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

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

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

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

MEMBERS PRESENT:

Ms. Denise Arnold, APD Deputy Director of Programs
Mr. Art Barr, APD, Program Manager
Mr. David Dobbs, APD, Budget Director
Eva Fambro-Price, APD, Operations Review Specialist

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

ORIGINAL

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

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6 MR. BARR: This meeting is publicly noticed
7 for today, March 2, 2015, 2:00 to 4:00 Eastern
8 Standard Time. This meeting is also being
9 provided in the link which an address was provided
10 in the public notice. We'll be taking questions
11 during the question time. Eva Fambro-Price will
12 be monitoring the computer for us. And,
13 additionally, there will be questions at the end
14 and we can open up the phone lines possibly and
15 we'll see if the feedback links are good. We've
16 had problems in the past, but it went very smooth
17 last time and we thank you all.
18 So at this time again I'd like to introduce
19 Dr. Niu and Dr. Tao. Yes, there she goes. She
20 stood up this time. I didn't have to ask her.
21 And we're going to dig right into this meeting.
22 I'm going to find my clicker if I can.
23 Very exciting where we're at. For those
24 that are new, and there's a couple of folks that
25 caught up online, let's just go through exactly

where we're at because the first slide, you also have handouts which is a presentation of the slides and you have another one that's called Independent/Dependent Variable Analysis. So those are also located online at our website at iBudget.org and it's under the Rules and Regs. They were posted this morning and you'll be able to follow along with this presentation using the handouts and the slides in front of you.

We are going to - at some point we'll put up a question mark that says "Questions from the Audience". If it's okay, we'd like to ask you to hold your questions to those break points and then we'll take the questions, and there are several breaking points throughout - that didn't come out right, "breaking points". There are several stops for questions throughout the presentation.

Also, today's Power Point, as I mentioned, is on iBudget.org, but there's the link in the Power Point. You can cut and paste it and go right to the Rules and Regs section. What's important is that we also have our previous Power Points. We also have transcriptions and we have audio, so this is being recorded. We take that audio and we post it online, too. And the reason

that I'm mentioning - taking a little time with this is because these meetings have kind of built on one another. We started off, you know, we went into a lot of information on what is R-square and those types of things with statistics. We built on it and built on it to the point now today we're at the third or fourth level of a presentation, so if you still - you can still ask any questions you want but you may need to go back and revisit some of those Power Points handouts.

Okay. So those on the phone you'll have the opportunity to ask questions and if you are on the link you're able to type in and during those breaks we're going to read your question out loud in a microphone so everyone can hear, and then we'll go ahead and attempt to answer that. There will be - we have been taking public comments for many, many weeks now. I guess it's actually going on months, too, and those will all be posted. We're going to post every one of those, every question the way they've come in and you'll have those available very, very soon.

Again, I've already introduced Dr. Niu and Dr. Tao. We thank you for your participation today. Their participation will be in all the

technical aspects of the questions you have. Dr. Niu is the Dean and Chair, I should say, of the Department of Statistics, and Dr. Tao is the Assistant Professor. Someday, right, Chair?

All right. Just to bring us up to speed, really simple stuff. We've got the background slides down to just one or two now, 'cause we're kind of on the same page and if not you can catch up quick.

The current iBudget algorithm in the most simplistic terms is a combination of age, living setting, and we call QSI questions, which is Questionnaire for Situational Information; that's our statewide validated statistical assessment for - we ask clients - it's done every three years or more often if needed. So the ages under 21 and over 21 and the current algorithm in the living setting is just simply family home, supported living, group home, residential habilitation center. That's how the current algorithm is being run. The QSI functional and behavioral sum of scores: In simple terms, you take all the scores, just add them up, in that QSI assessment and you get a number. That's what it is. It's a sum of scores.

1 Then there's additional questions that are
2 weighted in the algorithm, the current algorithm,
3 which is question 18 is just transferring;
4 question 20 which is maintaining hygiene; and
5 question 23 was self-protection or self-protect.
6 All right.
7 The task that we are talking about in our
8 public meetings over the last couple of months for
9 Dr. Niu and Dr. Tao and the Agency and with your
10 input as stakeholders is to evaluate and refine
11 Florida APD's current iBudget algorithm; and task
12 two is update statistical models for the Florida
13 Agency for Persons with Disabilities iBudget
14 algorithm to identify new algorithm options. And
15 much of today is to be focused on that part, task
16 two. That's where we've moved on to. So you want
17 to look at how things are working out, where are
18 we, where are we going, what's the next steps?
19 All of that will be provided today.
20 R-square value. We've gone over this quite
21 a bit over the last few meetings. We're down to
22 one slide now. How's that for all? I see a
23 smile, I see two smiles. I'm going to take that.
24 So R-square examines the goodness of fit of
25 a selected model and really relates to how well

that model is doing and I love the second bullet because that's the most simplistic term for it. It's "What makes a good algorithm? R-square value is a measure reflecting goodness of fit; the larger the number, the better the fit." So if you have an R-square 50, that's about halfway. If you have R-square 75 it's much better. The larger the number, the better the fit.

Now, see, right through to R-square outliers. We are just rolling.

Outliers. That's because you gentlemen - I know these guys up front, they didn't get to come to the last meeting, so I was looking at them like - we do have a question online?

MS. FAMBRO-PRICE: No, there is no sound. They cannot hear you.

MR. BARR: They cannot hear me?

MS. FAMBRO-PRICE: No, they cannot.

MR. BARR: That would not be good.

MS. FAMBRO-PRICE: They said they cannot hear you.

MR. BARR: Okay.

MS. ARNOLD: Can you hear us now?

MS. FAMBRO-PRICE: Yes, they can.

MR. BARR: Okay. Can folks hear us on the

phone?

MS. FAMBRO-PRICE: They can't respond.

MS. WRIGHT: We can now.

MR. BARR: Okay. Thank you so much. That was a very awkward technical glitch, so I'm going to have to - for those on the phone, I'll do a quick recap saying I apologize to our audience for that, but let me do a quick recap. I'm going to put everybody on the phone on presentation mode and we'll be coming off at times for your questions.

Okay. Thank you, Eva, for that.

MS. FAMBRO-PRICE: You're welcome.

MR. BARR: So I know some people are watching online, but we really do need to do a recap for everyone very quickly.

Again, this is a publicly noticed meeting. You get all doubles on this; you're going to know your stuff. A publicly noticed meeting for March 2nd from 2:00 to 4:00 Eastern Standard Time. It's also provided on link where you can ask questions and watch the slide show, and the information and handouts have been posted on the iBudget Florida website, iBudget.org, one word, iBudgetFlorida, one word, dot org, website, under Rules and Regs.

And so we have gone through a few slides. I'm just going to go back really quick.

Thank you, Dr. Niu and Dr. Tao, again. You get, like, introductions today, so there you go. It's very nice.

And we're going to move on to the current algorithm. For those that have been watching online, you couldn't hear me but I'm sure you've seen this slide before. It's basically age, living setting, and Questionnaire for Situational Information, questions. And then we'll take questions during the break if this was too fast for you, for those that were on view.

The two tasks are evaluate, refine Florida's current iBudget algorithm and the second one we'll be focusing on today is update statistical models for the Florida APD's iBudget algorithm to identify new algorithm options.

R-square. One slide today. For those that were watching without sound, you were like, wow, that was quick, I can't hear him. Examine the goodness of fit of the selected model. Your R-square's number that indicates how well that model was doing. And then the second part has always been my favorite, "What makes a good algorithm?",

is simply R-square value is a measure reflecting the model goodness of fit. The larger the number the better the fit. Very simple when it's stated like that.

Outliers. This is where we're headed to, so we're pretty much catching up. Outliers are generally individuals with very high or very low expenditures, but it doesn't mean they're only, but that's generally what we mean by an outlier because sometimes we do precision of a model estimation therefore affecting the prediction results. Additionally, in practice outliers commonly need to be detected and removed from the data. This has been one of the discussions that we've had a lot of. Today we're going to show you the tentative model and this has been at the request of stakeholders, by the way. We tried to look for a model that's under 5% or 5% or less outliers. So one of the things you can see in your handout is we have a result of a tentative proposed model that would have 4.94% outliers or 1,264 - and 1,264 consumers.

I believe when we first started a couple of months ago we were talking about 10%. You know, a much larger number, so this is what we're looking

at but we're also going to show you what it might look like at 10% towards the end of this slide presentation. I saw some nodding heads; that's a good thing.

MS. ARNOLD: I want to add one thing, Art.

MR. BARR: Sure.

MS. ARNOLD: This is Denise Arnold with APD. I wanted to add on outliers just that if someone is an outlier, what we typically do to identify their budget is through an individual review process. So if the algorithm, if they're removed from the algorithm calculation, it's not that we come up with some other formula for their budget; we actually do more of an individual review because their costs are either so high or for some reason so low that we're going to have to take a look. So they still are identified and have a budget; it's just the algorithm doesn't really predict them very well.

MR. BARR: Thank you.

So we're going to go through what happened at our last meeting. There were six main questions that came out that we wrote down and then we looked at closely, and we're going to give you those results. So the first question is to

1 check supported living and test people in
2 supported living who have a live-in rate - that
3 was the first part of the question from our last
4 meeting, and then we also added into that looking
5 into the personal supports quarter-hour in
6 conjunction with that. So if you're looking at
7 that service with that rate structure. That was
8 one of the questions we were asked to look at.
9 The second one was to remove and at, yeah,
10 last meeting we said approximately 6,000, but it's
11 6,300, folks from the dependent variable for those
12 that had a reduction but did not request a
13 hearing, did not request a hearing.
14 The third question was to add back the
15 fiscal year 2007 and 2008, transportation
16 expenditure difference was about $20 million
17 compared to current levels. Those are the first
18 three questions.
19 Then the next three: Take a closer look at
20 the cost of residential living settings. What
21 came up in our last public meeting was just take a
22 look at that, we're not sure of the groupings
23 because it seems like this grouping doesn't quite
24 fit, you know, as far as the rate structure, so
25 that's what we did. Then take a closer look at

1 services that have ratios. Two of those services
2 allocate training and another one is companion.
3 Ratios meaning like a companion, you might have a
4 1 to 1, 1 to 2, or a staff ratio of 1 to 3
5 consumers.
6 Then we had a question: Take a look at
7 people ages 3 to 12, and you see in all the
8 previous slides it was 0 to 12, but we don't
9 really serve anyone under 3, so we just changed
10 all those to 3 to 12; and then 13 to 20
11 separately.
12 So I think we've captured pretty much the
13 questions from the last meeting and we're going to
14 give you the results, so at this time I'm going to
15 tag team with the Deputy Director of Programs,
16 Denise Arnold, and I thank you for your
17 participation today, and I'll give you the clicker
18 and you can go ahead. Thank you so much.
19 MS. ARNOLD: All right. Thank you.
20 Okay. So the first one we're going to talk
21 about is looking at supported living in the live-
22 in model. And so what we did is we did look at
23 all those claims and, and see what correlated.
24 And what we found is that this independent
25 variable was significant, so someone was getting a

1 live-in rate. It is significant. And also that
2 we're capturing it by the use of our needs
3 assessment questions, question 18, 20 - 18 and 20.
4 And since our proposed model includes those, we
5 believe we've captured the concern about making
6 sure we look at people who have a day live-in
7 rate. So that's it for that one.
8 The next one is about removing 6,300 people
9 from the dependent variable, and just as a
10 reminder, the dependent variable is the
11 expenditures for fiscal year '13-'14. So what
12 we're trying to do is model and predict how much
13 expenditures and individual needs. That's what
14 the algorithm will do based on that year's
15 expenditures. These 6,300 people were people who
16 receive less money than their tier cost plan at
17 the time that they went into iBudget. They did
18 not request a hearing; they went forward with that
19 amount of money and we talked about this a lot,
20 but the result of removing the valid expenditures
21 would have a negative impact on the date of
22 validity. So we are not recommending or going to
23 remove the 6,300. They have valid expenditures,
24 they're included in the model, and so that one,
25 that one was a head scratcher for a little while,

1 but that's the final result on that.
2 You asked us to look at transportation and
3 the fact that in '07-'08 the expenditure data for
4 transportation was $20 million more than it
5 currently appears to be. And, again, this is a
6 difficult one. We talked a lot about this one as
7 well, but we can't remove valid expenditures, and
8 again, those are valid expenditures in the data
9 and we do not want to remove them and we believe
10 the data integrity would be compromised; and also
11 that when we looked at the correlation with some
12 of the questions in the needs assessment, there is
13 correlations with question 12F which asks about
14 your ability to use public transportation.
15 And also question 18 which I don't have off
16 the top of my head -
17 AUDIENCE MEMBER: Transfers.
18 MS. ARNOLD: Transfers. Can you transfer out
19 of your wheelchair on your own or how much help do
20 you need? And then the total sum of the
21 functional scores. So in that functional section
22 - so all of those questions in functional plus
23 particularly the question 18 and then the
24 additional question of 12F, we believe are
25 predictors for transportation costs as best as we

1 can get it. So there's no additional expenditures
2 being added. That wouldn't be valid and we do
3 believe that some of the needs assessment
4 questions are correlating to that. That was
5 another head scratcher we talked about for a long
6 time.
7 The next one is you requested us to look
8 closer at the cost of residential living settings.
9 We had a slightly different grouping than what you
10 see here, and so what we did is we did re-look at
11 it, and the way we had the previous groupings
12 there was a fair amount of cost difference between
13 the groupings, so we revisited it and this is kind
14 of the recommended grouping for identifying where
15 does someone currently live and that's the purpose
16 of this factor. So these would be family home;
17 independent living and supported living;
18 residential habilitation standards, so the
19 standard res hab and anybody that's getting res
20 hab live-in, so they're in one group. Number
21 four, the fourth group is residential
22 habilitation, those that are living in a behavior
23 focus home. Five is those who are living in an
24 intensive behavior home and six is those that are
25 living in the CTEP or special medical home care-

1 type of facility, Comprehensive Transitional
2 Education Program is what CTEP stands for.
3 So we did do as you asked and do believe
4 this is a better grouping, so you'll see this come
5 up again when we go through what the tentative
6 proposed model looks like.
7 You asked us to take a look at ADT and
8 companion, those kinds of services that use
9 ratios, and so we did that. We looked at some
10 correlation again to what the needs assessment
11 questions are and we did, did see some correlation
12 again with question 18, your ability to transfer,
13 and question 20 which - anybody remember off the
14 top of their head?
15 MR. BARR: Hygiene.
16 MS. ARNOLD: Hygiene, your ability to do your
17 own personal hygiene. Those related very closely
18 to the ratios, particularly for adult day
19 training.
20 Companion, the ratios in companion are often
21 sort of a personal preference on how big of a
22 group do you want to go out into the community
23 with, whether it's 1 to 1, 1 to 2, 1 to 3. But
24 particularly for the ADT, there was some
25 correlation with the needs assessment. And

1 because ratios change and are a changing variable,
2 Dr. Niu has taught us that you can't use those
3 kinds of variables in an algorithm formula. So
4 the fact that there's some correlation with that
5 with questions in the QSI that we can use in the
6 algorithm, we felt pretty comfortable that we're
7 capturing what the concern was about the ratio.
8 So we've got some QSI questions in there that
9 definitely relate, so we feel good about that.
10 And then I think this is the last one before
11 we take questions. You asked us to look at people
12 at the age of 3 to 12 and then that 13 to 20 group
13 because anecdotally we see a lot of people and a
14 lot of trauma around that teenage years with
15 behavior issues and things getting worse; and so
16 we did look at that but did not find any
17 significant results. There was no particular
18 spike in the type of expenditures that you see in
19 those groupings, so - and you'll see in the
20 tentative proposed one we'll still keep under 21
21 as one of the age groups. We won't break it out
22 any further. At least, that's our recommendation
23 at this point.
24 So that's a lot of information, so we'll go
25 ahead and take questions from the room here and

then are we going to the phone after that or at the very end we go to the phone?

MR. BARR: Usually at the end.

MS. ARNOLD: At the end we'll go to the phone. But, again, you can - we have someone with the link system, if you have questions you want to type in, we can address them after we deal with the folks that are present in the room.

So anybody have questions?

MR. BARR: Yes, and if you'd also state your name?

MR. KARPF: My name is Justin Karpf. I'm with Florida State University's Public Interest Law Center. I'd just like a quick clarification on the R-square. The higher number is better; is the highest possible value 100?

DR. NIU: Yes.

MR. KARPF: Okay. Thank you.

MR. BARR: And for those on the phone, the answer by Dr. Niu was yes.

MS. ARNOLD: Other questions in the room? Anything online?

MS. FAMBRO-PRICE: No.

MS. ARNOLD: Okay. We're going to move forward then.

1 The next thing we want to talk to you about,
2 and Art is going to do that, is what kinds of
3 things did we test? Not necessarily what's ending
4 up in the proposed algorithm, but you all had lots
5 of great suggestions on things we should look for
6 in trying to build a good algorithm, so we wanted
7 to make sure that everybody knew everything we
8 tested and then we'll go into after we answer your
9 questions our proposed model that we would
10 tentatively like to recommend. All right?
11 MR. BARR: Thank you, Denise.
12 MS. ARNOLD: Thank you.
13 MR. BARR: I think it's just really exciting
14 to kind of look at how all the stuff that goes
15 into not only these meetings with stakeholders but
16 what you do with an algorithm. For those of you
17 that don't know, I was one of the folks that
18 helped implement the iBudget out in the public as
19 far as getting it operational, and when you're out
20 in public meetings and you're being asked all
21 these questions, it's always difficult because you
22 lose people with the word 'algorithm' sometimes
23 and I, I learned so much over the time here in
24 these public meetings.
25 So we're going to have to show you and I

1 think, Susan, it came from you is what are the 125
2 independent variables you used? You looked at
3 what went into the algorithm, so your handout is
4 talking about dependent and independent variable
5 analysis, and that's also available online.
6 MS. ARNOLD: Does everybody have -
7 MR. BARR: It's also available at the table.
8 Does everybody have it because we have more?
9 Okay. So what we're going to do then is
10 move on here and we're going to talk about the
11 dependent and independent variable analysis. And
12 I think what Denise said was really key: it's not
13 what we use for everything, it's what was tested.
14 So we want to look at everything, you know, I
15 mean, everything that's possible and 125 variables
16 is a lot. One of the things you start with is
17 age. So you saw where we were headed with these
18 but we looked at all sorts of different things
19 with age, starting with pretty much where we're at
20 now, which is the 3 to 20 and 21 and above.
21 But you also asked us to begin to look at
22 other segments of age, you know, does Alzheimer,
23 dementia, you know, all those things we had major
24 discussions on come into play. So you see number
25 two, which is on slide 18, we looked at 3 to 20,

21 to 30, 31 to 40, 41 to 50, 51 to 60, and 61-plus; and during the last meeting you'll see a breakdown of those and seeing what was, if anything, was significant. And what you found was really that number three is looking much better with 3 to 20, 21 to 30, and 31 to plus. But we were also asked to look at this, which was a breakout of ages 3 to 12 and 13 to 21, as Denise just went over, because as she said anecdotally you see some changes in people's lives. But when we ran that, it just was not significant.

So we're looking right now pretty much at this number 3 is where we're going to be headed toward, so we'll talk about that in a tentative proposed model. So that's the age.

Living settings. And I'm going to refer you to the handout which should be pages 2 and 3 of the Dependent Variable Analysis. For those on the phone, you can go online to iBudgetFlorida.org. Under Rules and Regs, you'll find that handout. You can see the charts and you can look at and see the breakdown. There was 22 levels at one point and then we looked at those combinations, so these are very, very important. You look at the age of living setting and the 30 area is going to be the

1 needs assessment.

2 I'm going to let you go ahead and look at
3 those and we're going to move on to the needs
4 assessment, which is the Questionnaire on
5 Situational Information. The first part of this
6 slide is probably the most important. All QSI
7 questions were looked at and tested, all of them,
8 every single one. That's one of the things that
9 people had asked in the very beginning. And so,
10 knowing that, we tested every one and then looked
11 at how that works. So that's what we're going to
12 go over and you have that in your handout. Also,
13 your handout will say whether something was
14 significant or not significant or what we've done
15 with those things, and it's online. If you print
16 it out in color, they're actually in red, those
17 answers.

18 All right. So we used all those. We looked
19 at the community inclusion life change and
20 adjustment information, which was different, you
21 know, looking at every single thing. You have
22 your functional, behavioral, and physical
23 statuses. One of the things that's really, really
24 encouraging to me as we head into the next part of
25 the slide presentation that Denise will do, you'll

1 see that all these sections are represented and
2 that's a change from the current algorithm, which
3 is really, really nice, in my opinion.
4 What other information was used? These are
5 things that you asked us to look for and they're
6 just part of the things that we needed to do to
7 make sure that we're looking at all independent
8 variables, so was it child-involved community
9 based care system? And in our last public meeting
10 we went through some of these, but we want to list
11 them out: Community safety indicators,
12 participation in Florida's prepaid mental health
13 program, participation in Florida's chronic
14 disease management program. Some of this
15 information we get from other systems, like AHCA,
16 Agency for Health Care Administration. So there
17 was lots of things that went into how you look at
18 the independent variables.
19 The other thing was disability type. I
20 noticed through the years we were asked this
21 question: Now, did you look at things by
22 disability type?
23 The answer is yes.
24 Another big question that's always come up
25 is nursing. Nursing, as you're going to see does

1 play a role, so it's nice that we look at that
2 because it's so important. People have a nurse
3 that's needed and now you'll be able to see where
4 it fits in.
5 Consumer directed care. If you're a member
6 of the CDC Plus family community, you're always
7 asking, well, how does that affect me?
8 And also employment information. That's a
9 different animal, as we know.
10 So there's some other things that are looked
11 at for the 125 independent variables and they're
12 called interaction terms or interaction - we're
13 going to go through this slide. I'm going to read
14 some of this 'cause this is probably the most
15 technical slide of the day.
16 "An 'Interaction Term' shows the effect of
17 independent variables associated with different
18 living settings."
19 All right. So let me just walk through this
20 and we'll show you what that looks like a little
21 bit. So the interaction of two independent
22 variables, two independent variables that
23 interact, if the effect of one of those variables
24 differs depending on the level of the other
25 variable. And I will be deferring to Dr. Niu on

1 that if there's questions. Okay.
2 I got your e-mail, Dr. Niu.
3 DR. NIU: Mm-hmm.
4 MR. BARR: Okay. For example, the effects of
5 the functional sum or functional score sum on the
6 claim may depend on - this stands for family home,
7 supported living, and residential habilitation.
8 So having said that, these next two slides kind of
9 break down nine variables, independent variables,
10 and they're the interactions of the family home-
11 behavioral sum, family home-functional sum, and
12 family home-physical sum. Very simply, the last
13 six are supported living-behavioral sum, self
14 supporting living-functional sum, self-supporting
15 physical living-physical sum, and then you use the
16 third which is residential habilitation-behavioral
17 sum, residential habilitation-functional sum, and
18 residential habilitation-physical sum.
19 So you see we're really getting into more -
20 when you asked what are the 125 variables, this is
21 what we're talking about specifically. So with
22 that, you have a handout and we'll take any
23 questions on from the audience here then at the
24 end on independent variables. Let me get a
25 microphone. If you can please remember to state

1 your name and ask your question.
2 MR. SOLOMON: Okay. I have two and I - my
3 name is Joshua Solomon and I'm also with the
4 Florida State University Public Interest Law
5 Center. I'm looking at this draft of variables
6 with questions and I see questions 14 through 50
7 with the topics of those questions.
8 Where are 1 through 13?
9 MR. BARR: Yes, on your handout - I don't
10 have a handout right in front of me. Thank you.
11 It goes on - so your independent variables
12 start and as you walk through this it's going to
13 give you the different levels as you get to the
14 other pages it's going to say that these are the
15 questions. And when you add them up, you come up
16 with 125.
17 MR. SOLOMON: No, I, I -
18 MS. ARNOLD: Yeah, I think he's asking what
19 are the other questions?
20 MR. SOLOMON: One through 13 under topics
21 that are 1 through 13.
22 MS. ARNOLD: Yeah, in previous meetings we've
23 handed out the full QSI.
24 MR. SOLOMON: Okay.
25 MS. ARNOLD: But they're part of the

1 community living and life changes, so you can find
2 that on our website, probably per last public
3 meeting, and it'll show you the whole section.
4 But it's things like: How can you get out and
5 about in the community? What kind of help do you
6 need? What kind of significant life changes have
7 you gone through in terms of your caregiver?
8 Health care of your caregiver? Your own health
9 care? Mental health questions if you have
10 diagnoses of that. So those are the kinds of
11 things that are in there.
12 MR. SOLOMON: Okay. I also have another
13 question, but I, I just want to confirm that I
14 know the answer to.
15 On this 125 independent variables and then a
16 listing of the different groupings, for 43 through
17 92 I'm assuming are those the answers to the
18 questions in the QSI because it -
19 MS. ARNOLD: Where are you again?
20 MR. SOLOMON: I'm on page six, number six, it
21 lists independent variables 43 through 92.
22 Am I correct in assuming that those are the
23 answers to the QSI questions?
24 DR. NIU: Yes, yes, that's all on here.
25 That's - we have a QSI -

1 MR. SOLOMON: Okay, good. I just want to
2 make sure they were the answers those questions.
3 DR. NIU: Yes, yes.
4 MR. SOLOMON: Okay. Thanks.
5 MR. BARR: For those - thank you - for those
6 on the phone, Dr. Niu had mentioned the answer is
7 yes, those are the questions for the QSI.
8 Thank you so much.
9 Questions from the audience?
10 MS. ARNOLD: Any questions online?
11 MS. FAMBRO-PRICE: There are no questions
12 online.
13 MS. ARNOLD: Okay.
14 MR. BARR: All right. Then we're going to
15 head into the next section with Denise.
16 MS. ARNOLD: We're going to move right along.
17 So I want to warn you right here we have not run
18 this tentative algorithm, but we're going to talk
19 to you about what we propose to be run. And so
20 we, and we'll tell you at the end again that we
21 have one more public meeting the 23rd of March
22 where we will have run the tentative algorithm and
23 can tell you some results. But right now we want
24 to make sure people are very clear and have an
25 opportunity to comment. This is what we believe

1 the tentative algorithm to be at this point that
2 we want to run and see its impact as compared to
3 where people are now. So this is real important
4 and we do want to hear from you if you still have
5 questions or still think there's something out
6 there that we didn't test. That is important for
7 us to know and to consider.
8 So first of all, we'll talk about the living
9 setting. The living setting groupings will be the
10 following: If you live in a family home, that's a
11 particular piece of data that will be run; your
12 living setting, if you're in independent and
13 supported living is the second one. So there's
14 going to be six different as compared to, what,
15 three in the current one.
16 DR. NIU: Four, four.
17 MS. ARNOLD: Four in the current one.
18 DR. NIU: Yeah.
19 MS. ARNOLD: So our current one has four
20 different living settings, it looks like this one
21 will have six. So we'll look at family home, if
22 you're in supported or independent living; if
23 you're in residential habilitation in the standard
24 model, standard residential habilitation, or if
25 you're in a live-in. Those are combined together,

1 live-in model.
2 Residential habilitation in the behavior
3 focus area, residential habilitation and intensive
4 behavior, and then -
5 MR. BARR: Next slide.
6 MS. ARNOLD: - the last one; oh, sorry, then
7 the last one is the CTEP and special medical home
8 care that we previously described. So there are
9 six different living settings in this algorithm
10 that we're proposing.
11 Ages, as Art said previously, there's three
12 different groupings as opposed to two, right, in
13 our current one, Dr. Niu?
14 DR. NIU: Yeah, currently, currently we have
15 three, yes.
16 MS. ARNOLD: This would be three and
17 currently we have two. Currently we look at under
18 21 or over 21; this is looking at 3 to 20, 21 to
19 30, and then 31 plus.
20 Then you get into the QSI which is where, as
21 Art mentioned earlier, there's a lot more QSI
22 questions coming into the algorithm as showing
23 predictive value than there is in our current one.
24 One of those is the sum of the behavior score. So
25 the behavior section has - I think it's six

1 different questions in the QSI and each one can
2 have a value of up to four. So there's 24
3 possible total sums of the behavior score. So if
4 you see someone with a behavior score of 24, they
5 are needing the most support and have the most
6 issue in every single question. So the max you
7 can get for a behavioral sum is 24.
8 So it will look at that; what is your total
9 sum? It will look at your family home and that
10 gets back to what Art was talking about, the
11 inter-relation data, the interaction term I think
12 he called it.
13 DR. NIU: So let me give a explanation here.
14 MS. ARNOLD: Thank you.
15 DR. NIU: The family home functional sum,
16 that's for those consumers that live in the family
17 home. There's the consumer sum - there you see
18 the functional sum, that's to play a role. That's
19 for consumer, just for those consumers leaving the
20 family home. Okay. There, you see, functional
21 sum, that's, you see, significant.
22 MS. ARNOLD: Yes. And that's different from
23 our current one because - and we've all kind of
24 struggled with how to get a better sense of people
25 that live in the family home, so this will help us

1 a lot having this, this piece here.
2 And similarly with supported living, there
3 are two different ones - the behavior sum and the
4 functional sum. And so the functional has, I
5 think, about 11 questions, something like that,
6 and there's 44 total points, something like that,
7 so again it's going to look at your total sum of
8 all those questions, not any particular one
9 question but the sum of all of them, how much
10 support do you need?
11 Now there are particular questions that had
12 some predictive value in addition to what I've
13 already described. One of them is the question 8
14 in the QSI, which one of the questions it's asking
15 you is have you had a diagnosis of these
16 particular items? And one of them is anxiety
17 disorder. And if you have a diagnosis of anxiety
18 disorder or the next one, post-traumatic disorder,
19 then those were significant. So those particular
20 questions also will be in the algorithm.
21 You were asking earlier those questions 1
22 through 13, the community inclusion and valued
23 role section is where those questions come from.
24 And so there's three different ones that have
25 shown predictiveness and that is the person can

1 use transportation in the community, meaning the
2 public transportation, and the theory there - the,
3 the, the reason for that question is if you can
4 get on a regular bus then you're walking on to the
5 regular bus and therefore you don't need some
6 special accommodation or some kind of special
7 transportation, or you don't need someone to push
8 you onto the bus.
9 So the question is trying to get at how much
10 support do you need to access that transportation?
11 The person can attend and participate in
12 community clubs, organizations, and activities.
13 Same thing there, when you rate the question a
14 zero is I'm totally independent, no issues; four
15 is I need total help to do that. In other words,
16 I need someone bringing me there, someone helping
17 me interact, someone helping me physically do
18 things.
19 And then question 12B, if the person can
20 find a job and manage a career. How much
21 assistance do they need for those? All, all of
22 those are new questions coming out in this
23 algorithm.
24 Whoops, went too fast.
25 Continuing on with the QSI questions,

1 question 16 is about how much assistance do you
2 need in eating? Eighteen is about transfers again
3 out of your chair onto some other place, how much
4 help do you need?
5 Hygiene, question 20, how much assistance do
6 you need in taking care of your personal hygiene?
7 Question 21, how much assistance on
8 dressing? And question 23, self-protection.
9 So there's a lot of functional questions in
10 addition to the sum that's being looked at. I
11 keep hitting that too fast. Sorry. Back one.
12 In the behavior status, other than the
13 function, the sum of the behavior scores, there's
14 also a particular question, question 28, and it
15 asks about inappropriate sexual behavior. It has
16 a very predictive value as well, so it is also put
17 into this algorithm.
18 Continuing on, now we're in the physical
19 section or also known as the medical section. I
20 know we had a lot of feedback from stakeholders
21 about the previous algorithm didn't seem to
22 include that. Well, it did but it wasn't
23 predictive at the time. Now as we run it, we do
24 see some correlation and some predictive value.
25 So what - the questions that came out are question

1 33, which has to do with injury caused by
2 aggression to others or to property.
3 Question 34, which has to do with the use of
4 mechanical restraints or protective equipment for
5 maladaptive behavior. So those questions will be
6 in there.
7 Continuing on in the physical status
8 section, the use of psychotropic medications is
9 also statistically valid.
10 Question 39, physical status. Do you have
11 anti-epileptic medication that you use, also is
12 predictive. And also in physical status,
13 treatments including nursing. So that question is
14 asking for the type of medical treatment you need,
15 does a nurse have to deliver that type of - do
16 they have to be the one to do the treatment? So
17 if the answer is yes then you have a higher score
18 in that particular question? So that was
19 predictive.
20 So those are all the factors and you get two
21 results, depending on how you do the outliers. If
22 you keep the outliers down to 4.9% then this model
23 is predicting at 0.7563; and if you do it at
24 outliers at 9.34%, it has a 0.80 R-square. So,
25 again, two options. And, again, outliers doesn't

1 mean they're not going to get an iBudget assigned;
2 it means we're going to have to do them uniquely
3 and more on an individual type basis. So, again,
4 you've got the 0.75 factor with less than 5%
5 outliers or 0.80 with less than 10% outliers.
6 So we're going to take your thoughts on
7 that, but let me just tell you where we go from
8 here. We've given you the tentative proposed
9 model. We would like to run the model and see its
10 impact; we want to be able to run some case
11 studies to really look at where it makes a
12 difference for people, what's changing, what is
13 important. We want to be able to have some of
14 those results at the March 23rd public meeting.
15 Okay.
16 So we're going to take your questions, but I
17 also want to remind you that you can continue to
18 send your comments or questions to our iBudget
19 algorithm at apdcares.org e-mail address.
20 But let's take questions and discussion and
21 see what y'all think of what we've presented so
22 far.
23 MR. BARR: Yes. And remember if you could,
24 state your name?
25 MS. SEWELL: Suzanne Sewell, Florida ARF, and

1 thank you. There's been a lot of work going into
2 this. It's very obvious. Thank you for sharing
3 it.
4 I did have three questions. In looking at
5 all of this, you know, the process, the algorithm,
6 and what comes out and then looking at the QSI
7 document, it was hard for us to distinguish on the
8 outside is the problem not enough of the QSI is
9 being picked up in the algorithm, which you
10 addressed, or are the problems with the QSI.
11 So the first question, I guess, is there a
12 fair degree of competence that you're picking up
13 more from the documents you have that that
14 document does indeed give you what you need?
15 MS. ARNOLD: Well, the document's been
16 validated and tested for reliability, so in that
17 vein all of the questions in there are valid and
18 reliable. So I think the answer is yes, we do
19 have a high degree of confidence in that
20 instrument.
21 DR. NIU: Yes. Good answer.
22 MS. SEWELL: Okay. The - do you want me to
23 go ahead with mine or -
24 MS. ARNOLD: Yeah, go ahead.
25 MS. SEWELL: Those who are already assessed

1 and in the system and, of course, already have
2 their iBudget know this will be a new process
3 rolling out, but we have a lot of folks who are in
4 place so they have a certain res hab level or they
5 have a certain level of services that they're
6 getting, and basically they feel the decisions
7 were made based on cost containment or whatever.
8 What will the procedure be to go back and
9 truly reassess everyone and to make sure that the
10 results of the QSI, the algorithm, and their cost
11 plans are what they need to be?
12 MS. ARNOLD: Well, we're going to have to
13 kind of work that system out a little bit with
14 some of y'all's input, but we know that there's
15 always a part where you have to look at the impact
16 to the individual. And so we're certainly going
17 to do that. We will look at how the algorithm
18 looks at this point, the proposed algorithm, where
19 they currently are. If any time someone believes
20 that their situation is not fair, they can bring
21 it to our attention. We don't need a rule, we
22 don't need a special, a special day designated so
23 I would encourage anyone who has that feeling now
24 to let us know that, so that we can take a look at
25 it now and not wait any longer.

1 And then once we go through the process,
2 whatever exactly that looks like to come up with
3 their new iBudget based on this formula, there's
4 always an opportunity for folks to talk with us
5 about that and to see, you know, have we
6 considered the right factors? So we want to make
7 this a process of discussion so there will be
8 plenty of that.
9 MS. SEWELL: Okay. And then my last
10 question: When you look at other states and the
11 percentage they're using for the outliers, what
12 are most states using - the 10% or the 5? Did you
13 get any trend there?
14 MS. ARNOLD: Did you get a trend 'cause I
15 think you're the one that looked mostly what other
16 states did?
17 MR. BARR: Yes, it's really hard to tell
18 exactly, but it looked like the industry standard
19 is what we first put up as 10%. However, they
20 think it's all over the place. In fact, Wyoming
21 that presented at the request of you all has
22 changed their whole waiver this year and they've
23 actually gone away from that model, which they
24 were already at 100% R-squared at one point and
25 they've gone to a whole different system. Their

1 final implementation will be this year '15. So
2 it's kind of changed and what we're doing is the
3 same thing that Denise has said, it's that next
4 step that we're going to work with folks that
5 really takes - no matter what that number that we
6 look at individually. And all states, that's
7 really the key. It's that next layer of what do
8 you do with individuals and that might be outliers
9 or just say my needs aren't being met.
10 MS. ARNOLD: Mm-hmm.
11 MR. BARR: Am I capturing that, Denise?
12 MS. ARNOLD: Yes, exactly.
13 MR. BARR: Because I think that's what we
14 found with all states.
15 MS. ARNOLD: And when you look at if we did
16 the 9.34% outliers then it's 2,393 people we're
17 talking about, and we serve 31,000 on the waiver.
18 So it's a very small number of people who have
19 some intricate types of issues going on.
20 Now, that number does go down, so I guess
21 the advantage, I guess, and I don't know, I'm just
22 going to speak on my own.
23 DR. NIU: Yes.
24 MS. ARNOLD: I don't know if you, if you
25 concur with my personal thought, but if you can

1 predict 80%, then that's that many less people
2 that we have to question as much about what their,
3 their budget is. It's, you know, it's more -
4 we're more confident that we've predicted their
5 cost best. So you have less people you've got to
6 do another way or more people, but you've got more
7 people that you've been able to predict.
8 So if you do the 4.9% you have even less
9 people that are the outliers but you have a little
10 bit less people that you're predicting. So it's,
11 it's an interesting dilemma.
12 MR. BARR: Okay. Are you good, Suzanne?
13 MS. SEWELL: Yes.
14 MR. BARR: Okay, great.
15 Other questions? Yes.
16 MR. KARPF: And this is Justin Karpf from
17 Florida State University Public Interest Law
18 Center.
19 Just a quick clarification about the QSI.
20 You said for number 43 the treatment, one of the
21 previous slides, included nursing services. I was
22 just curious how that differed from the nursing
23 services in number 47 on the QSI.
24 MS. ARNOLD: Oh. Could I see your copy, Dr.
25 Niu? Thank you for bringing that.

1 So 43 versus -
2 DR. NIU: Forty-seven.
3 MR. KARPF: Forty-seven. It's on number five
4 of the handout.
5 MS. ARNOLD: So 43 is looking at nursing
6 treatments or treatments that you receive and if
7 they're needed by a nurse to carry out; 47 is
8 asking how often does a nurse come in currently.
9 So the current thing that's approved in your plan,
10 how often is a nurse coming in or are you seeing a
11 nurse? So it's actually two different nursing
12 questions.
13 Thank you for pointing that out.
14 MR. SOLOMON: Yeah, this is Joshua Solomon
15 again also from the Florida State University
16 Public Interest Law Center.
17 When you're talking about the individual
18 review process, and I don't know if this is a
19 question that's maybe better served for the next
20 meeting, but is there any idea of how that's going
21 to work or if there's a time table for those to
22 begin?
23 MS. ARNOLD: No, the statute doesn't really
24 speak to that.
25 MR. SOLOMON: Yes.

MS. ARNOLD: And so the statute speaks to how you run the algorithm and when you can increase the algorithm, and it talks about an Agency methodology which we would like to get a little clearer with you all on what we consider that methodology to be. We do hear loud and clear that transportation is of concern, outliers are of concern, so we're going to work with you to define that.

MR. SOLOMON: Okay.

MR. BARR: Other questions? Any here in the audience? How about online?

MS. FAMBRO-PRICE: There are no questions.

MR. BARR: We can take the phone off and see if there are some questions.

A CALLER: Are you taking questions on the phone yet? I don't have the ability to type in.

MR. BARR: Okay. I'm going to try to not hang up. Okay. Go ahead with your question.

MS. MADDEN: Okay. It's Trisha Madden. I have a number of questions, just three questions to start out.

I was looking at the independent variable and that's going to take a little bit more looking at than just having looked at it today since I

1 didn't see it published up there before. However,
2 one of the questions you had is - and I think
3 perhaps, Denise, you came through. I'm looking at
4 the independent variables. You relayed a list of
5 questions that you took out of functional status
6 or - yeah, I think - for example, you went through
7 a number of - and questioned numbers, things like
8 transfers, hygiene, but you skipped over question
9 19 which is toileting.
10 Was that intentional or were you just
11 pointing out the others because on the
12 independent/dependent variable analysis draft it
13 has all of them listed. I'm confused.
14 MS. ARNOLD: We tested them all, what slide
15 34 tells you is which ones were significant.
16 Is it slide 34?
17 MS. MADDEN: Okay. I've got that now. So if
18 you left out toileting how is it -
19 MS. ARNOLD: No, we didn't, we didn't leave
20 out toileting. Toileting was tested.
21 Dr. Niu, would you like to address that?
22 DR. NIU: Sure. We tested all QSI questions,
23 you see, because many questions they had a
24 (Unintelligible). Sometimes this one come in,
25 then was no longer significant. So they're 19,

1 just did not pick up, 19 did not -
2 MS. MADDEN: I understand what you're saying
3 about the testing. I've got that.
4 DR. NIU: Okay.
5 MS. MADDEN: My question is more of a
6 practical question as opposed to a purely
7 statistical model, I guess.
8 How is toileting not valid or relevant in a
9 statistical analysis when it means the difference
10 between, for example, my son doesn't really fit
11 either one if your question ends with 19 - maybe
12 that's one of the problems with it. He's not a 3
13 out of 4; he's somewhere above 5, which y'all
14 don't have, it's a unique medical condition. And
15 yet that takes hours of our time every day taking
16 care of him, but somehow it's not statistically
17 valid. I don't see where that is picked up by the
18 other issues and I guess that's a -
19 MS. ARNOLD: Well, remember -
20 MS. MADDEN: - question about your formula.
21 MS. ARNOLD: Okay. So let's go back to slide
22 -
23 MS. MADDEN: Well, 19 is -
24 MS. ARNOLD: Wait a minute, wait a minute.
25 DR. NIU: Just keep it here, okay.

1 MS. ARNOLD: Okay.
2 DR. NIU: The question 20, hygiene, that's
3 partially a pick-up on toileting. Also -
4 MS. MADDEN: Dr. Niu, I'm sorry, I'm having
5 just a little bit of trouble hearing you. It's
6 probably my hearing aids and your accent, but go
7 ahead.
8 MS. ARNOLD: So he's saying the hygiene,
9 question 20. But I'm going to go back just a
10 little bit and remind you about the functional
11 sum. So it's not just those individual questions
12 that predict, but also if you look at slide 30
13 either - someone either living in the family home
14 or supported living. We're also looking at the
15 total of every single question in the functional
16 section and the total sum of those. So if, if
17 your child had a 4 on every one, meaning they
18 need, you know, help in every single aspect, total
19 help, total care, they would have a 44 as a sum.
20 And so that is also being considered, so that does
21 include the toileting as well as many other pieces
22 of the question. So it's both functional plus
23 these unique ones.
24 Is that right, Dr. Niu?
25 DR. NIU: Yes, exactly.

1 MS. MADDEN: Well, I guess, like I said, I
2 need to go back and look at the actual formula,
3 it's a draft formula, I'm not sure it's here and I
4 haven't (Unintelligible), but the other question I
5 have - that still leaves a question on mine, but
6 I'll ask it again later most specifically, we'll
7 see how the results come out.
8 The other question I have is you separate
9 out different living modes - family home and
10 various stages of supported living and residential
11 living.
12 I looked through after listening to the last
13 session - I've got all 50 questions on the QSI
14 that was so (Unintelligible) on my son, but now I
15 know - I'm sorry, let me jump a question ahead.
16 You were talking about a new QSI that you
17 were tentatively trying in the field.
18 What is the status of that and have you
19 dropped it, going with it, or is QSI Version 4
20 what we're working with?
21 MS. ARNOLD: We're still working with QSI
22 Version 4. There's not a new QSI.
23 MS. MADDEN: Well, you mentioned in the last
24 two hearings - workshops - that you were looking
25 at a tentative edition of other factors to it, so

1 -

2 MS. ARNOLD: We did look at something called

3 the QSI Addendum that -

4 MS. MADDEN: Yeah.

5 MS. ARNOLD: - had three or four questions

6 about your caregiver and if there were other

7 people to care for in the home, and we did test

8 all of that but there wasn't anything significant

9 that came up that the QSI questions didn't already

10 pick up.

11 MS. MADDEN: Okay. Well, that takes me back

12 to one of the questions - that, that was one part

13 of the question.

14 When you look at family homes, family homes

15 are no more uniformed than the other five

16 categories you've got, nor is the caregiver in the

17 home uniform. So I'm looking at family home as -

18 I'm not sure how you're coming up with the

19 definition or what you're considering in that

20 particular waiting, that formula, what a family

21 home means to them.

22 For example, if I am 25 years old and have a

23 family home and someone living in, I'm living in a

24 family home with my parents, only 30 years old,

25 that's a lot different than if I'm living at 41

1 years in a home where my parents are over 65 or
2 70.
3 MS. ARNOLD: Absolutely, and that's where the
4 extraordinary needs review comes in, looking at
5 people's extraordinary needs once we run the
6 algorithm.
7 MS. MADDEN: Okay. So then my next question
8 is just a practical one because we all sit here at
9 home hanging onto death's door's breath waiting
10 for the next letter from APD that says, yes, my
11 son took a substantial reduction previously, he's
12 had a new QSI performed since then, he probably
13 has to have another one since that day because
14 he's complex medical fragile by medical
15 definitions.
16 So be that as it may, we all sit here
17 waiting for the next blow to come which has been
18 told we've got to go through a whole bunch of
19 discussion and arguments because we don't fit, and
20 I know a lot of people don't fit the current QSI;
21 you're not changing the QSI, you're very satisfied
22 with it or self-satisfied with it.
23 The question I have is when you go to run
24 the next budget, once you get it to what you hope
25 is satisfactory, how much of ordeal is it going to

1 be to go through to get those - an individual
2 looked at that may not fit half or any of it, as
3 opposed to having to wait and do a request for
4 hearing?
5 MS. ARNOLD: Yeah, no, that's a fair
6 question.
7 MS. MADDEN: I'd like to know ahead how this
8 process is going to be handled.
9 MS. ARNOLD: Yeah, and I think the question
10 was asked in the audience, too, in a little bit
11 different way, but those are -
12 MS. MADDEN: Well, I have trouble hearing the
13 audience questions. I don't know.
14 MS. ARNOLD: Yeah, yeah, and I certainly
15 understand why you'd be anxious to know that, and
16 we do want to spell that out clearer. We're just
17 not at that point yet, but our goal is not to
18 create more, you know, hoops to jump through. We
19 would like for this to be as simple and clean as
20 we can. However, medically complex people are,
21 you know, more difficult to make sure you've got
22 the right support. So there's going to be some
23 amount of discussion with the individual and
24 family on some of these situations, but we're
25 going to identify that clearer for you so that by

1 the time we roll this out that's - and we want
2 your comment. Let us know what you think is a
3 good way to do it. That's what we're here for.
4 MS. MADDEN: Well, I'm upset because I don't
5 think you all ever took me up on one of those
6 meetings. I get about 15 calls from parents
7 saying did they cover my question, did they cover
8 my question? And it's - so it's - there's enough
9 out there to be worried about and the -
10 MS. ARNOLD: Well, I'm glad you're speaking
11 for them. Thank you. I appreciate it.
12 MS. MADDEN: Well, and that's - the other
13 question, the only one quick question I have. I
14 think you answered the QSI. I'm not sure I quite
15 understand how the toileting question is taken in
16 by the others, but again I haven't seen the actual
17 final model of the algorithm and how that all
18 calculates together. If it's on this draft, I
19 haven't gotten that far in reading it. But that
20 draft, I'm going to read it, but you told me I
21 could stick with the QSI I've got is the last -
22 because that QSI has some curious questions in it.
23 The last question I had was in the earlier
24 questions, and I agree with you, I was looking
25 first the sections 1 through 10, whatever, they

1 don't really provide that much valid information.
2 You put some - I'm gathering you're - are you or
3 are you not - are you saying or you're not saying
4 that you're including some questions in 12 because
5 I don't see it actually on the draft and I may be
6 just missing that?
7 MS. ARNOLD: Yes. Let me get to that slide
8 so you can put your eyes on it.
9 MS. MADDEN: Well, I'm looking at the draft,
10 Independent -
11 MS. ARNOLD: Okay. Slide 30 - yeah -
12 MS. MADDEN: - dependent variable analysis
13 draft.
14 MS. ARNOLD: Okay. Slide 32 and then if
15 you're looking at the handout, it is page six
16 where it talks about question eight.
17 MS. MADDEN: Okay. So it's back in that one
18 and I've not started reading that.
19 MS. ARNOLD: Yeah. So that question -
20 MS. MADDEN: I need time to read it -
21 MS. ARNOLD: - eight has some -
22 MS. MADDEN: - the short time I had.
23 MS. ARNOLD: I'm sorry. Question eight and
24 then there's question 12. So let me find that.
25 Hold on.

MS. FAMBRO-PRICE: Bottom of page six.

MS. ARNOLD: Okay. So both of them, both of them are on six.

MS. MADDEN: Okay. That's fine. I'll take a look at that.

MS. ARNOLD: Yeah, page six. Okay.

MS. MADDEN: Okay. Thank you, ma'am.

MS. ARNOLD: Thank you, Trisha.

Other questions from the phone? Do you have any feedback for us on how we should approach the outlier question? Should we go with a 9% or a 5%? Do you have a thought on that?

Suzanne?

MS. SEWELL: I would recommend the 9%.

MS. ARNOLD: You would recommend the 9%? What's your thinking on that?

MS. SEWELL: I recommend the 9% because I think in the system the history demonstrates there have been a lot of variations and so I think to start assuming there are more outliers with the goal of eventually closing in and getting it better is a safer and more realistic approach.

DR. NIU: Yeah. Actually, currently we are using 10% in the current model.

MS. ARNOLD: Mm-hmm, so this will be slightly

lower than the current model.

Other people on the phone, do you have a thought on that?

MARGARET: Can you hear me?

MS. ARNOLD: Yes.

MARGARET: Yeah, Denise, this is Margaret (Inaudible). I agree with Suzanne on the 9%.

MS. ARNOLD: Thank you.

I think I heard Patty Hoagland?

MS. HOAGLAND: You sure did. I would have to go with the 9% and I have a weird way of looking at it. It captures more possibilities of oddities in our population, family units, et cetera, and it possibly cuts down the time when you - when you had that same population going with the algorithm only and the chance of more challenges than what we really need to go through again, which was horrendous.

MS. ARNOLD: Okay.

MS. HOAGLAND: So I think 9% is really quite safe as an amount of outliers; you still may find it just a little bit higher.

MS. ARNOLD: Okay. Thank you very much.

Other folks on that topic or any other suggestions that you haven't heard that we're

doing or you want to make sure we're doing? We would like to run this tentative algorithm, so if you've got something in your mind please speak up.

MS. MADDEN: Denise, Trisha Madden. I just had one question because I took it back from the previous one y'all did.

The outliers, I think, I believe y'all had a dollar figure of $20,000 versus something of value for roofing those. Is that correct? You did it on a dollar figure or am I wrong?

MS. ARNOLD: I'll let Dr. Niu answer that.

He needs a mic there.

DR. NIU: So I wonder in your question that's a definition for outlier or how many consumers we are using? What's exactly your question?

MS. ARNOLD: I think she's asking for the cost of the outliers.

DR. TAO: Definition.

MS. ARNOLD: Definition.

DR. NIU: Definition of outlier will be those consumer, our algorithm, our model, not the practical, you see, claims very well.

MS. ARNOLD: You know, the answer -

MS. MADDEN: Okay. Just a little hard to understand that.

MS. ARNOLD: In that last session, people were - if you go on to the public meeting from the past, the last one we did, and I don't have that piece of paper with me, but we did spell it out.

MS. MADDEN: I, I guess my question is: I read that and I attended it, also, but -

MS. ARNOLD: Yeah.

MS. MADDEN: - if the outliers is - at least my understanding was it was grouped only on being a lower cost and higher - the highest costing, the lowest costing -

MS. ARNOLD: No.

DR. NIU: No.

MS. ARNOLD: No, no, no.

MS. MADDEN: No. Okay, it's not? That's - okay. That was a little confusing in this particular presentation and -

MS. ARNOLD: Yeah, I had trouble with that one, too.

MS. MADDEN: And so how are you identifying the outliers? Now that you've done this reevaluation of the factors, how are you identifying the outliers now?

DR. NIU: We have a statistical model formula to identify outliers.

MS. MADDEN: Okay. So what, what are the factors that make -

DR. NIU: So that suggests too much the statistical -

MS. MADDEN: - them outliers?

MS. ARNOLD: What are the factors that make them outliers?

DR. NIU: That's just the whole model, like every factor. They are not together, they are not fitting, not a (Unintelligible), those consumers meet very well.

MS. ARNOLD: So with all the independent variables we tested, they're still not - we're still not able to predict for those 9.34%.

MS. MADDEN: Okay. Thank you.

MS. ARNOLD: Thank you, Trisha.

Other questions from the phone or the audience? Oh, Suzanne Sewell had something else.

Suzanne?

MS. SEWELL: I'm just wanting to make sure I understand this independent dependent variable analysis. Now, the asterisk at the bottom means that no services were excluded from the dependent variable and will not be, so transportation then and everything is going back into that?

1 MS. ARNOLD: That's correct.
2 MS. SEWELL: Okay.
3 MS. ARNOLD: Yes.
4 MS. SEWELL: Okay. Good.
5 MS. ARNOLD: Yes.
6 On the phone, do you have any further
7 questions or suggestions?
8 Okay. Well, we appreciate your attendance.
9 Again, if a thought strikes you and you want to
10 tell us, please send it to this iBudget algorithm
11 at apdcares.org. We will move forward and try
12 some testing on this and at the 23rd public
13 meeting hopefully be able to give you some impact
14 statements for you to consider.
15 Thank you so much. We will end our public
16 meeting.
17 * * * * *
18 (Whereupon, the public meeting was
19 concluded.)
20
21
22
23
24
25

1 C E R T I F I C A T E

2 THE STATE OF FLORIDA,)

3 COUNTY OF WAKULLA,)

4 I, Suzette A. Bragg, Court Reporter and

5 Notary Public, State of Florida at Large,

6 DO HEREBY CERTIFY that the above-entitled

7 and numbered cause was heard as herein above set out;

8 that I was authorized to and did transcribe the

9 proceedings of said matter, and that the foregoing and

10 annexed pages, numbered 1 through 59, inclusive,

11 comprise a true and correct transcription of the

12 proceedings in said cause.

13 I FURTHER CERTIFY that I am not related to

14 or employed by any of the parties or their counsel, nor

15 have I any financial interest in the outcome of this

16 action.

17 IN WITNESS WHEREOF, I have hereunto

18 subscribed my name and affixed my seal, this 19th day of

19 May, 2015.

20

21 SUZETTE A. BRAGG, Notary Public
State of Florida at Large

22 My Commission Expires: 2/21/2017

23

24 SUZETTE A. BRAGG
MY COMMISSION # EE 852984
EXPIRES: February 21, 2017
Bonded Thru Notary Public Underwriters

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