BSCIP Advisory Council PQI Committee Meetings-20251002_140457-Meeting Recording

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1h 0m 33s

Casavant, Robert started transcription

Jill Olinick 0:03

Then do you take that information?

Do you take the information from this and share it out to you know whether it's your rehab leaders or your providers or whomever or your trauma, for example about?

You know the Florida brain and spinal Cord injury program.

Samper, Christina 0:23

Exactly so.

If there's anything that we find pertinent for us or anything that's, you know, 'cause, sometimes you get regulatory updates or rule updates.

Jill Olinick 0:24

OK.

Samper, Christina 0:30

That's where we kind of really delve into and share with our our clinical leaders and our regulatory leaders as well.

Yes. Yeah.

Jill Olinick 0:38

OK.

Very good. Thank you.

Fernandez, Aleskia 0:41

Yeah. Thank you for having us.

Robinson, Kimberly S 0:45

So Jill, if you want to.
Get started. Are you good with that? We can begin.

Jill Olinick 0:52
Absolutely. So welcome everyone.


Robinson, Kimberly S 0:53
OK.

Jill Olinick 0:57
We are here for our performance and quality Improvement Committee meeting and just wanted to start with some roll call.


Collins, Valerie B 1:08
OK.
Don Chester. Oh, sorry.

Chester, Don 1:12
I'm here.
I'm here.


Collins, Valerie B 1:15
Thank you, Kevin Mullen.

Kevin Mullin 1:18
I am here.


Collins, Valerie B 1:21
Patty Lance.
Jill Olnick, I know you're here.

Jill Olinick 1:29
Yep.


Collins, Valerie B 1:31

Doctor Bel Buena.
Doctor higden.
I saw him come in.

Robinson, Kimberly S 1:44
He he's made it, that's all.

Collins, Valerie B 1:46
No.
Oh, OK.
Umm Dr. huradas.
OK.
That's four. We only have 4.

HIGDON, BRIAN 2:09
Did you get me?

Robinson, Kimberly S 2:09
Well, you didn't.

HIGDON, BRIAN 2:11
I'm back on, OK.

Collins, Valerie B 2:11
I counted Dr. hickden. Yeah.

Robinson, Kimberly S 2:13
Yeah, you didn't call Kerry or Ruthann.

Collins, Valerie B 2:18
Their excuses are they here?
I'm sorry, Harry Rayburn.

Robinson, Kimberly S 2:21
No, but you still need to call them.

Collins, Valerie B 2:28
And Ruth Ann Patterson.
Yeah. So just before.

Jill Olinick 2:36
OK.
So no quorum to vote on minutes.

Robinson, Kimberly S 2:37
OK.

Jill Olinick 2:41
But we can Scroll down OK.

Collins, Valerie B 2:42
I'll keep an eye on it.

Jill Olinick 2:43
Thank you.
We Scroll down on the agenda. Thanks.

Robinson, Kimberly S 2:52
Yep.

Jill Olinick 2:53
Perfect.
So we first want to just review the reports.
To determine our gaps. And so we'll ask to pull up those reports in a minute.
You know, we we want to look to set a plan to close our gaps, improve our outcomes relative to increasing public awareness.
And we had some follow up questions like are we able to include success stories on the web page?
What additional resources would be helpful to those who do not qualify?
What verbiage would allow more people to find and access the website and

resources, and then what communication do we want to send to educational institutions?
So those are things to keep in mind.
But if we can go ahead and pull up that data.

Robinson, Kimberly S 3:43
What happened here? I lost my agenda.
All right. You want the indicator report overview.

Jill Olinick 3:55
Yeah. The one that you sent out.

Robinson, Kimberly S 3:57
OK.
This one.
So these were all of our indicator.
Well, our prominent indicator reports some indicator reports that we run.
I did not include because that's just strictly.
Programmic you would have no interest in them like.
Acknowledgment alerts though in our database we have these alerts that come up that just tells the case manager how many alerts they have sitting there.
We did not include that in.

Jill Olinick 4:32
Hmm.

Robinson, Kimberly S 4:33
In here, because that's really not.

Jill Olinick 4:35
Sure.

Robinson, Kimberly S 4:36
I don't think you'd be interested in that at all. That's just internal.
But we have our authorization indicator report, our care Plan indicator report, client

contact report for applicants, client contact for in service client or client.
Applicant indicator for applicants client indicator for closed cases. Our vendor report.
Our in service clients with no activity insurance records indicator report in our weekly caseload report.

Jill Olinick 5:12
OK.

Robinson, Kimberly S 5:12
Do you want to go through them one at a time? And I sent these out.
I know if anybody had enough time to look at them.
Is there anyone specific that you want to start with?

Jill Olinick 5:25
I think this is just my opinion, but maybe the client indicator report for the applicant, since that's those who are initially right.
That's kind of where it starts.

Robinson, Kimberly S 5:36
Yeah.
OK.
So do you want me to read this?

Robinson, Rebecca 5:50
Yeah.

Robinson, Kimberly S 5:51
How do you want to do this, Jill?

Jill Olinick 5:54
So you know, just kind of an overview.
I was just looking at in the 1st 10 days. It sounds like they have some things they have to do.

Robinson, Kimberly S 6:06

So in the 1st, 1st, 10 days, that's when they have to make their first client contact within the first day, 1st 10 days of a referral being assigned to the case manager.

Jill Olinick 6:12
OK.
OK. And that.
And then they have the conversation. And then that's where they decide if they fit for the initial screening and eligibility that occurs.
And then.

Robinson, Kimberly S 6:26
Not always.
So sometimes it's just recognition that we have received your referral.
Maybe they need additional records.

Jill Olinick 6:32
OK.

Robinson, Kimberly S 6:36
Usually determination isn't always made within the 1st 10 days because we may not have all the required documents, which is the medical records, the medical eligibility screening form. Those are the two primary documents that we need.

Jill Olinick 6:50
OK.
Great. So yeah, if we can Scroll down to the data, that's fine.

Robinson, Kimberly S 6:57
The data's not actually on here, but I could.
I could show you. Well, I can't show you one because I have clients names on it.
I can't show you the actual report the way it was sent out because I have clients on it.

HIGDON, BRIAN 7:11
OK.

Robinson, Kimberly S 7:13
This is an overview of what the reports are.
So then this is an overview of what each indicator report is, and then at our face to face meeting. If you want more detail I can provide that.

Jill Olinick 7:16
Oh, gotcha.
OK.

Robinson, Kimberly S 7:28
And take out client information.

HIGDON, BRIAN 7:32
Yeah, does it?
I think what we're interested in maybe more like the like the rates of like acceptance versus pending and things like that.
Are you able to provide numbers on kind of typical?
Typical throughput or or or rates of acceptance and things like that.

Robinson, Kimberly S 7:48
OK.
So you would probably want to look at the referral summary report that Raj put together.
Let me get that and pull it over here for you.
This has a lot of data on it.
Come on all my screens.
They make me nuts.
Trying to make it bigger here for you. There we go.
So this data that was on this report and all these tabs down here, this is from last year. So we wanted to show you what it looks like from last year.

Jill Olinick 8:24
Huh.

Robinson, Kimberly S 8:27

We hadn't quite.

We we didn't have the quarter finish this year so that we could provide that.

But I can provide that at our face to face in November. If you want to look at it for the first quarter of this year. But if you're looking at last year, last date physical year, let me correct that.

This first in this first report is for the facility. The referrals that came in per facility, how many were brain injured.

Dual injuries, spinal cord injured and then the total total number referred in.

The second report goes by county.

And then if you open the little plus lines, it'll tell you county by facility.

Same thing here.

How many were brain injured dual spinal in total?

We had a total of 2135 applicants last year.

Of those, 2683 were served. Now some of the 683 clients may have been from the previous year that rolled over into the into the new state fiscal year because their case hadn't been closed.

Closed cases. This is how many cases were closed last year in applicant status and in service status and then it gives you the reasons why they were closed. Now the one thing I always like to point out to everybody when it comes to program ineligible.

Sometimes programming eligible, it plays two parts in here and you'll see eligible for VR.

So this is how many actually went over to VR. We referred to VR and they were enrolled.

The rest were actual program, ineligible for the various reasons listed here.

And then another, oh, I'm sorry.

JO **Jill Olinick** 10:26

Oh, can you go back?

HB **HIGDON, BRIAN** 10:28

Yeah. Could you go back to that?

I think we're both curious.

Jill Olinick 10:31
Yeah, go ahead.
Brian.

HIGDON, BRIAN 10:34
Yeah, I'm just the ones that I'm curious about is like the the the decline service, the failure to cooperate, because I've had patients where.
They they didn't realize what they were declining or they didn't realize.
You know what Bscap could offer before they, you know, failed to pick up or or or things like that.
But.
So no need for bskip services. Is that determined by the?
By the client or.
By by the applicant OK.

Robinson, Kimberly S 11:05
The applicant, yes.

Jill Olinick 11:09
And on the does not respond.

HIGDON, BRIAN 11:10
So these are open places that were then closed.

Robinson, Kimberly S 11:14
No. So for the clients that decided they did not need bskit client or services, 251 of them were in applicant status.
Seven of them were in service.
They they moved to in service and they were closed because then they decided they did not have they needed.
They did not need any services from Bskip. Now the the specifics I can't tell you. I would have to know who the clients were.

HIGDON, BRIAN 11:36

Great.
Yeah, but there's. I do see quite a high number for the will not respond to contact attempts by staff or providers.
At the high rate there, and it might include even patients who who have very legitimate needs.
That's that's close to, you know, 30% thirty 40% of of.
The number of of patients who are or or or the number of clients who are served.
So it's it's like a 800 a year.
You know, then there might be 300, some more out there that that may have user resources if they knew more about it or or if they or the right contact information was provided, things like that.

Robinson, Kimberly S 12:28
So what we do when we're making our contact attempts we make at least a minimum of three contact attempts and it can be by phone.

HB **HIGDON, BRIAN** 12:32
Mm-hmm.

Robinson, Kimberly S 12:38
It could be by e-mail.
If after three attempts, they're still not responding, we will send out a letter.
Beth, it's a 21 day letter I believe where we send out the 21 day letter and they have 21 days to respond before we close their case. So they're well known.
Notified that we're trying to get in touch with them.
Why we're trying to reach out to them and then we give a deadline in which they have to respond or we're going to close the case in that letter.
They're also notified that, should their circumstances change, or they wish to have their case reopened.
And reviewed, they can contact back the case manager that's sending sending out the letter.
Is it the 21 or the 10 days?

HB **HIGDON, BRIAN** 13:23

Do the process to like. Yeah. Do we have a process to, like, verify contact information with their medical with their medical facilities?

Collins, Valerie B 13:27

We there's there's.

When we receive the referral, we go through extensive an extensive process to make sure that we have the most accurate information from the facilities possible. If we're not reaching them, we will recontact the referral source and make sure a lot of times we get updated information from the.

Robinson, Kimberly S 13:34

Yeah, that's pretty.

Collins, Valerie B 13:54

Referral source after they're actually registered and and been in the facility for a bit or when they go to inpatient rehab.

So we.

We make sure to the best of our ability.

I mean, if we're calling and they're not calling us back, there is not a whole lot we can do about that.

We try e-mail, we try texting.

We try calling and then there I wanna clarify there is two different letters.

So after we've done all of that and we're not getting any response, we send a 10 day letter that says we're trying to contact you. Please call.

We give all of our contact information so they can reach us.

They can, if they're at a facility, they can talk to the facility and say, hey.

I need to talk to this case manager.

They can reach us that way if we do not receive a response within that 10 day time frame, then we'll send out the closure letter that is the 21 days skin was talking about.

It has all of our information, a resource guide how to contact us if they wanna be reevaluated and how to appeal.

So.

HIGDON, BRIAN 14:55
Yeah. So we're doing that for every single one of those 309 patients.


Collins, Valerie B 15:00
Every every single client, unless there is not an address for us to mail to, then we don't have anywhere to mail it to.

HIGDON, BRIAN 15:03
OK.


Robinson, Kimberly S 15:04
Yeah.

HIGDON, BRIAN 15:09
Yeah.


Collins, Valerie B 15:10
If they were at a facility at last known at our last known contact, then we'll send all of that information to their assigned case manager at that facility so that when they're discharged, if that, if it, if it's a long term facility, if they're gonna be there.

HIGDON, BRIAN 15:21
Mm-hmm.


Collins, Valerie B 15:29
For a long time, then we'll send that information to that social worker so they can be given to them upon discharge, before or upon discharge.
According to what their medical stability is at that time.

HIGDON, BRIAN 15:38
Yeah.
Yeah, sounds like you guys are very have a very kind of thorough system that you go through this to try to reach out to things like that.

Collins, Valerie B 15:50
You do.

HIGDON, BRIAN 15:50
That being said, I I I me personally, I feel like that would be a good quality measure to track over time and in the future find find ways to to improve that number.

Jill Olinick 16:01
Yeah, I'm with you. And I I think in part because I mean, you know, especially when it comes to phone calls and stuff, if they don't recognize a phone number or they think it's a scam, I mean, you know, they got a lot going on and unfortunately people. Take advantage of people in the world and and I mean, if I don't recognize a number I don't answer.
And sometimes I I delete and block or you know what I mean?
So I I just wonder how much of that is going on as well?

Collins, Valerie B 16:31
I mean, we're certainly open to suggestions, but you know, if we're calling and leaving messages and saying, you know, who who we are, what what our program is and you know we're doing everything we can to get the information to them and get them to call us back.

Jill Olinick 16:35
It's challenge.

Collins, Valerie B 16:47
Then we at some point we don't have a lot of recourse.

Jill Olinick 16:47
Yeah.
Oh, sure.
Yeah, it just I I. It'll just be interesting to see if there's something we can do to affect that. And it, you know, it may go back to the messaging of the providers in the hospitals and the rehabs communicating with those patients and and stressing the.

Value of the brain and spinal cord injury program for Florida and what they can offer. And then can you open up the program ineligible?

HIGDON, BRIAN 17:29
Yeah. I think Kevin wants to add in.

Jill Olinick 17:32
Oh, sorry, Kevin, go ahead.

Kevin Mullin 17:34
Good afternoon. Just to give you a little hindsight 'cause, I was actually a recipient 22 years ago with the Florida brain and Spinal cord program. When I first sustained my spinal injury, I got a, you know from healthcare provider of course Dr. and all the way to.
All these case managers and everybody else on the B skip. Keep in mind it's probably when you sustain a spinal or other neurological disorder that happens during a traumatic brain injury.
It's there's, it's a whirlwind.
It's life changing and there's so much going on that.

Jill Olinick 18:04
All at once.

Kevin Mullin 18:04
Trying to be introduced to a state program.
It's you.
You don't even have a.
It's like just get out of my way.
I've got to learn how to deal with what I'm dealing with right now.
The only thing that was truly beneficial was actually one of the case managers that worked at Pinecrest Rehabilitation, Delray Beach, where I was was saying be skip is such a prominent program that you really need to.
Actively engage and look into this and it was because of one of my.
That individual working with one of my family members that my family member then took the time on their off hours from visiting me to learn a little bit more about it

and then engage me and of course, then we engage the program back.
So really I think it's going to be my question is if someone does turn down this process during the acute phase, what's called the acute phase during that time?
Does the providers ever try to go back out on a six month window or even A1 year annual?
For a revisit, when there's a little bit more mental and emotional stability to that individual and their family members by chance.

Robinson, Kimberly S 19:13
I think that's where some of go ahead, Beth.

Collins, Valerie B 19:13
If we have.
Go ahead.

Robinson, Kimberly S 19:18
Let's say Becky has surveys that she sends out to follow up with clients, and they're at different stages.

Kevin Mullin 19:30
OK, 'cause.
Like I said it, it's just so hard. I mean, I didn't wanna hear about Medicare.

Jill Olinick 19:31
Set.

Kevin Mullin 19:35
I didn't wanna hear about enrolling this, enrolling that and then.
But the truth be told is the earlier you do start and engage, the better it is.
So it's education, but still trying to respect that emotional boundaries and timelines.
It's it's, it's a tough area to navigate and I commend everybody who's doing it, but just always something to keep in mind that a reengagement or reassessment at a later date might be more appropriate to.
Capture.
The population that we're looking for especially.

Robinson, Kimberly S 20:05

Agree.

JO

Jill Olinick 20:05

Kevin, what you're saying is, is you might have turned it down initially.
What you're talking about are those who maybe turn it down.
Or don't respond.
And if we can do a follow up six months later, maybe make a call six months later versus you know.
Maybe three in a whatever 30 day time frame. I don't remember how much it was, but because their life is settled in a bit and perhaps then they can focus on on what additional resources they are.

KM

Kevin Mullin 20:35

Exactly, Jill.
I don't know what our normal SOP's are for redundancy on calls, but I would imagine even if we kept the first, let's say it's three times within a 30 day period.
You can always keep that out there, but then maybe I do a six month and then a three quarter year or a six month and one year follow up and just try to re engage then and I'm sure there's a lot more stability at those points in time.
Or a little bit more acceptance of where they're at and a little more.

JO

Jill Olinick 20:59

Hmm.

KM

Kevin Mullin 21:01

Opportunity for patients to look at these programs knowing now than necessity really is there.
So it might be just an easier time to reengage.
At a little bit later date unfortunately.

Collins, Valerie B 21:15

So our referral just to give you guys some time frame, so our referral window or however you wanna refer to it is about 60 days. We're trying to touch base with

these clients.
So we'll try those several contacts throughout that 60 day window and it's not like we're just trying to call a client, we're trying to call their supportive contacts or any other contacts that we have listed for them.

Jill Olinick 21:36
That's right.

Collins, Valerie B 21:41
If they have not met a certain medical stability, then we open that up to 90 days.
We give it a extra 30 days, so we're kind of trying to give them time to actually meet eligibility for our program, have those conversations follow up with them and see if they're even interested in our program.
After that point, yes we do.
Kind of. We start that closure process and then it would be more on like Tim was talking about for Becky to follow up with them and and give more information and that type of thing get their response.
I understand what you guys are saying, but you always have to understand that we consistently have all of these referrals.
Coming in. So if we were keeping applicants open for six months a year just to try to determine if they're interested in our program, our caseloads would be out of control.

Jill Olinick 22:33
Yes.

Collins, Valerie B 22:33
Unmanageable I would say.

Kevin Mullin 22:34
No, I can imagine, yeah.

HIGDON, BRIAN 22:35
Yeah, in in my perspective on this is not that you know that that I think I'm not saying I think that number can be like 60 or something that that'd be unreasonable to say

that, OK you guys should should be you know convincing everyone again get in. Contact with everyone and and convincing everyone to do that. I I because I know that's unrealistic. But part of this conversation is let's pick a handful of. Measures that we're gonna track and we're gonna talk about and. If they get better, we're gonna. Try to figure out what we did that made it better. If they get worse, then we say OK. What change? And made it worse. And maybe it's something external to B skip. Or maybe it's something internal to B skip, but I find that in my organization we have certain quality measures that we track. Related to infections related to skin care, things like that and I know with those measures inside my organization it requires constant like effort and for for things complex like that. It takes confident effort to shore up. Those systems and and and perform well with these complex, challenging things. So that's really kind of the effort of picking out some measures, not to say that you guys are doing poorly or you guys are being negligent that I'm I'm very much support what you do and hearing you guys explain what you guys are doing is really impressive to. Me all the work that you put into to contacting these clients, but I at the same time I think it's good to to to pick a few numbers. At the very least, just to make sure if it gets worse, then it gets our attention. And say, OK, what changed? So none of this is. Is is saying that that you guys don't take your time in doing your effort with these with these things?

Collins, Valerie B 24:19

Kirsten.

Robinson, Kimberly S 24:23

So I'm I'm marking this down on my sheet that this indicator report or I'm sorry closed cases. Is one that the Council would like to use as quality measurements and tracking, and specifically to why clients do not.

HIGDON, BRIAN 24:38
Yep.


Robinson, Kimberly S 24:45
I'm sorry they don't respond to our contact details, so if I'm hearing you correctly.

HIGDON, BRIAN 24:49
Yep.


Robinson, Kimberly S 24:54
I'll get with Amanda.
And we'll create a new report on closed cases, specifically to the contact attempts where they were failure to cooperate, contact attempts and see if we can break down how many attempts were made.
What kind of attempts were made?
Along those measures, am I on track with you guys?

HIGDON, BRIAN 25:22
Yeah. And I think one opportunity that we might find is we might find, oh, in, in one district.

Jill Olinick 25:22
Mm-hmm.


Robinson, Kimberly S 25:23
OK.

HIGDON, BRIAN 25:29
The numbers are are better than in in in another district and then the question is OK what are you guys doing over there?
What can we duplicate over here?

Jill Olinick 25:37
Right.

HIGDON, BRIAN 25:37
This is how we do it more efficiently because we're spending so much time doing this. So it's kind of encouraged conversations between different units about you know what, what are the, the the best things we can do for that.

Jill Olinick 25:50
And sometimes the demographics play into that too.

HIGDON, BRIAN 25:53
Definitely. And what whether you're the facility that really talks it up or not, yeah.

Jill Olinick 25:54
Yeah.

Robinson, Kimberly S 26:01
OK.
So I'm also gonna add how old was the case when it was closed, and that is gonna be for both.
Let's see applicant and in service.

Jill Olinick 26:16
Yeah. And this is just a curiosity question. The no need for bskip services.
Do we?
Do we have a general idea of why people felt they didn't have a need like they had all the resources or they had, you know, great system support or?
Do we know?

Collins, Valerie B 26:34
I would say, yeah, I would.
Well, I think that's a wide window, but I would say sometimes we receive inappropriate referrals.
So really, honestly, there just isn't a need for our services. Sometimes. You know, people say I have, you know, I have insurance. I have kind of like what Kevin was referring to.

Jill Olinick 26:49
OK.

Collins, Valerie B 26:56
I have all this other stuff going on. I don't want to be bothered by you people. Literally had that said to me before.
It it sometimes it just is that they have other coverage and they don't need our services and that is the answer, but it it does include inappropriate referrals as well.

Jill Olinick 27:10
OK.

Collins, Valerie B 27:15
So.

Jill Olinick 27:15
OK.
Very good.

Kevin Mullin 27:17
Please keep in mind I think I was given a heavy boatload of medication when I first got hurt, so if 23 years ago you got a negative connotation and it was located to my last name. I I'll give my apologies. Now, 23 years later, I might.
Have been one of those recipients.
Who was a tough time?

Collins, Valerie B 27:38
We we completely understand.

HIGDON, BRIAN 27:41
Yeah, yeah. The long term institutionalization that gets my attention. Of course, if they're incarcerated, that's that's a different story. But.

Kevin Mullin 27:41
Appreciate it.

Robinson, Kimberly S 27:43
Becky, you have your hand up.

Robinson, Rebecca 27:45
Yeah.

HIGDON, BRIAN 27:51
But the long term institutionalization.
That's sort of part of the point of Bskip is to avoid that.
Obviously there's a lot more to that than than just what bskip can offer, but that high number of of 201 who are the application is closed because of that is is eye-catching.

Robinson, Kimberly S 28:10
OK.
So would you like me to work with Amanda on?
A breakdown of the decline services with the category of no need for bskip services to break that down to see specifically what that was, maybe how many in appropriate referrals, how many had insurance, maybe if we can identify their reason.

Jill Olinick 28:30
Yeah, that would be great, I think.

Robinson, Kimberly S 28:31
OK.

HIGDON, BRIAN 28:32
Yeah, I don't want to like, pick everything because then then it'll be like picking nothing.
So so I think we need to to to be selective about what we choose.

Jill Olinick 28:44

Agree. But we're just choosing to look at some additional data right when we meet in November and then.

HIGDON, BRIAN 28:48
Yeah, sounds good. Yeah, sounds good.

Robinson, Kimberly S 28:53
Becky, you have your hand up.

Robinson, Rebecca 28:55
Yeah. In regards to the SurveyMonkey, they do get a six month after a six month closure.
They get a SurveyMonkey. Would it be helpful for me to include a year out from closure?
Do you think we'd get more responses?

Jill Olinick 29:16
What? What is our current response rate on the six month?

Robinson, Rebecca 29:22
We sent out 11 and eight got open.
But.
They didn't.
None of them completed it.

Jill Olinick 29:32
Hmm.

Robinson, Rebecca 29:32
So.

Jill Olinick 29:33
And and were those active or those were applicants that we'd?

Robinson, Rebecca 29:37
Six month post closure.

Jill Olinick 29:40
So it doesn't matter whether we actually, whether they were actually active applicants or I mean active in service, I should say it's just if they requested they were just applicants, sorry.

Robinson, Rebecca 29:52
Services.
Well.

Jill Olinick 29:56
If I use the wrong terms.

Robinson, Rebecca 29:56
You want to take that Cam off.
I would imagine it's it's go ahead.

Collins, Valerie B 30:01
Well, I think.

Robinson, Rebecca 30:06
Yeah.

Robinson, Kimberly S 30:07
Whether it's applicant or in service, it's a closure.

Jill Olinick 30:12
OK. That that's great. I just.

Robinson, Kimberly S 30:13
So you would have to.

Jill Olinick 30:14
I didn't know.

Robinson, Kimberly S 30:15
I think if we if we went back and the Council helped to to design the questions for those surveys that Becky's talking about.

Jill Olinick 30:22
Yep.

Robinson, Kimberly S 30:24
So maybe if we go back and look at what the questions are at the six month period, it will better identify if it's an applicant closure in service closure, why were they?

Jill Olinick 30:24
Mm-hmm.

Robinson, Kimberly S 30:35
Why were they closed?

Jill Olinick 30:42
Yeah. Agree.

Robinson, Kimberly S 30:52
OK.

Jill Olinick 30:52
All right.
Does anybody have anything else on this particular?
I think you were asking about long term institutionalization.

HIGDON, BRIAN 31:03
Yeah, I was curious about that one. If that meant I assume that meant that they

ended up in a sniff.
But yeah, I don't.

Collins, Valerie B 31:13
Yes.

HIGDON, BRIAN 31:14
Is that the the majority of those that 201 is at the independent sniff?

Collins, Valerie B 31:20
Yes.

HIGDON, BRIAN 31:25
Yeah, I'm. I'm just not sure how tractable.
That is as far as a outcome measure, since there's so much of that that is outside of bskip's control, even though Bscaps helps with that.
I don't know.
But I I I am curious about that but.

Robinson, Kimberly S 31:56
So do you want more detailed information on that? If if we can pull that?

HIGDON, BRIAN 32:01
Yeah, if you could pull some detailed information before we consider as a as an outcome measure, but I'd be interested in like their ages.

Robinson, Kimberly S 32:06
OK.

HIGDON, BRIAN 32:10
Because.
If they're younger or older, if they do that, if they.
Whether it's a brain or spinal cord injury, yeah.

Robinson, Kimberly S 32:24

OK.

HB **HIGDON, BRIAN** 32:28

Because at the end of the day, there's some people that just need social support and just have none, and and be skip can't provide that. That social level of support.

JO **Jill Olinick** 32:29

Good.

Yeah.

HB **HIGDON, BRIAN** 32:40

They can help with the ramp, but they can't bring someone to to help you know, use that ramp with the client.

Robinson, Kimberly S 32:52

OK.

Any other questions on this one and then I'll open up this last tab, which was a question that the Council wanted to know regarding our Central registry portal.

Since July 1st, when that went live.

This gives you a count of the number of referrals that have come in via fax and how many have come in through the portal.

JO **Jill Olinick** 33:22

And is this on trend for?

Robinson, Kimberly S 33:25

And then the facility.

JO **Jill Olinick** 33:26

You know, because that's that's 1/4 is it?

Have you seen an uptick quarter over quarter?

Robinson, Kimberly S 33:36

It has definitely increased, we've identified.
Because we've gotten feedback from some of the facilities we've identified, I don't want to say it's an issue, but some facilities are required to report their referrals within their protocols and because once they enter a referral in at the end of the process, they get a a not.
That the referral was submitted, but there's no reporting factor that goes back to them to tell them how many referrals they sent in that day that week, that month or what type of injury or anything.
There's nothing that goes back to the facility to tell them who it was, they reported.
So we are currently working on a process improvement for that.
It's going out. I think this Sprint, which would be the end of the month and Amanda can give you a little more specifics on.
And what that looks like to help those facilities that need that reporting factor to come back to them.
So because of that, some facilities, they still are putting some referrals through the portal, but they're also faxing them because their fax is confirmation that the referral was sent.

Strickland, Amanda L 34:55
So that's actually what I'm working on right now during this meeting.
In order to send them a receipt and have a confidential e-mail sent out with an attachment, I'm having to.
Edit our PDF and everything for it to be able to send that receipt.
So I'm redoing all this and.
Hopefully more facilities after this Sprint will start using it.
Because now they will get an encrypted e-mail with their receipt and what they submitted.

JO

Jill Olinick 35:27
Nice.

Strickland, Amanda L 35:28
Yes.

Jill Olinick 35:31
Great.


Robinson, Kimberly S 35:32
So our managers, our regional managers and our case managers, everybody is really pushing towards the portal and the goal is by the start of the next state fiscal year, July 1st, we will be primarily transferring over to Portal and doing away with e-mail.
In fact, that will always.
Be an option.
But that's not the preferred method.
So that's the message we're pushing out. But in order to do that, we've identified some areas where we need to make a few changes on the portal.
And that's what Amanda's team is working on.

Jill Olinick 36:12
Great.
Can you go back to your list of reports?
Was there anything?
And I know I failed to call you back on this as far as demographics, Kimberly, so I apologize.


Robinson, Kimberly S 36:19
Excuse me.
Sorry.

Jill Olinick 36:25
Was there anything specific available on the demographics?
I think what we were hoping, or at least what I was hoping for, was being able to see if there were any gaps in you know.
When you compare the numbers of persons and.
Demographics that suffer from a traumatic brain or spinal cord injury, and then those who are utilizing the services or perhaps not utilizing services and and how we can, you know if there was any opportunity to support in that area.

Robinson, Kimberly S 37:03
So the only.
Demographic indicator.
Report that we actually have is the map that I've sent out to the Council before, where it shows.
The the state of Florida.
The regions by counties and it will tell you how many brain injured people were served in what county, how many spinal cord give you an idea of the population you know the regions that get the most referrals and things.
Like that, but I don't have that as part of this.

Jill Olinick 37:34
So.
OK.
I just didn't know if there's anything like by age, you know, ethnicity.
Because many of the healthcare you know, metrics or whatever we we have to also look at that as a as a part.

Robinson, Kimberly S 37:57
So what we do provide in Amanda can probably talk on this a little bit more than me as her team puts together every year reports specifically with age county.
Type of injury and so forth that gets reported to Florida health charts.
So all of our data goes to the Florida health charts, but those are reports that if you wanted to see what they are that are sent to Florida health charge, we can we can pull them back.
Or pull them up and provide those.
And we submitted all the way up to I think the end of June 2025.
Amanda, is that correct?
To Florida health charts.

Strickland, Amanda L 38:41
Yeah, it wasn't long ago.

Robinson, Kimberly S 38:44

Yeah, we. So we submit this report every August to Florida health charts because we have to have time to gather previous year.
So I believe all the data out there is to the end of June of 2025.
Now they have also changed how they sort the data out there.
It's not as detailed as it used to be.
This year they changed their format.

Jill Olinick 39:10
So it's not a like a three-year trend to be able to look at since they changed the format.

Robinson, Kimberly S 39:16
They go back to.
I'm. I'm just going into the files here. I want to say back to 2015.
Is that how far they went back 20/15/2016?
Do you remember Amanda 'cause? We had to.

Strickland, Amanda L 39:32
I can find it.

Robinson, Kimberly S 39:34
We had to repole everything again and I think it went back to either 2015 or 2016.

Strickland, Amanda L 39:36
Yeah.

Robinson, Kimberly S 39:41
To the end of June 2025, we had the yeah, we had to pull all that data again because they changed.

Strickland, Amanda L 39:45
And they do are doing it more high level.

Robinson, Kimberly S 39:52
How their format was that they're putting out on their site?

Jill Olinick 39:58
OK.
Yeah, maybe if we can see some of that when we meet in November.


Robinson, Kimberly S 40:01
Rogers.
OK.

Jill Olinick 40:10
I'm curious.
The in service clients with no case activity. Does that mean like they were accepted but then?
You know, whatever happened and there was no.
They didn't end up getting to take advantage of the program, or there wasn't any services that we ended up providing.
What does that mean?


Robinson, Kimberly S 40:33
That's a compliance report.
That's a way for us to make sure that our case managers are are staying in compliance with keeping.

Jill Olinick 40:39
OK.


Robinson, Kimberly S 40:45
Calls current with the clients, whatever that whatever activity is needed with that case.
So it primarily looks at contact and how long it's been since their last contact, either to the client family member and I believe facilities.

Jill Olinick 41:04
OK.

Robinson, Kimberly S 41:05
Actually I can go down to that one.
Hold on. Let me pull it up and give you the detail.
This is the detail.
Right here.

Jill Olinick 41:27
Sure, I love that that that's available and they can then see, oh, I need to reach out because I haven't spoken with or whatever. That's great.

Robinson, Kimberly S 41:34
So what?
What happens with our system that we use that we call it rims, they get a notice.
In rims, we call it a TDD things to do.
They get a notice that they haven't contacted the client in over 45 days.
Or it's coming up to 45 days. You need to make contact if they get to 60 days they they get like their last.
I don't wanna say warning their last notice that they're now out.
Compliance because there's been no contact in over 60 days.

Jill Olinick 42:10
OK.
OK, great.
Was there any other reports on that list that anybody wanted to take a look at?

HIGDON, BRIAN 42:22
Would you say that overall it that that number is usually pretty close to 0 or or is that something that sort of a constant effort to to stay on top of?

Robinson, Kimberly S 42:28
Yes.
No, hardly anybody ever hits that report.
And if they hit the report because there's been no contact like 45 days between 45 and 60 days, it's usually right over.

It could be 46 days, so if it goes 46 days, they're going to hit that report for no contact to 45 days.
Very rarely do we have anybody that hits the over 60 days.
Very rarely.

HIGDON, BRIAN 43:00
Are there any reports that describe like time between like authorization like like?
So I know with with like construction and like ramps and things like that, it is lengthy process between when it's requested, when it's when the quotes go out, when it gets constructed.
Are there any reports that?
That track the pace through that process.

Robinson, Kimberly S 43:29
Well, that's kind of our authorization report.
This is a huge report.
This one is it keeps track of from the time that an authorization has been pre auth and sent out to the time that it's fully completed. And when you look at the report that was sent out, these are all the stages.
That that service goes through.

HIGDON, BRIAN 43:54
Yeah. Is there a way?

Robinson, Kimberly S 43:56
Before it's finally paid.

HIGDON, BRIAN 43:58
Yeah. Is there a way to like subdivide that by the type of thing that's authorized?
Like there's some things that you know, I believe that should there, there should be a very efficient turn around for.
But then there's other items where.
You know, there's there's more that goes into it, especially if it's on those rurally or things like that.
But is there a way to subdivide like OK for a shower chair?

How long does it take for someone to get a shower chair?
Or or well ramp.
Ramp is such a big, important for people to get that.
Alert.
But the bathroom modifications, like I understand, they're just gonna take forever.
On on some levels but.

Robinson, Kimberly S 44:40
Actually, how? Mods don't take forever.
Depending on the vendor, we've had some issues with vendors where it did take an unacceptable amount of time to get the task completed.
But when we issue an authorization, it's it's within specific date ranges and if the vendor doesn't get the service done within the date range, then that authorization has to be cancelled.
And be issued, but there has to be a justification is why it was cancelled and reissued, and typically that only happens on those occasions with a home modification where we had issues with the vendor.
And they didn't get the job completed in time.

HB

HIGDON, BRIAN 45:24
All right.
Well, that's good to hear.

JO

Jill Olinick 45:25
It's good.

HB

HIGDON, BRIAN 45:27
But is there a way to subdivide between the type of type of thing?

Collins, Valerie B 45:27
I think.

Robinson, Kimberly S 45:33
I'm not sure I would have to defer that to Amanda and Raj on how they could break that down.

Collins, Valerie B 45:34
It.

Strickland, Amanda L 45:40
Yeah.
What do you mean?
Divide or divide which parts.

HIGDON, BRIAN 45:45
So if I really care about, you know, getting ramps on home so people can get into their homes and and how long that takes, is there a way to like subdivide and say, OK, I'd like to look at all the ramps that you guys help help clients with.
And what's the average time that it gets people to get a ramp from?
You know the the quest to the actual ramp being in place, is there a way to to to narrow it down, narrow the this report down to like ramps?

Strickland, Amanda L 46:12
I would definitely have to look into that.

HIGDON, BRIAN 46:16
Yeah.

Strickland, Amanda L 46:18
But we can get back to you.

Collins, Valerie B 46:18
Divided by service type.

Strickland, Amanda L 46:20
Yeah, the service type, but the duration of it I don't. I need to look into that part of.

Collins, Valerie B 46:23
I yeah.

Strickland, Amanda L 46:29

The service, like how soon it's closed after the services are done.

So that's something I can look into.

Collins, Valerie B 46:35

I think that's a little bit of a different issue too. Like I want to give a for example.

So for example, we don't get a referral until the client is almost ready to discharge home. OK, so now.

That compared to a referral that maybe we got them right after the injury. We've gone through the.

Eligibility process. We've got them enrolled.

We've done all of these things.

Pre authorization time versus now we have this referral and they're going home Monday.

We have a lot to get done and so that it's going to be really hard to track.

You know what I'm saying?

It it's there's a lot of steps that we have to get through that would make it look like, oh, my goodness, why did it take so long to get that ramp?

Well, it wasn't.

It wasn't that it wasn't cutting the authorization.

And it was that we had 15 steps to get through before we got to the authorization, so that it's gonna be a little bit different based on that too.

HB **HIGDON, BRIAN** 47:42

Yeah. No, I very much understand.

That's why I encourage my case manager to like take my first team conference or first conversation with them is like bskk bskip and now my case managers know but.

But.

But I was just talking about the discrete between identifying they they need, like how quickly are we done and finding that they need a ramp and how quickly delivering it, cutting out that whole the time between the referral and the the the enrollment, things like that.

Robinson, Kimberly S 48:13

We took him from the time the authorization is issued to the time that service is delivered.

HIGDON, BRIAN 48:18
Yeah.
Well, the authorization is is on step so. So the time between when.

Robinson, Kimberly S 48:21
OK.

HIGDON, BRIAN 48:29
Like, are we identifying the need quickly? Are we?
Are we asking for authorization quickly?
Are we getting the the quotes done quickly?
Those, I guess in my mind is what I'm interested in.
But.

Robinson, Kimberly S 48:45
That may vary per so when when you talk about quotes, we have to get three quotes.

HIGDON, BRIAN 48:45
And.
Mm-hmm.

Robinson, Kimberly S 48:52
So what's I? I can't tell you what the time limit is that we give on quotes, but I have regional managers on the call here who might be able to talk to that.
Speak to that.
What? What is happening in your regions?

Collins, Valerie B 49:11
OK.
I know anybody else can speak up if they want to, but I think especially a ramp, I think we usually request the quotes back in like 3 days.

Moore, Fallon 49:14
Once.

Collins, Valerie B 49:20
Or or as soon as possible and you know.
Depending on the vendor and what they have going on, they may turn it around the same day or it may take a couple of days because it would ramp. You know they have to go out, do measurements you know, determine what type of ramp it takes some time.

Kevin Mullin 49:40
Just from a humble standpoint, I couldn't imagine anybody on a quote taking more than a week process.
Would that be a correct statement 'cause? I really couldn't imagine really.
Everybody kind of wants to win the bid first and foremost and fight for the dollars.
So it's just whether they have the ability to get out there to make the measurements.
But I would imagine the turn around time can't be that bad from quotes.

Collins, Valerie B 50:02
Yeah, I wouldn't think again if the the managers are on, they can certainly speak up, but I don't.
I don't imagine it being any longer than that.

Moore, Fallon 50:15
It typically takes a week here in region 1.

HIGDON, BRIAN 50:22
You get the quotes.

Moore, Fallon 50:26
Yes, once, once the case manager sends it out, I just.
I have one right now.
She sent it out on Monday or on Friday.
And they came back with the quote Monday.

He went out over the weekend and went to the house.
And we've already cut the pre off for it.
So from Friday until today.

HIGDON, BRIAN 50:50
Mm-hmm.

Clark, Rosalind M 50:53
Reading through you as well.
Turn around is usually within a week.
Received a quote from the request.

Robinson, Kimberly S 51:03
Thank you.

HIGDON, BRIAN 51:08
But.
I think there might be a good quality measure because there might be regional differences between places that some some regions do better than others as far as their efficiency with with, with interacting with their vendors and identifying after they're enrolled, identifying quickly that they need it so in.
In my head to be the time between when they're enrolled and the time that the ramp is delivered and tracking that time.

Robinson, Kimberly S 51:43
OK.
We'll see if we can pull some of that.

HIGDON, BRIAN 51:46
Mm-hmm.

Robinson, Kimberly S 51:47
Raj is.
He's he's pretty good.
He he's my data analyst. He he's pretty good.

Strickland, Amanda L 51:52

Mm-hmm.

You'll put them to work.

Robinson, Kimberly S 51:54

I just have to make sure.

Yeah, I just have to make sure he understands exactly what we're looking for because sometimes I'm clear as mud with him.

HB

HIGDON, BRIAN 52:04

Yeah, but.

JO

Jill Olinick 52:05

Then he's extrapolating.

HB

HIGDON, BRIAN 52:07

Yeah, but mine.

Robinson, Kimberly S 52:07

Yeah.

HB

HIGDON, BRIAN 52:08

My devil's advocate point, too, is like, well, if the page is like discharged for another three weeks. Like why are we rushing around getting this rampant if they're not going to be discharged for for four weeks like they don't need the ramp this week, they need it 4.

Weeks from now.

So that's a devil at that.

That's a devil's advocate.

Side of this is maybe for for some of the clients it doesn't matter how fast you get it, as long as you get it before they leave.

Robinson, Kimberly S 52:26

I don't.

I don't think.
So I I think I can talk for some of our managers on this call a lot of times we don't get that grace of three to four weeks.
It's we need it right away because we're getting the we're getting the discharge at the last minute and all of a sudden the client needs a ramp. They need a wheelchair. They need a transfer board. They need a bed. They need all of this stuff and sometimes we.

JO **Jill Olinick** 52:44
Yesterday.

 **Robinson, Kimberly S** 52:58
You know.
Scrambling to get everything to the home before the client.
Gets discharged. That's that's one of our. That's one of our struggles.

JO **Jill Olinick** 53:07
So I think that's something I know we're about out of time, but I think that's something that we could bring up and maybe that's a quality metric.

HB **HIGDON, BRIAN** 53:07
Yeah.

 **Robinson, Kimberly S** 53:08
Give us notice.

JO **Jill Olinick** 53:15
How can we help impact that?
For bskip from the you know the sources.
I mean, if you're doing discharge planning correctly, you are starting this at the beginning when the patient is there with you not waiting two days before they're discharging.
And so you know, that might be something that we can talk about further.

Robinson, Kimberly S 53:38
OK.

V **Valbuena Valecillos, Adriana D** 53:39
I also think is looking to difference between regions and say is. If we see a trend.

KM **Kevin Mullin** 53:40
And from.
The.

JO **Jill Olinick** 53:47
Yeah.

V **Valbuena Valecillos, Adriana D** 53:49
In any specific areas that needs more education.

JO **Jill Olinick** 53:52
Yeah.

KM **Kevin Mullin** 53:54
I would say definitely by region. I just had a family member go into a hospital down here in Palm Beach County area.

JO **Jill Olinick** 53:54
Right.

KM **Kevin Mullin** 54:02
She was entered in and then the next day case manager was calling, getting discharge ready and they were.
They would come up with a chief understanding what was going on with my family member, so I would imagine certain hospitals are very proactive understanding case management and again that was a completely different situation than neurological disorder or injury, but.
Like I said, I think certain areas are probably very.

Proactive from a case management standpoint and others might be a little bit different. So that might be a key point to hit on.
See how we can educate the ones that are lacking so somewhat.

Robinson, Kimberly S 54:34
Well, I I think another struggle that we have if if I've understood correctly from recent conversations is there are times when the client has coverage.
But the facility case manager is not engaging that coverage to get the equipment at home.
They're expecting beskit to get the equipment out there right away, and they don't always follow or understand the rule of we are payer of last resort.
Sort and so there are times that I believe the program has provided the equipment when it should have been. The discharge planner at the hospital doing their due diligence and getting that set up before the client goes home and not waiting till the 11th hour and putting it.

JO

Jill Olinick 55:25
Right.

Robinson, Kimberly S 55:25
On bskip because.
We're we're about health and safety.

JO

Jill Olinick 55:32
Yeah.

Robinson, Kimberly S 55:32
And sometimes we need denials.
Before we can actually issue services, we have to have denials and sometimes that is a struggle for us to get the discharge planners to understand. We need a denial before we can issue something because we are payer of last resort and we have to push back.

KM

Kevin Mullin 55:55
Kimberly, just on the question on that really quickly.

Medicare guidelines. What is their denial period?
I mean, do they have a turn around time within a 48 hour period from request or 'cause?
I know Medicare runs generally slow on insurance reimbursements all over the map, from pharmaceuticals to equipment to all sorts of aspects.
So I'm just kind of curious on the denial time frame.


Robinson, Kimberly S 56:20
I don't know of any insurance payer that is quick.

KM **Kevin Mullin** 56:25
Sure.

HB **HIGDON, BRIAN** 56:25
Yeah.


Robinson, Kimberly S 56:26
I can't.
I can't speak to that.
I.
I can't tell you.
It's two days.
It's three days I I know, and I've heard it from my managers and I've heard it from the case managers. How difficult it is to get a denial.

KM **Kevin Mullin** 56:42
I would imagine.

HB **HIGDON, BRIAN** 56:42
Yeah, and the problem that we run into, well, Medicare is actually more straightforward.

JO **Jill Olinick** 56:47
Right.

HIGDON, BRIAN 56:47
There's there's less appeals in middle men when it's straight Medicare, but when you have Medicare Advantage or some of these commercial plans, then there's then there's middle men that get involved.

Jill Olinick 56:53
Managed.

HIGDON, BRIAN 56:56
And sometimes they'll just give a denial verbally.
But what bskip requires is a written denial.
And then we have to chase that down, which can be its own barrier.
That's the nice thing about using wheelchair ramp as a measure is because.
No, no insurance pays for for wheelchair ramp.
But then there's other piece of equipment that.
Some insurers pay for it, and some insurers don't, or like particular situations. So sometimes with the transfer port like she mentioned, sometimes insurance will cover it. Sometimes they don't.
So yeah.

Kevin Mullin 57:26
Interesting.

Jill Olinick 57:28
And the number.
Of pieces of equipment.

HIGDON, BRIAN 57:32
Yeah.

Robinson, Kimberly S 57:34
So we can go out and look at what Medicare or Medicaid, Medicaid have as their allowables.
We we look at these schedules and see exactly what they allow, how many they

allow.
Across the board for services for medical supplies, for equipment, you can look at the allowables and it will tell you if it is covered and if it is, you know how many can they have so to speak.
What's the cut off before they no longer will pay for the service?
So we do look at that.
But that still doesn't help us with denials.
It just tells us, yes, they will cover it.
It's not on there.
We know they won't, but we still in in some instances have to have that denial.

Kevin Mullin 58:22
Sure.


Robinson, Kimberly S 58:22
And before we go too much further, Beth, I want you to make sure that you note on attendance that Doctor Val Buena is here.
I didn't know if you could see, OK.


Collins, Valerie B 58:29
I did.


Robinson, Kimberly S 58:32
We still don't have a quorum, though.

Jill Olinick 58:32
So yeah, OK.


Collins, Valerie B 58:34
No.

Jill Olinick 58:37
All right.
Well, I want to be respectful of everybody's time. I think we had a lot of great

discussion and have some things to bring forward for the November meeting.
Can you flip back to the agenda real quick, Kimberly?

Robinson, Kimberly S 58:47
OK.

Jill Olinick 58:49
Thank you.

Robinson, Kimberly S 58:50
I don't know about quick, but I can flip back to it.

Jill Olinick 58:56
I so get that.

Robinson, Kimberly S 58:56
No, that's not it.
The struggle is real.

Jill Olinick 59:01
Yep, for sure.

Robinson, Kimberly S 59:06
I do want to take a moment and point out for our November meeting that we will have to do voting for our Chair and Co chair, so we'll probably do the voting like I did last year and I'll send out ballots ahead of time just so everybody's.

Jill Olinick 59:08
You're good.

Robinson, Kimberly S 59:23
Aware so that is one definite item on that agenda.

Jill Olinick 59:27
Great. And these for for our portion for this particular carve out, we'll be able.

We'll just continue this discussion and answer our questions and discuss and determine the actions for our target outcomes and set our goals.
That'll be what we do in November, for we can have the follow up discussion after we get that are able to view the data from the reports that people.

Robinson, Kimberly S 59:52
OK.

JO **Jill Olinick** 59:55
Does anybody have anything else?
Alright, I have a motion to adjourn.

KM **Kevin Mullin** 1:00:07
2nd right here.

JO **Jill Olinick** 1:00:07
Second great.
Thanks Kevin.
All right.
See you all in November.

Strickland, Amanda L 1:00:14
OK.

HB **HIGDON, BRIAN** 1:00:14
All right. Bye bye.

KM **Kevin Mullin** 1:00:15
Have a great day.

Strickland, Amanda L 1:00:15
Thanks guys. Bye.

JO **Jill Olinick** 1:00:16
Bye bye.

Robinson, Kimberly S 1:00:16

Have a good day. Bye bye.

Casavant, Robert stopped transcription