the kind of what you're kind of suggesting that has come up before is we may need to look at how to adjust for some of those factors, but it's really going to be hard to find a perfect year for expenditures.

MS. MADDEN: So just if I understand your answer, you did include in the base - Dr. Nu did include in that baseline year the cost plans generated for those people who actually never did use those cost plans; is that correct?

MS. ARNOLD: Yes, but what he - yes.

MS. MADDEN: But you're presuming -

MS. ARNOLD: But what he's looking at -

MS. MADDEN: - that his algorithm is a higher percentage of the validity because you're presuming that the iBudget plan would have been accepted by the courts wherever and they were okay.

MS. ARNOLD: No, no, ma'am; what we used was expenditures.

MS. MADDEN: You used expenditures. Okay. So you did not use the iBudget plan; you used whatever those people were actually getting?

DR. NU: Exactly.

MS. ARNOLD: We, we used what they spent.

MS. MADDEN: Okay. Thank you.

MS. ARNOLD: Yes, ma'am; thank you.

Another question from the phones?

Okay. We're going to move on then to Task 2. We're going to put you back on the general mute so that we can go into presentation mode.

Okay. So where we're going now with Task 2 is kind of where y'all want to be: What are we going to do for the future? So Task 2 is the future. What do we do with the algorithm?

So the task that Dr. Nu has is to update the statistical model. Some of the things that we

have to do to update and we're looking for feedback from you on is we have to determine and refine the dependent variable. The dependent variable in this case is what fiscal year are we using to look at costs, right?

DR. NU: Yes.

MS. ARNOLD: The question that just came up from Ms. Madden, that's the very question, that we have to have an agreement on the dependent variable. What came up last time was some people said we'll use 2007-2008 and adjust it for all the rate changes, all the - all kinds of things that have occurred since then, try to figure out a way to use 2007-2008 and adjust it. And so, you know, maybe that's what we'll try to do.

We also talked about using '13-14 and maybe '13-14 needs to be looked at and adjusted. So there's a lot still to determine on that, but that's critical. Without knowing what dependent variable he needs to use, Dr. Nu can't really move forward.

DR. NU: Sure.

MS. ARNOLD: So then we're also going to look at independent variables. Those are all the things like age and living setting and all the

different QSI questions and the caregiver age, the caregiver health. Those are independent variables. And we also need to agree on a way to identify outliers. We've already explained to you that we did use an outlier methodology. We'll check and see what other states did, but we'll need to have an agreement on that for a final algorithm.

We need to assess and provide recommendations from proving the data integrity, so this is an ongoing work with you all. We have another meeting in February. We'll have however many meetings we need to have to review the data and to try to get to the best result.

We need to test the accuracy of it every way, every which way we think we can, and identify other statistical analyses that are needed to develop a model.

So this is the crux of why we're having these public meetings because we want you all to, one, understand what we did in the past - that's why we went through Task 1 with you - but more importantly figure out what makes sense for the future for a new algorithm.

Review and evaluate and provide

recommendations for improving the final model.

So let's go to Task 2a. When we look at the dependent variable, the year that we used for expenditures, these are the things to consider. We've already talked about this, but they're listed here for you to consider.

You would remove expenditures and that's what we've typically done in the past is remove expenditures for anyone who didn't have expenditures for 12 full months because you want clean data that represents 12 months' worth of data.

Another one is remove expenditures for individual who are not actively enrolled as of January 1, 2013, for this same reason. They're going to have - their cost plan probably hasn't matured. They probably haven't gotten all their services in place, so their expenditures are not really reflective of what they need.

We can include or remove so there's an option here support coordination since everyone gets that, dental services since they're one time typically, environmental adaptations, durable medical equipment, and transportation. At the last public meeting it was recommended that we do

pull out transportation and do something different with that. So this is an option and this is the kind of thing we need to know where we're going to land. Are we going to include everything and not remove anything or are we going to consider removing the ones that are listed here because they tend to not, not be the same for everyone and in the case of transportation the rates are so very different across the state that what someone needs for one trip is not the same as what someone in a different part of the state needs for one trip.

In the case of support coordination, you know, it doesn't really add anything. It's - everyone gets one. It's an expected expense. In the case of environmental adaptations and durable medical equipment, they are very specific and not repetitive services. So they're one-time things that as the need comes up need to be allotted for, and the same for dental.

So that's another question. Include or remove the geographic rate differentials. As you know, the, the southern counties - Palm Beach, Broward, Dade - have geographic differentials. Should we remove them or include them?

Some of the things we've already heard is the stakeholders asked for Dr. Nu to look at different ages, so he will be evaluating zero to 20, 21 to 49, over 50, and possibly looking at 21 to 59 and over 60 because you just kind of have to try a bunch of different things to see where the prediction lands, which, which age do you start to see a spike in service needs. So that's another consideration.

We'll use all the QSI data in its most current form. We'll use all the questions, including the three sections that you're very familiar with, the functional, behavioral, the physical. But there are other questions in the QSI that have to do with your community inclusion, some of the changes you've experienced over the last year, things that don't go into the calculation of the level of the QSI but are very important for planning. Those are also pieces of data that Dr. Nu will have, so that he can see if any of those have a correlation to cost.

We recently added the QSI addendum to try to capture the family risk factors that we've heard from stakeholders are out there. And if a family has these kinds of risk factors, their likelihood

is they're going to need more support, more paid support typically. And so those factors are: primary caregiver unable to give care due to health status of the primary caregiver; that there are other people in the family home who need to be cared for, other than the individual with developmental disabilities. We're looking at the age of the primary caregiver. We're looking at the unemployment of the caregiver and if that's by choice or if it's due to primary caretaking responsibilities. And we're looking at people that have been removed from a living setting with adult protective services.

So those are all the new pieces of information that were not available back when we first did the new model or the 2010 model.

We've done about 3,000 of the QSI addenda. We continue to do them as part of the QSI assessment ongoing. Every day that goes by we'll have more of those pieces of data. And when Dr. Nu just took a little quick look at all that, he found that the five predictors explained about 2% of the total variation of the dependent variable, so again the dependent variable is the cost, the expenditures. So the five predictors together

explain 2%.

If the primary caregiver is unable to give care due to the health status of the primary caregiver, that is a predictor. There was a relationship there. So if they have health issues there was a relationship to the cost. It kind of moves slow here.

MR. BARR: It does.

MS. ARNOLD: If there are others in the family home who also need to be cared for, there was no prediction, no predictive value found. If the caregiver is unemployed due to primary caretaking responsibilities, that was a predictor. And adult removed from living setting by protective services was not a predictor. So you had a couple of them that resulted in about 2% in increase in prediction.

Excuse me, three of them. Caregiver's age was a predictor.

Living setting. Another thing that we'll be looking at. Family home, independent living, supported living, and licensed residential facilities will be what we look at. We've already talked about looking at the different levels within a residential facility. Y'all gave

that recommendation at the last public meeting, so we will definitely take a look at that. We're looking at any other kinds of issues you want us to look at in terms of living setting.

Do you have some other thought that we need to consider other than what we're already looking at? That's it. We need your feedback.

We will take questions in a moment, but just to kind of remind you where we're going, we'll have another meeting in February. We'll discuss the draft model based on the comments you're giving us last month, this month, and anything we received by the website. Some of the questions that, that are going to happen are policy decisions that we need to make as a program and they're not statistical questions for Dr. Nu. So we'll just have to remember that. And some of those are if you ran the algorithm new on everybody, do you give them the new budget? Do you cut people to get less? Do you give them a year or two to work towards it? All those kinds of things that you'll remember from the initial implementation. And then we'll talk about next steps at our next meeting.

Here's the website or the specific e-mail to

send your comments and your suggestions. And at this point, we're going to go ahead and take questions on Task 2. So remember Task 2 is the biggie. It's how to improve the model. We need to know your recommendations. What we presented on the slides is things we've either heard from you or things we're considering.

We need to know, do you like those ideas? Do you hate those ideas? What's your idea? We need to know specifics. Now we're in the nitty gritty. We can't just, you know, wallow in that. We've got to go forward and part of what we'll do is go forward with the things we've talked about and learn what the data shows us, but it's very important that we hear from you. And, really, any time is fine but within the next week is preferred because we really need to start giving Dr. Nu his final marching orders, so to speak, so that he can make his time frames.

So I'm going to open it up for questions on Task 2, either questions or comments, suggestions you would like us to consider and we'll start with the room here. Anybody in the room, questions or comments based on what you've learned so far?

Steve?

MR. COLEMAN: My question is, is there a role for the difference between expenditure and allocation? It's sort of like the icing on the cake. I don't know what that is but I don't think, I don't think - I think there's a gap there and so I just wonder if there's a way for that to influence the algorithm and subsequently different - a different approach to allocation.

MS. ARNOLD: So looking at what we've approved versus what someone expended.

Dr. Nu?

DR. NU: So we always look at how you say expenditure. So actually, you see, the model maybe came with a different number, but generally last time we had two. One (Inaudible) was called an algorithm. One (Inaudible) was called methodology. So that's - the predictive value is quite far from the real expenditure. So the Agency needs to find a way to, you say - how to you say decide what's the final number to give the consumer. But for the model, the model improvements, we never use model predictive ideal. We use the real expenditures. That's our - you say, we try to eventually our prediction

more and more closer to that real expenditure. But that variable we are using, we use that real expenditure.

MS. ARNOLD: But it's something we could do if we decided to do it?

I think that's the question. If we thought that it was worthwhile looking at -

DR. NU: For accurate development we use the real expenditure; we don't use anything else. But for the, you say how to decide that consumer - how much to give them so you can - you can say, I would give you a number; that's your reference. For some consumer, that's probably - they get much more or they get much less. So at the home, I mean, the Agency needed to figure a way how to, you say, move the algorithm.

MS. ARNOLD: Okay. So it sounds like what you're saying is there may be part of our methodology needs to compare what the algorithm said to what we currently approved?

DR. NU: Exactly.

MS. ARNOLD: Something like that?

DR. NU: Yes.

MS. ARNOLD: Okay.

DR. NU: Okay.

MS. ARNOLD: Good. Thank you.

Other questions from the room? David?

MR. YON: I was just going to say I think part of the issue that's - sorry. Part of the issue is -

MS. ARNOLD: Would you identify yourself?

MR. YON: Sure. I'm sorry. I'm David Yon. I'm retained counsel for APD and enjoy working with the folks here on developing this rule.

One of the issues I wanted to bring out is that you are - you have certain statutory constraints in that you're trying to fit this within the definition of the statute.

As I understand the question part of it is if the algorithm no matter how good it is may miss one person, what are the steps you can do to take care of that person or that individual, or it may be, you know, depending on how accurate it is, you'll have more and more individuals but part of that is, look, you have to just kind of sit down and analyze the statute 'cause you can't go beyond what the statute gives you in terms of the flexibility there. And what we got some guidance from the court in the last decision that narrows some of that discretion.

MS. ARNOLD: Yeah, true. Thank you very much.

Other questions on -

MR. YON: Ideas on how to do that are appreciated, I guess, too, that's what I meant to say.

MS. ARNOLD: Yes, yes.

DR. NU: Thank you.

MS. ARNOLD: So I think that Mr. Yon is kind of explaining that we do have a very specific statute so as you read that statute and come up with other ideas that you think would meet the definition of this statute, we want to hear about that. That would be very helpful.

Questions, comments from the room?

Okay. Well, we're going to go to the phone in just a moment as soon as we undo our mute.

Okay. Good afternoon, those of you on the phone. We are ready to take questions from you, suggestions, comments. Do we have someone that would like to speak?

A CALLER: Denise, I have a question.

MS. ARNOLD: Go ahead, Suzanne.

A CALLER: Okay. Can you hear me?

MS. ARNOLD: Yes. Would you identify

yourself?

A CALLER: One of the difficulties in looking at the algorithm and, you know, we can understand there's a score for different variables and that there's the mathematical calculation and work at improving that, and that's a good process and I do appreciate seeing what you've done. But practically knowing how this equates to services of cost plans, it's very difficult to translate.

So is there a possibility to develop either showcases and how it is equated to certain service cost plans in different living arrangements at age or whatever and make those available for us to look at to see how it plays out?

MS. ARNOLD: Are you speaking about case -

A CALLER: Because knowing what this means -

MS. ARNOLD: - examples, Suzanne?

A CALLER: - is very difficult.

MS. ARNOLD: What is she saying? Case examples? Is that what you heard?

ANOTHER CALLER: How many people are talking?

MS. ARNOLD: For those of you on the phone, you still need to have star-6 so that you can mute your background noise because we're getting

a lot of feedback.

I think Suzanne's question from Florida area was could we get examples of how it applies? Is that what you're suggesting?

SUZANNE: Yes, because having a mathematical score and knowing what that means as far as a cost plan or service packages, what it equates to and I think that's what a lot of folks are touching on.

MS. ARNOLD: Okay.

SUZANNE: Maybe we need to look at more of some of these other factors, but what factors equate to all service levels.

MS. ARNOLD: Okay. Other people on the phone that have a question?

A CALLER: Denise, can you hear me?

MS. ARNOLD: Not very well. If those of you on the phone could mute your line, we can hear the conversation going on.

Okay. Go ahead.

MS. McNABB: Hi, this is Julie McNabb from Horizons. I wondered if support coordinators - if data had been run by support coordinators to determine if they were a predictor?

MS. ARNOLD: Okay. Run it by support

coordinator to see if there's a difference?

MS. McNABB: Yes, if they predict - if there's any kind of prediction in terms of, of - it gave any predictive value in terms of different cost plans for various individuals.

MS. ARNOLD: Okay. Okay.

MS. McNABB: That's the same thing I discussed in the - in my - I just, you know, want to make sure that the process really remains objective if that's what it's supposed to be.

MS. ARNOLD: Okay. Good suggestion. Thank you.

People on the phone, is there someone else who would like to give a comment?

A CALLER: I have a question.

MS. ARNOLD: Yes.

MS. VOSS: This is Wendy Voss. I have a -

MS. ARNOLD: Go ahead, Wendy.

MS. VOSS: I have something - (Inaudible) - be getting, like, cancer and other diseases like that and if putting them in the hospital (Inaudible) algorithm to increase the services in the group home or a family setting? Or when I need an increase of let's say (INAUDIBLE).

MS. ARNOLD: I'm sorry, Wendy, you're

breaking up.

MS. ARNOLD: Excuse me, those of you on the phone - Okay, Wendy, can I see if I heard the question? Are you asking if people's hospitalization is considered?

MS. VOSS: No, I know (INAUDIBLE). considered.

MS. ARNOLD: You're breaking up 'cause we get about every other word, so I'm sorry, I'm just not getting your question.

(NUMEROUS VOICES SPEAKING AT ONCE.)

MS. ARNOLD: What I would suggest is you go ahead and send us your question to the iBudget algorithm at APDCares-dot-org, Wendy, because I, I -

MS. VOSS: Okay.

MS. ARNOLD: - can only get part of your question and we'll be sure to respond back to you.

Other people on the phone have a question or a comment?

FEMALE CALLER: I have a question.

MS. ARNOLD: Okay.

FEMALE CALLER: Can I speak?

MS. ARNOLD: Yes.

FEMALE CALLER: When's the next meeting, what date in February?

MS. ARNOLD: February 16th from 2:00 to 4:00.

FEMALE CALLER: Okay.

MS. ARNOLD: Up there.

FEMALE CALLER: All right. Thank you.

MS. ARNOLD: Yes, ma'am.

MS. PENNER: And I have another question, please.

MS. ARNOLD: Go ahead.

MS. PENNER: This is Candy Penner. And I wonder if you're open to further suggestions about changes or improvements in -

ANOTHER CALLER: Can you repeat the question? We're having trouble hearing.

MS. PENNER: - some of the questions -

MS. ARNOLD: Are we open to improvements in the questions in the QSI?

MS. PENNER: That's it.

MS. ARNOLD: Yes, we are.

MS. PENNER: Okay. Thank you.

MS. ARNOLD: Thank you. Folks on the phone, we're getting a lot of feedback. If you could just check and make sure you are muted, star-6? Then we would be able to hear folks' questions

better.

MS. PENNER: I do have one more question.

A CALLER: Did somebody say I have a question?

MS. ARNOLD: Yes, go ahead, I hear you.

MS. PENNER: Okay. Maybe, maybe you mean me. This is Candy Penner again. And my question is this: About - (Inaudible) - how many people had asked for a fair hearing that they had their current amount that they (Inaudible) at that level. So rather than - (Inaudible) - why didn't the algorithm take the (Inaudible) - suggested fair hearing amount and use that? It seems like that extra money would because of the ones that were closed and because of fair hearings.

MS. ARNOLD: So you're suggesting looking at the budget they approved before the reduction?

MS. PENNER: No, the budget of the - the reduced budget for both the (Inaudible) after the fair hearing. Use the expenditures which were higher rather than the iBudget algorithm - (Inaudible) - why won't you use that? That's what the -

(NUMEROUS CALLERS SPEAKING TO EACH OTHER.)

A CALLER: I could not hear her question.

I'm not hearing the questions because of the background. Could you repeat the question?

MS. ARNOLD: Candy? Hey, Candy? Are you still there?

MS. PENNER: Yes, yes, I had muted myself so I'm back on.

MS. ARNOLD: Okay. So you're talking about the 3,000 people or so that - can you say it again?

MS. PENNER: Yes. I'm not talking about -

MS. ARNOLD: Requested a fair hearing.

MS. PENNER: Okay, yes. For a person who requests a fair hearing, they have their budget frozen at the amount they were currently getting rather than reduced for those who got a reduction from the iBudget. So rather than the amount expended being counted in this that we're talking about today, why discount the iBudget assigned amount -

MS. ARNOLD: Okay. The cost plan. Okay. Thank you. We got it.

MS. PENNER: Okay.

MS. ARNOLD: And I think that was brought up by another person in the room here, so I think we understand what you're saying. Thank you.

Other people on the phone have a question or comment?

MS. MADDEN: Yeah, this is Trisha Madden. I have a question about the outliers.

MS. ARNOLD: Okay.

MS. MADDEN: When you said they were removed from the model for comparison of its success rate so the outliers as I recall earlier in the presentation were to be those people who were the highest or lowest budget.

Has any further examination been made of why they were in those positions and why they were not legitimately a part of the test if their expenditures were adequate or accurate for their usage?

MS. ARNOLD: Well, one of the things - I'll let Dr. Nu answer, too, but one of the things that I know we're looking at is the residential habilitation levels. We suspect that the different levels in there are accounting for some of that, but let me let Dr. Nu speak to that one.

DR. NU: Well, that's - why we have a model, some consumer expenditure that's not a well predictive. That may be due to many reasons. Probably we need more independent variables. We

need more predictors. Like, this time I hope we - that even citing we change from three or four levels to more than 10 levels. That's may partially solve the question. But generally you have a model, you always have some individual number; your model could not predict that well.

MS. MADDEN: That I understand. I actually fortunately had to be a student of statistics because of the field I was in.

DR. NU: Yes.

MS. MADDEN: My question now goes more to the practicality for the allocation of iBudgets for people in those positions.

Denise, a suggestion for those questions to be looked at.

MS. ARNOLD: Yes.

MS. MADDEN: If those outliers were actually receiving the services that they needed then I think you did mention you were going to look at them and see if there was some way to handle this separately because although his model is working statistically well, it's not really covering the whole population until you -

MS. ARNOLD: Right.

MS. MADDEN: - resolve the issue of the

outlier.

MS. ARNOLD: Yes.

MS. MADDEN: So '13-14 you may find yourself in a better position than next time you have an iBudget run, but I have to question somewhat the accuracy of his validity in a practical world as opposed to a statistical world.

MS. ARNOLD: Yeah, and two -

MS. MADDEN: And that is my question.

MS. ARNOLD: Yeah, I think two things we're doing about outliers. We're trying to figure out some other independent variables to run to see if there's things there that predict it that didn't predict it in the past 'cause we didn't have that data.

And then secondly because you probably are never going to get everyone perfect, what do we do about the outliers in terms of either better assessing them or what methodology do we use for their budgets.

MS. MADDEN: I have one other question, too, when it comes to the age factor of the client. In the age factor of the client, I found the discussion in the first workshop interesting of some of the assumptions that were made about

which age is considered aging. In the general population, there is no given actual medical reason to pick a particular age when people change if you're doing it from practical purposes this is to be. And so the thought that you would look at a flat number, one number, in -- as a variable to the algorithm to indicate the time when he would presume that people start aging, I think it's going to produce really inaccurate results.

My son, I think I mentioned in a comment to you, that I wrote to you is only 40, but unfortunately for him he's aging and in fact his syndrome bespeaks early aging. So the artificiality of creating an age whether it's 50, 55, or 45 or whatever is going to have chilling results and inaccurate results.

MS. ARNOLD: Yeah, and probably we might have stated that wrong. Dr. Nu does look at all the ages, so there is data that he's looking at all ages and he's looking to see what those peaks are.

(SEVERAL CALLERS TALKING TO EACH OTHER.)

MS. ARNOLD: If folks could please put their mute button on, we can hear conversations?

MS. MADDEN: (INAUDIBLE) - if you put that as a new QSI and how you're going to work that and how you're going to use it, how it's going to fit into an algorithm weighting factor.

That's just one thing I'm still concerned about.

MS. ARNOLD: Yes, okay. Thank you, Trisha.

Other comments from the phone?

MS. MADDEN: I have one question for Mr. Young? Is it Young? The attorney in the room?

MS. ARNOLD: Yon, yes.

MR. YON: Yes.

MS. MADDEN: The legislature - I heard it one time, there was going to be some question about the after the Stevie (ph) case approaching the legislature again to consider that perhaps they - their formulation in statute was somewhat limited given the nature of our population.

Is that still being considered or are we just saying we've got it, we have to work with it, and we're dead?

MR. YON: That would not be my decision. That would be the Agency's decision.

So, Denise, I don't know. Do you have thoughts on that?

MS. ARNOLD: Yeah, I think, you know, that the legislative session will give us that information. There's a lot of people interested in iBudget, so I think we just say stay tuned because different people, including the legislature, might have some ideas on what needs to be changed.

MS. MADDEN: Can I ask you, which committees are currently looking at the iBudget, the budget level for ABE?

Or, Mr. Yon, may I just send you a couple of questions by your e-mail?

MR. YON: Right. Any of the Health and Human Services committees, both -

MS. MADDEN: I can't quite hear him.

MR. YON: I'm sorry. Any of the Health and Human Services policy and appropriations committees are looking at the iBudget. I don't know any or have not been a party to any committee meetings where they actively discussed changes, but all of them are familiar with our Agency and are very interested in the iBudget and the algorithm. Also, the governor's -

MS. MADDEN: I think -

MR. YON: - the governor's recommended budget

is coming out within the next few weeks and we'll see if the governor has any proposals.

MS. MADDEN: I'm not quite sure I heard that last.

Are you saying you do have proposals you're going to present or you don't?

MS. ARNOLD: No, we do not.

MS. MADDEN: You're depending on the legislature to take its own view of what they want to do with the Department?

MS. ARNOLD: Right.

MS. MADDEN: Is that correct?

MS. ARNOLD: And the governor's office.

MS. MADDEN: Okay. I was just - that's an old lobbyist's question and concern.

MS. ARNOLD: Thank you.

Other questions or comments from the phone?

Anybody else in the audience? Okay. We've got another question or comment here.

MS. LINTON: Just a comment. Deborah Linton of the ARC of Florida.

As you move along on the algorithm, our membership does not feel we can divorce them from the promulgation of the iBudget rule. So we really think these two things have to go hand in

hand. We don't really see them as separate issues. So I'm hoping they're going to be put together at some point in the future. It would really only make sense.

MS. ARNOLD: Thank you, Deborah.

Anyone else on the phone that has questions? Again, I'm going to put up - oh, wait, it's already up there - to remind you at any time if you want to ask a question or provide a comment, suggestion, anything.

iBudgetalgorithm@apdcares.org., we would really appreciate your thoughts to be received to us by next Friday at noon if at all possible. That way we can at least work with Dr. Nu and Dr. Tao on what to do next, so your feedback's very important. However, we'll continue to take feedback past that time as well.

So I want to thank everyone for attending. We really appreciate your participation and we will see you at our next public meeting on February 16th. Thank you.

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(Whereupon, the meeting was concluded at 4:00 p.m.)

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 66, 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 6th day of February, 2015.

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