

# BSCIP Advisory Council PQI Committee Meetings- 20260205\_140448-Meeting Recording

February 5, 2026, 7:04PM

58m 22s

- **Casavant, Robert** started transcription

**so** **Soans, Keith O** 0:04

Good afternoon, everyone.

Thank you so much for joining us this afternoon.

I'll start the roll call with informing everyone we received a notice of absence from community members.

Doctor Adriana Valdiana and Ruthann Tatel.

I'll start with the Council members right now, Don Chester.

Kevin Mullen.

**+19\*\*\*\*\*42** 0:30

How are you?

**KM** **Kevin Mullin** 0:33

Here.

**so** **Soans, Keith O** 0:34

Party lands.

**+19\*\*\*\*\*42** 0:36

Here.

**so** **Soans, Keith O** 0:39

Jill olnick.

**JO** **Jill Olinick** 0:40

Here.

**so** **Soans, Keith O** 0:42

Doctor Brian Higdon.

Doctor Abhilash Haridas.

Gary Rayburn.

 **Carrie Rayburn** 0:55

Present.

 **Soans, Keith O** 0:57

Excellent.

 **Robinson, Kimberly S** 1:02

So that's five. That's five people.

Jill, you have a core? Yeah. I'm sorry.

 **Soans, Keith O** 1:04

And we have we have quorum.

 **Jill Olinick** 1:06

OK, great.

Can you scroll up Kevin?

So I'd like to call for approval of minutes for the November first meeting and we'll do that one first.

 **Soans, Keith O** 1:21

Do you want me to open the documents?

 **Jill Olinick** 1:26

Sure.

This is the in person.

Well, it was.

 **Soans, Keith O** 1:32

Yes.

**JO** Jill Olinick 1:32

It was an in person, but it was the all day meeting that we had.

**SO** Soans, Keith O 1:35

Yes, yes.

**HB** HIGDON, BRIAN 1:36

Do you think this is November 12th, I believe.

**JO** Jill Olinick 1:40

Oh, did I have November 1st?

**SO** Soans, Keith O 1:42

Yeah, it's November 12th.

**JO** Jill Olinick 1:43

Oh, sorry, November 12th.

**SO** Soans, Keith O 1:47

That was my first meeting, so I was very excited about it.

**JO** Jill Olinick 1:50

Yeah.

**KM** Kevin Mullin 1:53

I.

Motion to approve this is Kevin.

**SO** Soans, Keith O 1:57

Thank you.

**JO** Jill Olinick 1:58

Thanks, Kerry.

**CR** **Carrie Rayburn** 1:58

This is Kerry.

**JO** **Jill Olinick** 2:01

Perfect.

All in favor?

Any opposed?

All right.

**JO** **+19\*\*\*\*\*42** 2:09

None.

**JO** **Jill Olinick** 2:10

And now for the December 4th.

**JO** **+19\*\*\*\*\*42** 2:11

Yeah.

**SO** **Soans, Keith O** 2:13

Thank you.

**JO** **Jill Olinick** 2:17

Do I have a motion to approve?

**CR** **Carrie Rayburn** 2:19

I move to approve.

**JO** **Jill Olinick** 2:20

Thank you, Kerry.

**KM** **Kevin Mullin** 2:22

Kevin has second.

 **Jill Olinick** 2:23

All right, fantastic.

 **Soans, Keith O** 2:23

Thank you.

 **Jill Olinick** 2:26

Any opposed?

All right.

Both are approved.

OK.

So our next topic is to review our updated reports.

I just wanted to allow this time 'cause we had talked about some of the adjustments that we were recommending and changes and with recognition that we may not have been able to get all of the the updates done by this meeting. But if there are some available can.

We take a peek at those, Amanda.

 **Soans, Keith O** 3:02

So I'm gonna. I'm gonna start with the acute care referrals ratio project report.

 **Jill Olinick** 3:08

OK, perfect.

 **Robinson, Kimberly S** 3:09

So.

 **Soans, Keith O** 3:09

It's right here.

 **Robinson, Kimberly S** 3:11

All of these reports were mailed out, emailed out to all the council members in advance as well.

So you had an opportunity to look them over, so you should all have copies as well.

 **Jill Olinick** 3:25

All right.

This looks great.

 **Robinson, Kimberly S** 3:34

So do you.

Do you need to review the legend?

As a refresher on what this is.

 **Jill Olinick** 3:40

That would be great.

All right, so it says this tab presents the summary of acute referrals with group by agency facilities and injury type with displaying the ratio between rehab facilities versus trauma facilities.

 **Robinson, Kimberly S** 3:59

And.

 **Jill Olinick** 3:59

And it has the master list of all acute care referrals with all injury types.

 **Soans, Keith O** 4:03

Right. And that's.

 **+19\*\*\*\*\*42** 4:04

Mm-hmm.

 **Robinson, Kimberly S** 4:05

And so the the dates that you're looking at here, these are actually calendar years starting July 1st and not state years state fiscal years. Just to be clear, just to be.

 **Jill Olinick** 4:17

Perfect. Thank you for that clarification.

So 2025 is July of 2024 through June of 2025.

 **Soans, Keith O** 4:31

Correct.

 **+19\*\*\*\*\*42** 4:36

I've seen some time.

 **HIGDON, BRIAN** 4:38

It small comment about the Excel. I know this is a new thing and you guys are working on it, but I noticed that if you expand the categories on the left then the ratios.

Don't apply anymore.

The you'll you'll.

 **Robinson, Kimberly S** 4:54

That that's because Raj had to manually put in those ratios.

 **+19\*\*\*\*\*42** 4:57

Thank you.

 **HIGDON, BRIAN** 4:59

OK.

 **Robinson, Kimberly S** 5:01

That he they wouldn't calculate based on the on the data.

 **HIGDON, BRIAN** 5:03

Yeah.

Yeah. And I think the breakdown we were wanting to see was really the breakdown between.

 **+19\*\*\*\*\*42** 5:06

Thank you.

 **HIGDON, BRIAN** 5:12

Between geographic territories.

Like if there's, is there certain parts that a floor that tend to have lower lower referral rates?

Then that'd be something to focus on.

But this is really really interesting.

Look at, it doesn't seem like there's a big change right around the time of COVID. I think that's one thing we're curious about was that.

You know that that you know, because of the stress on the hospitals at the time that the referral rates would drop, but it seemed.

Actually quite quite good in in 2020.

That it made the busiest year then kind of back to maybe.

Yeah.

But does seem to have trended up, you know from 20/18 it was 5% or 9, we'll say 95% referrals were coming from trauma centers.

But now that number has has decreased down to 89% since 2018.

 +19\*\*\*\*\*42 6:22

Thank you.

Also.

 **Robinson, Kimberly S** 6:26

So the only change I hear that you may want on this report is just to add regional areas.

 +19\*\*\*\*\*42 6:27

Thank.

 **HIGDON, BRIAN** 6:33

Yeah, see if there's a discrepancy between regions as far as their the hospitals in those regions and how they're doing.

 **Robinson, Kimberly S** 6:40

OK.

I'll have I'll I will get with Raj and see if if that can be put in here.

I don't see why not, but again, I'm not the data analyst though.

 **Jill Olinick** 6:53

It's it.

 **+19\*\*\*\*\*42** 6:54

Following.

 **HIGDON, BRIAN** 6:54

Yeah.

 **Robinson, Kimberly S** 6:55

He can work his magic.

 **HIGDON, BRIAN** 6:59

Yeah, it does seem that.

You know, maybe rehab hospitals in 2018 were maybe also dropping the ball because the, the, the well, I don't think you can see that from the say that.

Yeah, that, that, that might be a stretch here, but the but the number of referrals do seem to be.

Trending up overall a little bit, but 2020 seems to be a been a big year.

 **+19\*\*\*\*\*42** 7:30

That's what he was saying is.

 **HIGDON, BRIAN** 7:31

20/18/2020 as far as referrals.

 **Robinson, Kimberly S** 7:35

So what I can speak to, since my position is the administrator that I have seen as a change in the program is as we educate facilities.

 **+19\*\*\*\*\*42** 7:37

Go.

 **Robinson, Kimberly S** 7:47

On the types of referrals that should be sent to our program versus just everything.  
We're getting.

 +19\*\*\*\*\*42 7:55

Morning.



**Robinson, Kimberly S** 7:57

Much better with getting referrals that apply to our program versus.  
Clients that are going to be denied because they don't.  
They're not eligible, so I I can see we're educating the facilities has made a a great  
change.



**HIGDON, BRIAN** 8:06

Yeah.



**Jill Olinick** 8:11

Good.



**HIGDON, BRIAN** 8:11

Mm-hmm.



+19\*\*\*\*\*42 8:12

All right.



**Jill Olinick** 8:15

I mean, that's been definitely the goal of our efforts over the last few years.



**Robinson, Kimberly S** 8:19

Correct.



**HIGDON, BRIAN** 8:19

Yeah.



**Jill Olinick** 8:23

Any other feedback on this particular report?

**so** **Soans, Keith O** 8:29

Can I move on to the next one?

**jo** **Jill Olinick** 8:31

Yes, please.

**so** **Soans, Keith O** 8:32

Thank you.

**+19\*\*\*\*\*42** 8:40

Possible, but more importantly.

**so** **Soans, Keith O** 8:41

I'll start with the legend so you can see that.

**jo** **Jill Olinick** 8:46

This is both rehab referrals.

We wanted to include the age, injury type, Rancho level at time of injury, the date of injury, education level and when was the referral sent to VR and when was it closed.

**so** **Soans, Keith O** 9:10

Can you see the screen clearly?

**jo** **Jill Olinick** 9:12

Yeah, so really low numbers, it looks like.

**+19\*\*\*\*\*42** 9:12

That no.

**so** **Soans, Keith O** 9:18

Mm-hmm.

**jo** **Jill Olinick** 9:19

Of referrals to Vog rehab.

 +19\*\*\*\*\*42 9:25

And so my question is.

 **HIGDON, BRIAN** 9:26

For the brain injuries, I think we noticed this last time, but quite low Rancho scores. Which which is great for these, for for these individuals who are able to get to the point that they're appropriate for VR referral from, you know, Rancho 3:00 to 5:00. I think.

What's the highest ranch Rd. they can qualify for?

 +19\*\*\*\*\*42 9:50

Thank you for the invitation.

 **HIGDON, BRIAN** 9:52

B Skip is it?

Is it like nine or eight? OK.

 **Robinson, Kimberly S** 9:54

8.

 +19\*\*\*\*\*42 9:54

Prices that were.

 **Jill Olinick** 9:55

Eight, yeah.

 **HIGDON, BRIAN** 9:57

Yeah.

 +19\*\*\*\*\*42 9:57

And there's different levels.

 **HIGDON, BRIAN** 10:01

Rancho itself is just across the board. It's not evenly distributed.  
So, you know, they tend to come in at threes and fours, but yeah.

 +19\*\*\*\*\*42 10:13

Thank you.

 **Jill Olinick** 10:15

I think it'll just be interesting to understand.  
If there hasn't been a need for volck rehab, or if people have declined, it declined  
being referred to volck rehab because for the total numbers, this is a very, very small  
number of referrals.

 +19\*\*\*\*\*42 10:28

Oh, you.

 **Carrie Rayburn** 10:33

Yeah, that's what my curiosity would be too, I think.  
Just wondering if it's discussed with everyone.  
To know if they are turning it down or what's going on.

 +19\*\*\*\*\*42 10:45

Goodbye.

 **Kevin Mullin** 10:46

And just for my lack of knowledge, this is referrals over to VR from beeskip or from  
VR to referring to B Skip.

 **Robinson, Kimberly S** 10:57

It's beskip to VR.

 +19\*\*\*\*\*42 10:57

Thank you.

 **Kevin Mullin** 11:00

The only thing that I can come to mind again, being the participants gone through

this process when you're going through the acute phases during the B skip process and newly injured.

I hate to say it, but normally, especially on such a neurological condition, the lesson that comes to mind is going back into a work incentivized program at the time.

 +19\*\*\*\*\*42 11:17

OK. Bye bye.

 **Kevin Mullin** 11:20

So that's the only thing that I think could be a leading factor of why we have such low referral point over to VR. And again, if it's a lighter injury.

 **Jill Olinick** 11:21

Sure.

 **Kevin Mullin** 11:29

Is Doctor Higgins suggesting with a rancher score and we can get them assimilated back into a day-to-day with their adls and then back into a work environment?

That's one thing, but when you're dealing with, like a cervical or thoracic sci or even a heavy TBI.

This would probably be a one or two or even three-year post process if there's even eligibility at that point.

So it's just one thing to possibly be mindful of.

 **HIGDON, BRIAN** 11:55

Yeah. So the so the terminology with the Rancho, these are actually more severe.

So these are on the severest end of the spectrum.

The lowest Ranger you can have is a three.

And on the days old been closed, it looks like most of these patients who were referred were in the program.

You know, the majority of them were in it for.

 **Jill Olinick** 12:16

Two or more years.

**HB** **HIGDON, BRIAN** 12:16

Side looks like a a year and a half is kind of with the average.  
That their case was open.

**KM** **Kevin Mullin** 12:24

That's good to know.

**HB** **HIGDON, BRIAN** 12:25

Yeah, and and and there's some cases.  
You know, if you're 60 year olds old and you're injured, you're not gonna be interested in going back to school and reeducating.  
You might have access to to your retirement accounts and things like that at that age, but you know the the large majority of patients in this program are probably still gonna be working age.  
But so. So, so it's, you know, if our patients are gonna be working age, you know, and then and others it's very illness.  
But you know, this is a very low number for, for for what it should be.

**JO** **Jill Olinick** 13:00

OK.

This is great data.

**HB** **HIGDON, BRIAN** 13:05

Yep.

**so** **Soans, Keith O** 13:07

May I move?

May I move to the next one or do you wanna look at this more?

**JO** **Jill Olinick** 13:13

No, I I think go ahead friend.

**HB** **HIGDON, BRIAN** 13:13

No, we won't.

And if we, Jill, do you think this is a good time to kind of talk about initiatives within BSKIP to to make this better or or do you want to focus on the data?

**JO** **Jill Olinick** 13:27

When we look at our goals that we should, this might, you know, this'll probably be one of those that we talk about a little bit more and and figuring out how we can.

**+19\*\*\*\*\*42** 13:30

41.

**HB** **HIGDON, BRIAN** 13:31

Yeah.

Mm-hmm.

**JO** **Jill Olinick** 13:39

Improve or identify the issues and then improve.

**HB** **HIGDON, BRIAN** 13:39

Yeah.

**+19\*\*\*\*\*42** 13:40

Oh oh.

**HB** **HIGDON, BRIAN** 13:42

Mm-hmm.

**JO** **Jill Olinick** 13:43

If you're OK with that, we'll just take a look at the last reports and then.

**HB** **HIGDON, BRIAN** 13:45

Yeah.

**SO** **Soans, Keith O** 13:48

OK, fine.

 +19\*\*\*\*\*42 13:49

Horoscop.

Getting dropped off here.

Kevin.

 Jill Olinick 14:01

All right, so this one, the summary of the client case closure report with group by year injury type.

And has the date between the application versus in service.

And then the detail of attempts or successful contact.

So.

 Robinson, Kimberly S 14:27

This one you can embellish on the pivot table if you want.

 +19\*\*\*\*\*42 14:27

N.

928.

 Robinson, Kimberly S 14:32

You can add to that to get more. You're usually looking for the reasons foreclosure.

So Keith, if you pop open the pivot table, you can actually add reasons to this.

It's going to be that one right there. That's it.

 Soans, Keith O 14:51

No.

 Jill Olinick 14:53

Perfect.

 Soans, Keith O 14:55

So I'll open.

 **HIGDON, BRIAN** 14:56

Reporting this Saturday.

 **Soans, Keith O** 14:58

The 22 which year would you like to look at?

 **+19\*\*\*\*\*42** 14:58

Thank.

So.

 **Soans, Keith O** 15:05

Because I think 2018 is pretty old.

 **Jill Olinick** 15:08

Yeah, I think.

Let's look at the 2025. I mean, we can start there and if we want to back down to 2024, it's cool.

 **Soans, Keith O** 15:11

OK, sure.

OK.

 **+19\*\*\*\*\*42** 15:17

What's up?

 **Robinson, Kimberly S** 15:20

Do Council members know how to play with the pivot table on here to get the data you're looking for?

 **+19\*\*\*\*\*42** 15:27

Thank you.

 **Jill Olinick** 15:29

I.

I do.



**Robinson, Kimberly S** 15:30

OK.



**Jill Olinick** 15:31

I did not do it before this.



**+19\*\*\*\*\*42** 15:31

So.



**Jill Olinick** 15:34

In transparency, but.



**Robinson, Kimberly S** 15:36

Oh, and that's OK.



**HIGDON, BRIAN** 15:39

I I didn't show up for the pivot table class in medical school.



**+19\*\*\*\*\*42** 15:39

Yeah.



**Robinson, Kimberly S** 15:44

I could teach you that.

I could teach you pivots.



**HIGDON, BRIAN** 15:47

I think we're about to pass on too.



**Robinson, Kimberly S** 15:49

I love pivot tables.



**Carrie Rayburn** 15:53

So looking here to the eligible for VR.

Is just one under both the BI and the SI. So I wonder like what is that eligibility requirement?

Do we have that information?

Are you guys more aware of that information than I am?

What? What makes them eligible?

 **HIGDON, BRIAN** 16:14

I mean, I think this is gonna be whether they have a brain injury or spinal cord injury and if it's the right severity.

And if they're Florida resident, is that is that correct?

 **Robinson, Kimberly S** 16:26

Beth, can you answer to that?

 **+19\*\*\*\*\*42** 16:27

Yes.

 **Robinson, Kimberly S** 16:28

'Cause, I'm not sure what they what VR is looking for or one of my Jose. You do a lot with VR.

 **HIGDON, BRIAN** 16:33

Time I'll be there anymore.

I think we're talking about the enrollment to be skip numbers.

 **Robinson, Kimberly S** 16:38

Oh, I thought Kerry was.

 **Carrie Rayburn** 16:38

No, I was. I was sorry.

I was talking about the eligibility for VR.

So it's like their eligibility that they have set.



**Robinson, Kimberly S** 16:43

Oh.



**HIGDON, BRIAN** 16:44

Oh no, this is the.

This is the document.

No, this is a different document.

This is not about VR anymore.



**Carrie Rayburn** 16:50

Yeah, but it has it listed there under.



**HIGDON, BRIAN** 16:53

Oh, I see. I see. OK.



**Carrie Rayburn** 16:56

And so it's one for each of them. So that's pretty low.

So that might be why our numbers are so low for VR.

Their eligibility requirements are difficult.



**Jill Olinick** 17:05

Yeah, but.



**HIGDON, BRIAN** 17:07

No, I think this is people who.

Who instead of VR?



**Robinson, Kimberly S** 17:11

So if.

So if we have any of my managers, correct me if we have a client who?

Is wanting to go back into the workforce.

And would like to be referred to VR.

We will refer them over, but I cannot speak to what VRs eligibility requirements are

for enrollment into their program.

That I cannot speak to, but maybe one of my managers who work with them can.

**CR** **Carrie Rayburn** 17:40

OK.

**JO** **Jill Olinick** 17:40

So maybe.

**CR** **Carrie Rayburn** 17:43

OK.

**DA** **Dubrocq, Jose A** 17:44

Yeah, let me.

Would they?

They basically have the same eligibility requirements, us they they're more or less you know you have to be a Florida resident.

You have to be also a legal resident of the country. That's one of the end.

Then you have to be right now.

BRS gear.

Because I work very close to them, it's very geared to work non education anymore.

You can push for that.

But their goal is just basically work they do.

**CR** **Carrie Rayburn** 18:13

OK.

**DA** **Dubrocq, Jose A** 18:18

An initial when the clients are referred to them, they will usually send a referral to them and what they do is they invite the clients to see a video that tells them what VR is all about.

I have the video which I send the clients before prior to going there. If the client does agree then they start the process. The processes they have to do a work evaluation and that takes a while for them to.

 +19\*\*\*\*\*42 18:34

Four hours.

 **Dubrocq, Jose A** 18:42

To be eligible, Kim and I had a meeting at one point and we tried to see if they could turn that process and they have.

They have worked on that, so it's and I just wanna add before we were talking about for the clients, we don't usually send clients at the beginning when the clients just injure.

We usually wait like the two year period once they're gone through all the therapies. And then we'll work together with the rehab and basically mostly they tell us if they're ready to go to VR.

Not so. It's a. It's a long process and they basically have the same eligibility as we do.

 **Jill Olinick** 19:20

So.

 **Dubrocq, Jose A** 19:20

They have to go through the same.

 **Jill Olinick** 19:22

When you guys select eligible for VR, what is this?

 **Dubrocq, Jose A** 19:27

Mm-hmm.

 **Jill Olinick** 19:28

What does this mean?

Because when I look at this, the one out of 704 patients were eligible for VR, which I know is not accurate. So what?

What is this selection mean to you all? When you put it in the data?

 +19\*\*\*\*\*42 19:44

Please.

 **Dubrocq, Jose A** 19:45

Yeah.

 **+19\*\*\*\*\*42** 19:48

Doctor's office.

 **Dubrocq, Jose A** 19:48

That they're eligible for, we are.

It's when the client is ready to be referred to the to the program, to the VA program, yeah.

 **Jill Olinick** 19:55

So. So only one client out of 704 brain injury were eligible for VOC rehab in 2025.

 **Robinson, Kimberly S** 20:03

I think that 700, I think that 704 if you scroll up, Keith is applicants.

 **Dubrocq, Jose A** 20:03

Well, I haven't.

 **+19\*\*\*\*\*42** 20:03

Dumb.

 **Robinson, Kimberly S** 20:10

In the 133 is the ones that were in service, so it would be one out of 133, not 704.

 **Soans, Keith O** 20:10

Yeah, that's right.

 **Jill Olinick** 20:11

OK.

OK.

That's fine, but still, that's.

A teeny tiny amount.

 **Collins, Valerie B** 20:24

That's the.

That's the one that was closed out as leaving Beskip and being enrolled in BR, so we can offer and we do we we offer, we try to get them to you know, go to VR if we feel like they're a good candidate and they're gonna, you know they.

 **Dubrocq, Jose A** 20:37

Mm-hmm.

 **Collins, Valerie B** 20:44

Gonna meet the eligibility requirements. We cannot make people go to VR so.

 **Jill Olinick** 20:48

Yeah, maybe that's.

Maybe that's the the clarification in the verbiage offered VR versus.

You know transition to VR because.

 **+19\*\*\*\*\*42** 20:57

On.

 **Carrie Rayburn** 21:01

Yeah. I'm wondering if we maybe we're tracking, you know, like what Jill's thinking.

 **Jill Olinick** 21:05

Yeah.

 **Carrie Rayburn** 21:06

Maybe we're tracking the wrong thing.

 **HIGDON, BRIAN** 21:06

Yeah.

 **Carrie Rayburn** 21:08

Maybe we should start tracking who we're offering that service to versus who's getting discharged to.

 **HIGDON, BRIAN** 21:12

Well.

Yeah, I mean, let me be clear.

 **Carrie Rayburn** 21:16

Them.

 **HIGDON, BRIAN** 21:17

I think they have to select one of these options so they can't both say that it's, you know, finish the services or eligible for VR.

They have to.

They have to pick one of these reasons and you know they might be eligible for VR, but then closed for.

 **Collins, Valerie B** 21:31

Right.

 **HIGDON, BRIAN** 21:36

What? What do you call it? Just like finishing services.

 **Collins, Valerie B** 21:38

Community reintegrated.

 **HIGDON, BRIAN** 21:39

Yeah, community reintegration.

So they declined VR, and I think one thing to be eligible VR is you have to be interested in VR.

 **Carrie Rayburn** 21:41

OK.

**HB** **HIGDON, BRIAN** 21:46

So if you're not interested, then you're not eligible in in some definition, but.

**CR** **Carrie Rayburn** 21:49

Yeah.

**JO** **Jill Olinick** 21:51

OK.

**HB** **HIGDON, BRIAN** 21:52

But I think this is sort of sort of beside the point because we need to have a discussion about VR.

But this the what we'd focus on the previous meetings was that, you know, we had many people who never really opened up a case because they'd because they weren't interested. And I think that was what we that that's what we discussed before.

 **Collins, Valerie B** 22:15

Correct.

**DA** **Dubrocq, Jose A** 22:17

And also have in mind that some of the clients are reluctant because of. They think that if they go to VR they they're gonna lose their disability, which is a misconception.

**JO** **Jill Olinick** 22:26

Hmm.

**DA** **Dubrocq, Jose A** 22:27

But some of them do, and I still tell them that they have to go through because they have counselors, a VR that go through the whole process and let them know that that's not the that's not the case.

But that that could be a factor too.

**CR** **Carrie Rayburn** 22:38

Thank you for explaining.

**JO** **Jill Olinick** 22:39

OK.

**+19\*\*\*\*\*42** 22:39

Thank you.

**JO** **Jill Olinick** 22:41

Sure.

**CR** **Carrie Rayburn** 22:41

I appreciate that, Jose.

Thank you for explaining.

**+19\*\*\*\*\*42** 22:45

On average.

So let me ask you.

**JO** **Jill Olinick** 22:47

OK, so from the reporting standpoint, does this meet the intent of what we had requested?

**+19\*\*\*\*\*42** 22:49

So the day.

**JO** **Jill Olinick** 22:54

It looks I appreciate all the the data.

**+19\*\*\*\*\*42** 22:59

Morning, cloud.

**HB** **HIGDON, BRIAN** 23:01

But I did wanna highlight the the large number which was the.  
Will not respond to contact attempts by staff for providers.  
And then what was the other big one?  
No need for bskip services.

 +19\*\*\*\*\*42 23:21

Thank you also.

 HIGDON, BRIAN 23:24

Those are large ones and I I I take it the are those people that participated for some time and then stopped or?

 +19\*\*\*\*\*42 23:29

Once again.

 HIGDON, BRIAN 23:33

Or never really got enrolled.

 Collins, Valerie B 23:37

Well, it's broken down by applicant and in service. So if they're in the applicant column, they were never enrolled in bskip and so part of that number is also like.

 HIGDON, BRIAN 23:40

OK.

OK.

 Collins, Valerie B 23:51

Not bad.

What is the inappropriate referrals people that you know technically maybe should have been enrolled or referred to us at all. And then some, you know, there are referrals that we received that.

 +19\*\*\*\*\*42 23:51

Higher resolutions.



**Collins, Valerie B** 24:06

Truly do do not require beeskip services to be community reintegrated.  
So that's part of that number.



**Jill Olinick** 24:13

OK.

And then the other on line 28, that's got 97 for applicants and then three for in service.



**+19\*\*\*\*\*42** 24:20

Deputy.



**Jill Olinick** 24:25

What does that mean?



**Robinson, Kimberly S** 24:30

Let me go look at the detail.

Tab Raj, go to line.



**Collins, Valerie B** 24:33

No other.



**+19\*\*\*\*\*42** 24:33

Fantastic.



**Robinson, Kimberly S** 24:34

Go to line 28.

Oh, he already did that.

Clicked on it.

One of my pet peeves is using other in general in our program without putting in a good note as to what that means for this specific reason.



**+19\*\*\*\*\*42** 24:42

Office home.

 **Jill Olinick** 24:48

Yeah.

 **Robinson, Kimberly S** 24:51

That's why I have to go look and see what it says under their their comments.

 **Collins, Valerie B** 24:57

928 here says community reintegrated.

 **Robinson, Kimberly S** 24:59

Go back to the go back to, I know.

Go back to the pivot table.

And go to line 28 and click on.

Click on that number, click on #3 just on the #3.

 **Jill Olinick** 25:17

In the table, go back to pivot.

 **Robinson, Kimberly S** 25:17

No.

 **Jill Olinick** 25:22

Call it across like. There you go.

 **Robinson, Kimberly S** 25:25

There, click on that and see if that opens just three that it's representing.

If not, click on the 100 and it'll open everybody and we can sort by applicant.

 **Soans, Keith O** 25:36

Yep.

 **Robinson, Kimberly S** 25:38

OK.

Now you can sort it by applicant or in service and it'll break it down.  
So here they're using. It looks like they're using other.

 **soans, Keith O** 25:49

This was.

This was applicant I'll just click on applicant for now and then I'll switch to in service later.

 **Robinson, Kimberly S** 25:50

Death.

So what?

You what? You wanna look at?

Here are the sub status.

So the reason they used this other but their sub status was death unable to locate.

 **Jill Olinick** 26:04

Got it.

Program in eligible. OK.

 **Robinson, Kimberly S** 26:08

Yep. Now I see in other community that that would that's wrong there. That one they should have closed it as community reintegrated why they used other I I don't know.

 **Jill Olinick** 26:10

Community reintegrated.

Sure. OK.

 **+19\*\*\*\*\*42** 26:22

Goodnight.

 **Robinson, Kimberly S** 26:22

And then Keith, if you change the status to in service?

 **+19\*\*\*\*\*42** 26:27

They put out.

Dot com.



**Robinson, Kimberly S** 26:33

Again, there's two community to community reintegrated that's interesting.



**Jill Olinick** 26:33

OK, well.



**Collins, Valerie B** 26:41

I'll go back and look.



**+19\*\*\*\*\*42** 26:41

Hoping we will go.



**Collins, Valerie B** 26:42

Sometimes it's like the breakdown in rims, like there's a status a sub status.

A reason, and sometimes it's sometimes they choose other because it's a little bit difficult to make it fit in those, but they should almost always be able to fit it into one of the categories.



**Jill Olinick** 26:53

The fields.



**+19\*\*\*\*\*42** 27:00

OK.

No.



**Collins, Valerie B** 27:06

So I'll go back and look at them.



**+19\*\*\*\*\*42** 27:10

I would argue.



**Jill Olinick** 27:10

All right.

Anybody have any other questions on the specific report?

 **HIGDON, BRIAN** 27:20

So is there a a line for like that? People who?

Would be eligible, but they personally chose not to enroll.

 **Robinson, Kimberly S** 27:33

Yes, that would be declined be skip services.

 **HIGDON, BRIAN** 27:39

Help me see that on the shared screen.

 **Robinson, Kimberly S** 27:41

I'm look, I'm looking for it here.

 **Soans, Keith O** 27:48

Understand one.

 **+19\*\*\*\*\*42** 27:48

So the question was asked.

Whether or not.

 **Soans, Keith O** 27:51

Government to data services.

 **Robinson, Kimberly S** 27:53

So are those sub statuses previous?

And status description.

I'm looking at the pivot.

That's that's just the reason.

That's not the closure.

 **Soans, Keith O** 28:06

OK.



**Robinson, Kimberly S** 28:07

So we if you look at the pivot, we want to hold a pivot back open.



**Soans, Keith O** 28:12

Mm-hmm.



**Robinson, Kimberly S** 28:13

And we want.

Tri status DS.



**Jill Olinick** 28:17

Yes. Yeah, that's what I was thinking.

Instead of reason go to status.

Take note the next.



**+19\*\*\*\*\*42** 28:22

Thank you.



**Robinson, Kimberly S** 28:25

Nope, go.



**Jill Olinick** 28:26

That one.



**Robinson, Kimberly S** 28:27

Take out.



**Soans, Keith O** 28:27

But it was, yeah.



**+19\*\*\*\*\*42** 28:30

Well.

 **Jill Olinick** 28:30

And take out reason.

 **Robinson, Kimberly S** 28:30

Yeah.

 **Soans, Keith O** 28:30

Sorry.

 **Robinson, Kimberly S** 28:33

Well, these are all gonna be closed. 'cause. This is a closed report. So we want we do want the sub status description.

So it's sub DS.

Try that one.

Decline services right there.

 **Jill Olinick** 28:47

OK.

 **Robinson, Kimberly S** 28:52

And then if you want more, you can put the reason back in there and it'll give you under the sub status that'll give you.

 **+19\*\*\*\*\*42** 28:59

Yes.

 **Robinson, Kimberly S** 29:02

Decline services does not want government related services litigation pending.

No need for bskip services other.

Other resources available.

Services needed to support reintegration not available.

 **+19\*\*\*\*\*42** 29:22

When did that come?

**JO** Jill Olinick 29:22

Yeah. OK.

**HB** HIGDON, BRIAN 29:23

And then the failure to cooperate, that's a little bit different where they're they're not responding.

**HB** +19\*\*\*\*\*42 29:29

Previous.

**HB** HIGDON, BRIAN 29:29

But so we so we don't really get a clear answer for these. It could be, yeah.

 **Robinson, Kimberly S** 29:29

Correct.

And and so sometimes with with the with the failure to cooperate, we'll we'll put them in service and they start out good, but then they don't cooperate with answering phone calls or you know.

Helping if if we need to get prescriptions or you know it could be it could be anything.

It's usually the failure to cooperate is usually that they're not responding to our case managers.

And so after so many attempts and a letter that goes out to them, letting them know we're trying to reach them and we give them a date in which to respond if they don't respond, then we'll send them a closure letter telling them why we're closing their case.

If they want their case reopened to contact the case manager, that's the best to surmise the scenario.

**HB** HIGDON, BRIAN 30:18

Yeah.

Yeah. So I see that 98 over this time period in 202598 said no need for bskip services. It'd be interesting to see kind of.

You know, if those are people with less severe injuries or.

 +19\*\*\*\*\*42 30:42

Let me.

 **HIGDON, BRIAN** 30:42

They yeah, I'm interested in that.

What's what proportion of the kind of total is it?

Yeah. So what's the?

If that's the the the numerator, what's the denominator of that numerator?

 **Robinson, Kimberly S** 31:02

I'm sorry, I was taking notes.

What? Say that again, Doctor Higdon.

 **HIGDON, BRIAN** 31:05

So there there, there's not any individuals that they they didn't believe that their need in need of vskip services even though they were appropriate offered for that 98 out of how many total.

 **Robinson, Kimberly S** 31:20

For that line item it be 100 and it would be.

 **HIGDON, BRIAN** 31:20

Would that be?

The other seven, OK, yeah.

 **Jill Olinick** 31:25

704.

 **Collins, Valerie B** 31:26

704.

 **Robinson, Kimberly S** 31:29

Yeah, out of. Yes, that'd be correct. 'cause that's applicant status.

**HB** HIGDON, BRIAN 31:34

OK.

Alright, so I'm curious kind of how that number has changed over time.

And and more as a proportion.

**+19\*\*\*\*\*42** 31:45

Are you stupid?

**HB** HIGDON, BRIAN 31:45

Oh, it's gonna take too much time to this meeting, but it'd be interesting to see year over year how that number, how that particular one has has changed because that's something that.

Yeah, it depends on on kind of the, the, the salesmanship of of bskip.

**+19\*\*\*\*\*42** 32:02

What is the?

 Robinson, Kimberly S 32:05

So you're just, you're also just looking at brain injury?

I don't know what's under spine or or dual, but this the pivot table that's open. If you open any other year, it will give you the same statuses or same.

**HB** HIGDON, BRIAN 32:09

Oh yeah, they'd be good. Yeah. Yeah.

 Robinson, Kimberly S 32:20

Same statuses, but you'll have different numbers for the year, so you could do a comparison that way as to what's happened previously.

**+19\*\*\*\*\*42** 32:20

Good morning.

**JO** Jill Olinick 32:25

Yeah.

Right. We could just create a pivot for that.

 **HIGDON, BRIAN** 32:36

That require you know, I'm gonna do this.

 **Jill Olinick** 32:38

Yeah.

 **+19\*\*\*\*\*42** 32:39

2.

There.

 **Jill Olinick** 32:47

Which I think to your point, I think yes, we should. We should look at that a little more in depth.

I think that'll align with our goals when we talk about it.

But in the interest of time, if we want to take a peek at, I can't remember how many more there were from a change standpoint for reports.

 **Soans, Keith O** 33:05

We have two more, I think.

 **+19\*\*\*\*\*42** 33:06

Photo.

 **Jill Olinick** 33:07

OK.

Let's go ahead and take a quick peek at those.

 **Robinson, Kimberly S** 33:09

No, there's there should be one more, I think.

 **Soans, Keith O** 33:11

01 more, yeah.

 **Jill Olinick** 33:11

One more, OK.

 **Robinson, Kimberly S** 33:13

It's the average service duration and it was for three specific codes that you requested.

 **+19\*\*\*\*\*42** 33:14

1st.

 **Jill Olinick** 33:15

Yep. Perfect.

 **+19\*\*\*\*\*42** 33:17

Over.

Sheet.

Who have?

 **Jill Olinick** 33:25

So average number of days required to complete each service taken for assistive devices.

And the count.

To calculate the average.

All right.

 **+19\*\*\*\*\*42** 33:45

So let's let's have any conclusions.

 **Jill Olinick** 33:48

So wheelchair only took one day. Transfer boards or devices of any type took 38 days and then bath. The shower takes 13.

 **+19\*\*\*\*\*42** 33:48

Good morning.

 **Jill Olinick** 33:57

But it was just one of that.  
So that was for 20 oh July 1st, 2025 to July 29, 2026.  
So that's current current year.

 **Soans, Keith O** 34:04

Kevin.  
Yes.

 **Robinson, Kimberly S** 34:07

Correct.

 **Jill Olinick** 34:08

OK.  
Or 15 total.

 **+19\*\*\*\*\*42** 34:11

Thank you all.

 **HIGDON, BRIAN** 34:14

Yeah, but most of those that charge, yeah.

 **Jill Olinick** 34:15

Yes.

 **Robinson, Kimberly S** 34:19

Now those are specific fee codes.

 **+19\*\*\*\*\*42** 34:19

Everything.

 **Robinson, Kimberly S** 34:21

That's not all.

Assistive devices.

It's just those specific fee codes.

 **Jill Olinick** 34:26

OK.

 **+19\*\*\*\*\*42** 34:27

Thanks.

 **Jill Olinick** 34:28

And it was only one each of each of those. So.

 **+19\*\*\*\*\*42** 34:28

Family.

 **Jill Olinick** 34:35

Just curious and I'm sorry 'cause, I think we actually discussed this last meeting, but just my brains not there the when these are requested, are they still in rehab?

And then we're getting it for them, for home or their home, and then it's requested.

 **Collins, Valerie B** 34:57

I think it can be different answers.

So the shower, like a shower chair, generally comes along a little later, like when they're involved in outpatient therapies. And we're kind of seeing or we might get them some, like temporary version.

 **Jill Olinick** 35:06

Hmm.

 **Collins, Valerie B** 35:14

This is all very specific based on the clients injuries and and what we're talking about. Versus our is this, you know like a high level quad that we're doing a bathroom modification for, and we're gonna be ordering a very specific. Shower chair that that's different based on injury.

 **Jill Olinick** 35:30

Right.

 **Collins, Valerie B** 35:34

Yeah, wheelchairs a lot of times. If it's like a temporary wheelchair manual, something like that. Yeah, we send them. We'll we'll do that. Enrollment like when we're sending them home when they're discharging home.

If it's a more specialized wheelchair and and we're a payer, we're helping pay, that can be something later down the line because again, if it's specialized, it's something that's ordered based on.

Their circumstances and that kind of thing.

 **Jill Olinick** 36:00

Yeah. And they usually get a loaner until then.

 **Collins, Valerie B** 36:05

Right.

 **Jill Olinick** 36:06

Yep.

 **Collins, Valerie B** 36:07

So it it can be different answers based on the circumstances.

 **Jill Olinick** 36:12

OK. Anybody else have any questions on this?

All right, perfect.

If we can go to the goals, then we can have some discussion on those.

 **+19\*\*\*\*\*42** 36:24

Yeah.

Do not.

 **Jill Olinick** 36:27

OK.

So our first goal was to increase transitions from B, skip to BOK rehab.

So we've seen some of the data.

And so I think.

One do we want to keep this as a goal?

Do we want to put a certain percentage to it and then?

What sort of?

Conversation we need to understand.

 +19\*\*\*\*\*42 36:50

Speaking deep.

 **JO** Jill Olinick 36:54

To talk about tactics for increase.

 +19\*\*\*\*\*42 37:04

I mean, isn't there a way to look if there's any?

 **HB** HIGDON, BRIAN 37:05

We had much more, but it's hard to know.

Exactly how many?

We could, you know, cap it at, you know, people under age 65.

Like a certain number of them.

But I would like to see this number, you know, go up by by multiple times.

 +19\*\*\*\*\*42 37:23

All about the.

 **KM** Kevin Mullin 37:26

I think we can put some type of percentage value on it and just eliminate either under 18 or of course over 60. Something along those lines. And then if we can, yeah.

 **HB** HIGDON, BRIAN 37:35

Underneath can be referred.

 +19\*\*\*\*\*42 37:39

7.

 **HIGDON, BRIAN** 37:39

Attended well, I'd care for more adolescents.

 **Kevin Mullin** 37:39

OK.

 +19\*\*\*\*\*42 37:41

None.

 **HIGDON, BRIAN** 37:42

I'm not sure if it makes sense to for a six year old to be referred, but is there in high school that it makes sense for them to go?

So we can say like 14 to 14 to 64.

 **Kevin Mullin** 37:49

Sure.

 **Jill Olinick** 37:55

So for age 14 to 64 and then do we want to just put like 10% initially with a stretch of 20% or something like that for this first year?

 **HIGDON, BRIAN** 38:03

Yeah, yeah.

 **Kevin Mullin** 38:10

I think a 10% baseline or higher.

Just so we can get a overall synopsis on how it, how it feels as it's kind of like a beta test.

So let's just scope, right?

 **Jill Olinick** 38:21

OK.

 **Kevin Mullin** 38:22

10% goal and then just if we exponentially shoot over it by some chance at least we have some good news for next year.

 **+19\*\*\*\*\*42** 38:22

Hear me.

 **Jill Olinick** 38:26

Sure.

Yeah.

OK.

 **HIGDON, BRIAN** 38:35

If we go to, if we go to 20%, we'll call the Tallahassee Journal.

 **Jill Olinick** 38:41

Right.

 **Kevin Mullin** 38:42

Yeah.

 **Robinson, Kimberly S** 38:44

So if I may ask a question here previously and when we were talking about this report.

We talked about.

 **+19\*\*\*\*\*42** 38:53

Connection.

 **Robinson, Kimberly S** 38:55

Why? Why people are declining, you know, because the number, the number of

referrals were low and so forth. And so in order to track some of the reasons why people are not going to VR, we may had to.

We may have to add additional sub statuses.

Is if we want to try and narrow that down, that is something I would have to talk with my team to see.

You know what what would be appropriate reasons that we could add and then we're into getting our case managers.

 +19\*\*\*\*\*42 39:27

And soon it.

 **Robinson, Kimberly S** 39:28

You know, we have to train them again on how to do that, but that may also better explain.

When you're talking about wanting to increase and we don't meet that 10%, that may also better explain why we're not meeting that 10% because.

'Cause the we referred the client but they chose not to go.

I'm I'm just throwing that out there to see if maybe that's something that you want to add to this.

 +19\*\*\*\*\*42 39:50

OK.

 **Robinson, Kimberly S** 39:56

And if we add, it's gonna from the time that we add the status is when it's gonna start to count.

I can't go backwards, but I can go forward.

 **Jill Olinick** 40:04

Sure.

Yeah.

 **HIGDON, BRIAN** 40:06

I think this whole process, you know, for this to succeed, you know the the counselors really need to start from the beginning saying like, hey, we're gonna we're

this is kind of how we roll.

To to to put.

Casually. But you know, by the end of your case, you know we've, you know, we we really like referring patients to VR because there's things that VR can do that we can't do. And and that's sort of our our pathway that we take. And even from the begin.

Of people's case.

So it's gonna take time for these.

For these things.

To to kind of percolate and kind of and succeed with these, yeah.

 **Kevin Mullin** 40:47

And just to reiterate a little bit of what doctor Higgins talking about and even what Jose provided earlier is, it's really about education that it doesn't necessarily take away your benefits because we know that's one of the number one determining factors that people want to step away from.

 **+19\*\*\*\*\*42** 40:57

You know.

 **Kevin Mullin** 41:02

That it's really about us doing the proper job from a case management standpoint, saying, hey, listen, this doesn't necessarily mean you're losing your benefits.

 **Jill Olinick** 41:03

Mm-hmm.

 **Kevin Mullin** 41:10

I agree, and this is an added.

Or advantage?

 **+19\*\*\*\*\*42** 41:13

None.

 **Kevin Mullin** 41:13

So it's worth the assessment and let us give that referral over.  
As you're trying to sell it, but just proper education.

 **Jill Olinick** 41:21

Well, and honestly then that it also allows for some supplemental programs if they do go to VR and can do some form of work, they might have qualified for something like the JP Pass program or something like that.

 **Kevin Mullin** 41:33

100%.

 **Jill Olinick** 41:34

Yeah. So you know, there's a whole lot of tie in.

 **Kevin Mullin** 41:38

Exactly. And it's really it's just about an educational value I believe.

 **Robinson, Kimberly S** 41:38

And so.

 **HIGDON, BRIAN** 41:39

Yeah.

 **+19\*\*\*\*\*42** 41:39

Let me see.

 **Robinson, Kimberly S** 41:43

So the other thing that I would like to have the Council keep in mind is even when we refer the client to VR and we close the case, we aren't tracking the case any longer to see if the client followed through with VR and actually was enrolled.

 **+19\*\*\*\*\*42** 41:56

Who is that?

 **Jill Olinick** 42:01

Sure. Yeah.

 **HIGDON, BRIAN** 42:02

Yeah, we understand.

 **Robinson, Kimberly S** 42:03

Just just just to be aware of that.

 **Jill Olinick** 42:07

Yeah, I think that's OK for the purposes of this goal.

I think you know futuristically we could probably, you know, reach back out to the ER and say, hey, have you seen an, you know, increase in participants since we've initiated this, but for this particular goal, I think.

 **Robinson, Kimberly S** 42:23

OK.

 **Jill Olinick** 42:23

You know it's it's focused on bskep, so.

 **HIGDON, BRIAN** 42:26

Yeah, but for the application itself, there has to be some participation with the with the client where they fill out their own set of paperwork. As part of that referral.

 **Robinson, Kimberly S** 42:35

So the reason that we do this at the end of the case, we can't start it at the beginning the case because Statue says if they're eligible for VR, we have to close them.

 **+19\*\*\*\*\*42** 42:36

Federal.

 **Robinson, Kimberly S** 42:44

That's that's what statue will tell us.

 **HIGDON, BRIAN** 42:45

Yeah, yeah.

 **Robinson, Kimberly S** 42:46

So what we've done when with working with VR and this is what Jose referred to earlier, this was a while back him and I had the conversation with those folks on why it takes so long.

 **Kevin Mullin** 42:48

Right.

 **Robinson, Kimberly S** 43:00

For from the time we refer the client to the time they get enrolled, it was taking 90 days.

Days. Well, the week we're closing the case. As soon as we refer them.

So what? Excuse me.

Case managers are doing.

Now is we're starting that process a little bit sooner before we're ready to close the case to make sure that it's getting transitioned as close to the time that they're going to enroll and the time that we close and their services are done with us. So we we.

Working hard to close that gap so that the client doesn't fall through the cracks.

And forget to make his calls. You know, back to the counselor over at VR or what?

Have you. Excuse me.

I don't know why my voice went \*\*\*\*\*, but.

So they do work very diligently to close that gap.

 **Jill Olinick** 43:53

Perfect.

Anything else on goal one?

 **Collins, Valerie B** 43:57

And I I also I wanna say something 'cause. I feel like the reports kind of.

Are not projecting everything.

I'm very deeply involved in a couple of regions right now so.

We talked to people, to the family, the client, about VR before the closures, but before we're even near closure, we provide them with all the information.

 +19\*\*\*\*\*42 44:17

Open.

 Collins, Valerie B 44:26

We go over the website with them.  
We make sure they're fully aware.  
Of VR.

So just because we're closing a client community reintegrated because they're not quite ready for VR yet or that they're just not there yet and we have two vastly different groups of people I'm talking about.

We have people that return to their previous jobs.  
You know that we help them with rehab and they return to their like before life and then we have people that like are never going to return to work. And you know, we're going to be on LTC waiver and.  
So I feel like we're kind of hyper focused on VR when that's like a very small portion of our population at the end of the day like that. That's the route they're going.

 JO Jill Olinick 45:08

So the ones that.

 Collins, Valerie B 45:08

But we do provide that information.

 JO Jill Olinick 45:11

So thanks for that.  
I think we those would become exclusions then if somebody returned to their prior work they would be excluded from the proportion or the consideration.

 Collins, Valerie B 45:21

Right, yeah, their community.  
Yeah, their community reintegrated and B Rs. Not even a thought to them.  
They don't.

They they don't even need it.  
It's not a consideration.

 **Jill Olinick** 45:31

So are all those that are listed as Community re integrated?

 **Collins, Valerie B** 45:33

So.

 **Jill Olinick** 45:36

Not they've all returned to work.

Or is there different levels of community reintegration?

 **Collins, Valerie B** 45:41

Not all.

 **Robinson, Kimberly S** 45:41

No, no.

 **+19\*\*\*\*\*42** 45:41

Mm.

 **Collins, Valerie B** 45:43

Yeah, yeah. There's different levels of the.

There's like different reasons of why you choose community reintegrated.

But the people that are returning to say their previous jobs or to some version they may not return to the exact same job, but a lot of employers will hold a position and they will be able to go back in some, some, some type of position. So those.

Who do fall under community Reinigrated?

 **HIGDON, BRIAN** 46:13

Yeah, but I think there's way more than 10 people that are that are in that that portion so.

Yeah. That's that's incredibly though for for how many clients we serve.

You know, I I talked to you know.

A new patient every week about VR, and that's just in in my corner of Florida. So yeah, 10 is 10, is incredibly low and and yeah. And even if they're returning to their prior work and needing accommodations, VR can also help with with accommodations, with with transportation needs, with with those plan that VR can help with, even if they are returning to their previous employer.



**Collins, Valerie B** 46:56

Well, if they're returning to their previous employer and they need accommodations, the ADA will cover that.

They don't necessarily have to go through VR for that.



**HIGDON, BRIAN** 47:05

But for for the vehicle to get to work, their employer's not gonna cover that.



**Collins, Valerie B** 47:10

Well, right. If they're in our program, then we would cover that.



**HIGDON, BRIAN** 47:10

So.

OK.



**+19\*\*\*\*\*42** 47:16

OK.

Google.



**HIGDON, BRIAN** 47:20

Yeah.



**+19\*\*\*\*\*42** 47:21

OK.

For a moment to see when I heard a question speaking.



**HIGDON, BRIAN** 47:29

But getting the data on the on on the closure and why they're not eligible for VRI think is gonna be important step. But 10/10/11 is is incredibly low.

**+19\*\*\*\*\*42** 47:40

But then he was asked, well, how?  
Person get information.

**JO Jill Olinick** 47:45

OK.  
I think that's great discussion.

And you know, like I said, these are evolving. So we can, we can talk about some of those exclusions and you know looking at that from the, from the data standpoint, but it's still it's still a goal because we still really want to see that.

The number improved and if it's, you know, people are just fearful that it's going to take away their disability.

You know, how can we?  
You know, really better educate or communicate or whatever.

**+19\*\*\*\*\*42** 48:20

I think.  
Will be.

**JO Jill Olinick** 48:24

You know, maybe it's it's inviting them to a discussion or a talk about it so that they have a better understanding when they get to that point because to, you know, Kevin's point early on, it's they're just.

**+19\*\*\*\*\*42** 48:25

45.

**JO Jill Olinick** 48:36

It's such a live transition and they can't even process all of that information. And so you know what?

 +19\*\*\*\*\*42 48:37

Mm-hmm.

 Jill Olinick 48:42

What can we do or what can we support or recommend at that later stages to encourage them for participation?

 +19\*\*\*\*\*42 48:52

Thank you.

 Jill Olinick 48:52

All right, so goal two is reducing declines and unable to locate closures. And I liked the fact that we could see that it the expanded reasons are the sub. Sub accounts if you.

We will for those because I think that gave a little bit more color that allows us to to kind of hone a little bit further and I apologize 'cause I didn't write them down. I can pull it up on my screen. So I don't know if we want to kind of reword this for those particular. Pieces, or if we want to leave it general.

 +19\*\*\*\*\*42 49:31

You're.

Fortunately.

Involved that in.

 Jill Olinick 49:36

In that report.

 +19\*\*\*\*\*42 49:40

Sorry.

 Robinson, Kimberly S 49:41

Are you talking about rewording our descriptions?

 **Jill Olinick** 49:44

No rewarding, sorry.

 **Robinson, Kimberly S** 49:45

No. Oh, OK. I'm sorry.

 **Jill Olinick** 49:45

The goal if we wanted to.

No, that's OK. But I think like I was saying when we saw the data and we saw the subcategories, I think that gave a little bit more color to these particular two line items.

 **+19\*\*\*\*\*42** 49:59

Welcome.

 **Jill Olinick** 50:01

Reasons for declination or?

 **+19\*\*\*\*\*42** 50:01

Office.

 **Jill Olinick** 50:05

The the subcategories that were placed under those.

 **+19\*\*\*\*\*42** 50:05

I don't know.

 **Jill Olinick** 50:09

Like I said, I'm sorry I didn't write them down, but let me see if I can pull up the.

 **+19\*\*\*\*\*42** 50:16

Something in?

 **Robinson, Kimberly S** 50:28

You're talking on the client case closure, Keith. If you can pull that report back up and open that pivot back up for Jill and then everybody can see it.

 **Jo** **Jill Olinick** 50:31

Yeah.

Unless anybody else had any other thoughts but.

 **Robinson, Kimberly S** 50:40

Please.

 **+19\*\*\*\*\*42** 50:40

That's.

 **Robinson, Kimberly S** 50:46

So you're talking about the declined services and this what you're seeing here is just brain injury?

 **Jo** **Jill Olinick** 50:52

Yeah, but still that underneath those subcategories kind of give us a little bit more information to to that set of to that goal, yes.

 **Robinson, Kimberly S** 50:56

Mm-hmm.

 **+19\*\*\*\*\*42** 51:02

Yes.

 **Robinson, Kimberly S** 51:04

To what it means, yeah.

 **+19\*\*\*\*\*42** 51:04

We have no.

 **Robinson, Kimberly S** 51:05

To what it means and why, except for our our other.

 **Jill Olinick** 51:07

Right.

Yeah, except for the other. But you know.

 **Robinson, Kimberly S** 51:11

I hate other.

 **Jill Olinick** 51:15

I mean 98 that you know 98 and four that didn't need be skipped services, that's super.

 **+19\*\*\*\*\*42** 51:18

Alarm.

 **Jill Olinick** 51:22

Helpful. So like we're not necessarily going to go after those because they didn't need them, need the services, right?

 **Robinson, Kimberly S** 51:27

Right.

 **HIGDON, BRIAN** 51:30

But that's the that's the that's the applicant's interpretation.

 **+19\*\*\*\*\*42** 51:30

Goodbye.

 **HIGDON, BRIAN** 51:37

And I don't expect that zero, but that's those are people who are eligible because they had a serious brainstorming that fit these criteria, but then they there was their judgment that they didn't need be skipped services, which might be true in for some people, but seems like a.

 **Jill Olinick** 51:38

Oh.

 **HIGDON, BRIAN** 51:53

Quite high number to just my just my judgment.

 **+19\*\*\*\*\*42** 51:58

Instagram Video was done last night.  
We're not even after 24 hour part.

 **Robinson, Kimberly S** 52:01

So in order to get into more depth on what no need for beskip services would be, you would have to actually go and read the case note to see what the client was actually saying, why they didn't need B skip services.

 **+19\*\*\*\*\*42** 52:05

None.

 **Robinson, Kimberly S** 52:16

It could be that they felt they had insurance and didn't need our services to pay for anything. That's common.  
Or maybe they just don't think that they need services.

 **+19\*\*\*\*\*42** 52:25

Thank you.

 **Robinson, Kimberly S** 52:29

And I'm just purely going by what I've read in case notes.  
I can't tell you of any other specific things that I've read in there as to why people don't need or or saying they don't need services, but in order for us to provide that, we would have to go through case notes and.

 **Jill Olinick** 52:47

Mm-hmm. Yeah.

 +19\*\*\*\*\*42 52:47

That we have.

 **Robinson, Kimberly S** 52:48

That isn't gonna happen.

 **Jill Olinick** 52:50

Yeah.

 **HIGDON, BRIAN** 52:52

Yeah, but I mean.

The I mean the insurance thing you'd say like other resources available.

 **Robinson, Kimberly S** 53:02

Could be the other resources available right there that could be that they had insurance.

 +19\*\*\*\*\*42 53:03

That was.

I'm looking for the nearest branch.

 **HIGDON, BRIAN** 53:10

Yeah.

But I'm also curious if that number has changed over time.

 **Robinson, Kimberly S** 53:18

So that's where you could take the pivot table and look at the other years to do a comparison to that specific.

 +19\*\*\*\*\*42 53:19

I don't.

 **Robinson, Kimberly S** 53:25

You could you can just.

Well, I know the reports I sent out aren't pivoted like this, so you would have to add the pivots for yourself.

But then you could expand the years and compare across years that way to see if it had changed, you know, increased or decreased.

 +19\*\*\*\*\*42 53:35

OK.

 Jill Olinick 53:42

OK.

So just because we're almost at time, we'll put that as a follow up for next meeting to have this.

You know we can.

I can plug the data that that pivots with that information for that specific kind of across the years, if there's been any change for the school too, and we'll discuss goal two and goal three, kind of flush those out at the next meeting, we won't have to review.

All the tables, so that'll be helpful.

 +19\*\*\*\*\*42 54:11

Robin.

 Jill Olinick 54:13

And everybody will have a chance to look at the rest of the data if they want, if that's all right.

And then we wanted to discuss really quickly about future meetings. We need to have our second annual BSKIP virtual meeting. And so we'd like to place it on a date that we already have reserved for one of the PQ is.

 +19\*\*\*\*\*42 54:25

OK.

 Jill Olinick 54:37

So our next PQI is April 2nd and then the one following.

Is June.



**Robinson, Kimberly S** 54:45

4th June 4th yeah.



**+19\*\*\*\*\*42** 54:45

Anyone that has?



**Jill Olinick** 54:46

4th.

So my personal preference would be if we did it, say June 4th, because then we would have the final of these.



**+19\*\*\*\*\*42** 54:50

Call me back.

Going.



**Jill Olinick** 54:58

Goals and everything else.

And then the June meeting could be really.

You know, focused on the rest of the meeting and any other follow up.



**Kevin Mullin** 55:10

I second that idea just for the simple fact that we'll have a lot more in line and then order.



**Jill Olinick** 55:15

Yeah.



**+19\*\*\*\*\*42** 55:16

Operator.



**Robinson, Kimberly S** 55:16

You could also at that time look at. I'm sorry, Kevin, I didn't mean to step on you. Go ahead.

 **Kevin Mullin** 55:22

Oh, no, not me.

 **HIGDON, BRIAN** 55:24

73rd June 4th for the next biennial meeting.

 **+19\*\*\*\*\*42** 55:25

Continue.

 **Jill Olinick** 55:30

Yeah.

 **Robinson, Kimberly S** 55:30

Yes, it it would be virtual.

So my my question about that is, do you want an all day meeting to do PQI in the morning and then the Council meeting in the afternoon? Or would you like to just do the afternoon meeting because our next PQI would be April and then after that it?

Would be August.

After June, it would be August if we're staying with every other.

 **Kevin Mullin** 55:53

My suggestion would be if we finalize our goals that were finalized in trying to finalize tonight in the next meeting, I think we're only we're good for half a day on that virtual in June, but it's more of a play it by ear scenario.

So if we get everything finalized in the next meeting on our PQI, I think the June virtual, we can do a half a day, but up to whoever else wants to suggest.

 **Robinson, Kimberly S** 56:20

Well, at that biannual as well, I have a like I told you all earlier. I have a really great speaker in mind that I've I'm reaching out to.

 **+19\*\*\*\*\*42** 56:21

Clear.

 **Robinson, Kimberly S** 56:29

But you could also go over.  
Your goals for the next year as part of that biannual.

 **JO Jill Olinick** 56:38

Yeah, 'cause, it's typically one to four, right.

 **+19\*\*\*\*\*42** 56:41

OK.

 **Robinson, Kimberly S** 56:41

Yes, ma'am.

 **JO Jill Olinick** 56:42

Yeah.

 **+19\*\*\*\*\*42** 56:42

For that.

 **HB HIGDON, BRIAN** 56:43

Yeah, I'd. I'd like to just put it on the calendar and block things. My, my, my counters get pulled away and then so yeah.

 **KM Kevin Mullin** 56:51

I'll do the same.

 **+19\*\*\*\*\*42** 56:52

OK.

 **Robinson, Kimberly S** 56:54

So June 4th 1/2 from 1:00 to 4:00 will be the 2nd biannual virtual meeting.

 **JO Jill Olinick** 57:03

Yes.

 **Robinson, Kimberly S** 57:04  
OK.

 **Kevin Mullin** 57:05  
Works.

 **Robinson, Kimberly S** 57:06  
OK. And then our next peak or PQI is going to be April 2nd and then after June, the first PQI meeting will probably fall in August, but we can talk about that in June and that's if you guys still want to do every other month.

 **Jill Olinick** 57:24  
Sounds good.  
Do I have a motion?

 **Robinson, Kimberly S** 57:27  
So we're gonna have a I'm sorry.

 **+19\*\*\*\*\*42** 57:28  
An attorney.

 **Robinson, Kimberly S** 57:29  
One more thing, Jill.  
We're gonna have a speaker, and then we're going to. Why can't I?

 **Jill Olinick** 57:30  
Yep.

 **Robinson, Kimberly S** 57:36  
Not our bylaws.

 **+19\*\*\*\*\*42** 57:37  
Please edit.



**Robinson, Kimberly S** 57:39

Are.



**Jill Olinick** 57:39

Mm-hmm.



**Robinson, Kimberly S** 57:40

What is it that I'm trying to think of?



**Jill Olinick** 57:42

I know what you're saying.



**Robinson, Kimberly S** 57:43

What were you, what we call our goals?

And I can't think what it's called right now, but we're going to talk about that.



**Kevin Mullin** 57:48

Hey girl, have a good one.



**Robinson, Kimberly S** 57:50

For at the next meeting, charter. Thank you.



**Collins, Valerie B** 57:50

The charter.



**Kevin Mullin** 57:51

How to?



**Robinson, Kimberly S** 57:52

The Charter we're going to, we're going to discuss the Charter. Thank you, boy.



**Kevin Mullin** 57:57

Good.

 **Robinson, Kimberly S** 57:57

That wouldn't come to me.

 **Kevin Mullin** 57:57

II.

 **Collins, Valerie B** 57:57

I was guessing.

 **Robinson, Kimberly S** 57:58

It wouldn't come to me for nothing.

So, OK, excellent.

 **+19\*\*\*\*\*42** 58:02

Promotion.

 **Jill Olinick** 58:03

OK, great. Do I have a motion to adjourn if there's nothing else?

 **+19\*\*\*\*\*42** 58:04

OK.

 **Kevin Mullin** 58:08

Kevin Motion to adjourn.

 **HIGDON, BRIAN** 58:10

Target.

 **Jill Olinick** 58:12

All right. Talk to you all in April.

 **+19\*\*\*\*\*42** 58:13

Thank you.

Very common.



**Robinson, Kimberly S** 58:14

Thank you all. Thank you. Bye.



**HIGDON, BRIAN** 58:16

Alright, perfect.



**Kevin Mullin** 58:16

Have a great day everyone.



**Carrie Rayburn** 58:18

Thank you.



**+19\*\*\*\*\*42** 58:19

Thank you.

● **Casavant, Robert** stopped transcription