BSCIP Advisory Council PQI Committee Meeting-20260806_140528-Meeting Recording

August 6, 2026, 6:05PM

53m 59s

Casavant, Robert started transcription

Robinson, Kimberly S 0:03

Gonna take roll call for us.

Collins, Valerie B 0:07

Okay, um, Don Chester.

CD

Chester, Don 0:11

Here.

+15*****00** 0:12

Yeah.

Collins, Valerie B 0:13

Kevin Mullen.

KM

Kevin Mullin 0:15

Here.

Collins, Valerie B 0:17

Patty Lance.

Uh, Jill is here.

Dr. Balbuena.

Doctor Higdon.

Doctor Haradas.

Carrie Rayburn.

CR

Carrie Rayburn 0:46

Present.
Yeah.

+15*****00** 0:50
Yeah, Dr. Higgins here. So I think Kevin, we have a quorum, yes?


Collins, Valerie B 0:50
Okay.


Robinson, Kimberly S 0:50
So.
Yes, you do have a quorum.

+15*****00** 0:56
Fantastic. So if I could go ahead and call for approval of the minutes from April 2nd.

KM **Kevin Mullin** 1:04
Kevin Mullen, I approved.

+15*****00** 1:04
Yeah.
Do I have a second?

CD **Chester, Don** 1:07
Second.
Just on a second.

+15*****00** 1:09
Great, thank you.
Wonderful.
If you could scroll up for the agenda.


Robinson, Kimberly S 1:17
Yep.

+15*****00** 1:21
Fantastic. So, just to...
kind of get back to what we were looking at back in April, if we can take a peek at the report.

Robinson, Kimberly S 1:33
Yeah, I'm pulling them up here, but I don't know what it's doing in my screen here. Okay, so which report do you want to look at first? I have timely referral, acute care referral. I have a graph for acute referral trends and client cases closed without service.
So, and then for...

+15*****00** 1:52
Sure, let's look at.
Good.

Robinson, Kimberly S 1:55
Go ahead.
But what I was going to say, because you had you have on here be skipped to vocational rehab.

+15*****00** 1:58
Oh, I...

Robinson, Kimberly S 2:06
I don't know that that's on any of those reports, but what I do have for you for VR, and I want to give an update, if I may, we now we now do have a new case note in RIMS to identify every time a case manager talks to a client.

+15*****00** 2:19
Yes, absolutely.

Robinson, Kimberly S 2:29
So every time they bring up VR to a client, they have to go put a case note in so we

can record exactly how many times they are talking to the client about VR. We have a new checklist, which I can share with you that we just, these are new changes, so I don't have anything to report on them. They just went out in the last promotion at the end of July.
So we have a new checklist that they can fill the checklist out any time they want in RIMS, but it's required at the time of closure, whether it's applicant status or in-service status.
And then we also have, and I can share that checklist with you.
We also have, I put together a guide. It's a VR eligibility guide.
that I can share with you. Let me share the checklist with you first. Show you what that looks like.
Because the reports for how many people have been referred to, that's not going to change much because we can't pull it. So this is the checklist, and this is just a PDF version. I can't pull it up in RIMS for you, but a lot of these things are pick lists.

+15*****00** 3:43
The.

Robinson, Kimberly S 3:53
So, it'll give you an idea on what we're looking for.
The data in all of this has data points in it so that we can pull it into reports as we're using it. So it's on what date did you discuss with VR?
And it gives the date. And I think there's a new question up here at the top. Maybe I don't have the right one up here, but it also asks,
Gosh, what was the question? Um, see if I have it.
Oh, here's the modified one. I think I showed you the wrong one because we had to change it because we missed a question. As soon as we put it out, one of our case managers had a question. So let me move this one here. This is it.

+15*****00** 4:38
Ohh.
It always happens.

Robinson, Kimberly S 4:41
Yeah. Did you make contact with the applicant or client supportive contact? And the

reason we added that was because as soon as we pushed this out, we had one case, they were in applicant status where they never responded to the case manager. So we had to add this question because the answer is no.
because they were never able to make contact.
So that's why that's there. And then we go down to if yes, on what date. Whoops, I went too fast.
Did you discuss VR services? Was the applicant or client support of contact interested in being referred?

+15*****00** 5:25
Thank you.

Robinson, Kimberly S 5:25
Was the applicant or client referred to VR?
If, I'm sorry, my screen's going squirrel. If no, why? Why were they not interested or why were you not able to make contact? If yes, when was the referral sent to VR? What VR office? And we have a link here that you can go and look at their maps. And then what kind of services are they wanting from VR? We have a pick list here. If no, please provide an explanation why you didn't make contact with the client or supportive contact.
What was the injury type?
Who is the staff member who is making the attempt? What position are they in? B. Skip?
And are you performing this checklist as part of the case closure? So this is required at closure, so that may be no. And then any free text comments that they want to add. So from here, I think we'll be able to give some data points.

+15*****00** 6:27
Okay.
Yeah, thank you so much. I know that was a lot of work. But I think it's going to provide such valuable information and really give us something that we can take to VR when we need to try and really collaborate with them to help the clients that we serve.

Robinson, Kimberly S 6:33

Yeah.
Right.

+15*****00** 6:49
across the state. So I appreciate all your effort on that.

Robinson, Kimberly S 6:50
OK.
Sure, and so then I wanted to share with you.
I did research on VR.
And I put together a BR eligibility guide.
that I'd be happy to share with you guys if you all want it. But this is for our team.

+15*****00** 7:11
Yeah.

Robinson, Kimberly S 7:15
And here's links directly to their website and directly to their policies and procedures. So we can go and look that up. And so I just highlighted a few things, and I'll send this out. I'm not going to read this whole thing to you, but I wanted to highlight, you know, their core eligibility criteria.
And specifically down here, the intent to go to work and what their need is for VR services. So they really focus on the client going back to work. Then if I scroll down through here, eligibility determined process, VR must make an eligibility decision within 60 calendar days.

+15*****00** 7:39
Mhm.

Robinson, Kimberly S 8:00
And then if I keep going down here a little bit farther, we get into services VR offers. And then here's additional services. It goes into a list on additional services, but I thought this might be a little more helpful.
For you all, if you don't understand VR, to maybe get a better understanding of VR

and why some of our clients, or perhaps not as many as you might think, actually go to VR. I just thought this might be a good tool.

+15*****00** 8:18
Yeah.
Sure.


Robinson, Kimberly S 8:34
To share.

+15*****00** 8:36
Yeah, thank you very much.


Robinson, Kimberly S 8:39
So as we do the case notes and we get further into the checklist,
then we'll be able to actually pull some specific VR referral reports and be more specific. That eligibility even goes into age ranges.
for pediatrics, young children, and what they actually offer for pediatrics from, I think, age 14 to 21 with education and what is required for them as well. It might not be 100% correct,
because it's my interpretation, looking at their website and their policies and putting it together. I think I'm pretty good on it, but you know, I'm not a VR expert. I don't work for them. So I'm just going by their research that I did on their

+15*****00** 9:35
Right.


Robinson, Kimberly S 9:38
website.
So to go back to number one, we don't really have a report to share with you for that, but we do have some changes that we have implemented in the program.

+15*****00** 9:43
Thank you for that.
Yes, that's wonderful. Does anybody have any?

HIGDON, BRIAN 9:53
This is really great news. Yeah, I just want to second the sentiment about, you know, this is really cool to see. And that's so classic that you roll this out and then immediately you get feedback. That's very, yeah, but it's always an innovative process to get these in.

+15*****00** 9:56
Play.

HIGDON, BRIAN 10:12
thing improved. But it's meaningful to me personally that, you know, we guys gave you some golden target and you guys are working towards that. So I really appreciate that. Yeah, I mean, with disability, it's just so, with new disability, it's just so tough to work, even with all these resources that VR has to offer.
But you know, the, you know, being able to return to work or get a job, even if it's like a starts as a pediatric, can make just change the course of someone's life to be able to build and build a family around and stable income and things like that.
is can be life-changing. So I really appreciate your efforts on this.

+15*****00** 10:59
Good.


Robinson, Kimberly S 11:00
Thank you.

+15*****00** 11:04
Fantastic. Anybody have anything else before we look at the reports that we're working towards with goal two?
Yes.
Great. So the clients are unable to locate closures. I guess we can take a look at those.


Robinson, Kimberly S 11:26
Okay, it.

Pull that over here.
So I believe this is the one I'm emphasizing a little bit on. I was working with Raj. All of these reports are attached to the calendar invite because they were so big, I didn't want to try to e-mail them all, but I knew I could do it through the calendar invite. So here it is.
So on this report, I used the pivot table and added some things over here. So we have closed for merge. What this, so what I added was I wanted to see what the closure type was and keep in mind these are applicants.
that were closed, these were clients that were closed without services. So these were applicants. So closed for client merge, that means that we got 2 referrals and we had to merge the clients. But I also added in facilities so you can see where these referrals are coming from.

+15*****00** 12:23
Okay.
Got it.


Robinson, Kimberly S 12:37
Now what you're seeing for blank is that there were no comments added to the closure. Some of these closures do have additional comments to better tell you why they were closed. Some are blank, so if they don't add a comment, then they come back blank. But you want to go down to

+15*****00** 12:44
But.


Robinson, Kimberly S 12:59
Unable to locate? Is that what you want to look at?

+15*****00** 12:59
Decline first.


Robinson, Kimberly S 13:02
Okay.

+15*****00** 13:02
Yeah, that and the decline, so we can look at unable to locate first.

Robinson, Kimberly S 13:07
Okay, so here's unable to locate. And again, we had 83, and this is for, what was the date of service? July last year, last state fiscal year. So these were all the clients that we were unable to locate. And these are the facilities.

+15*****00** 13:18
Okay.

Robinson, Kimberly S 13:27
that we got the referrals from. Typically, when we're unable to locate them is because we don't have good data. Maybe wrong phone numbers, no phone numbers, people moved. It could be a variable of reason. Unfortunately, they did not put specific comments in here.

+15*****00** 13:36
Yeah.

Robinson, Kimberly S 13:47
for these clients, so I can't tell you specifics, but that is typically why we're unable to locate them. Down here, it is wrong contact information or it was unavailable.
And again, here's the referring facilities.
And then we have other, which I just, I detest other in any kind of point.

+15*****00** 14:17
Well, can you do what was gonna come, like, what? Falls another.

Robinson, Kimberly S 14:18
I.
I don't know why. I would have to actually go in and look at each client to see why they used other.

HIGDON, BRIAN 14:31
Seems to be a couple of centers are outliers. I've seen Delray a couple of times with kind of higher numbers than other centers. It might be the demographic they're serving, that they're more transient without like addresses and things like that, but I don't know.

Robinson, Kimberly S 14:48
I really don't know. Like I said, without going in and looking at the specific client, it may have something in case notes. So at the time of closure, they have to put in a case closure summary. And that's where you can probably find more information as to why it was closed.

HIGDON, BRIAN 14:53
But.

Robinson, Kimberly S 15:08
with unable to locate this one is contact information changed without notice to be skipped incorrect or unavailable.
And that's probably written in the case note, but it's not written in the comment at the time of closure, and that's what this report is pulled from, this closure.

+15*****00** 15:27
Okay. And to your point, it could be, you know, people who were down here on a traveling and they were going back out of state to wherever.

Robinson, Kimberly S 15:42
Yep.

+15*****00** 15:42
They weren't from here, so...
Okay, anybody have any other thoughts or questions on that?
So do we have the year over year by chance?

Robinson, Kimberly S 15:51
Up.

+15*****00** 15:55
Ohh.

Robinson, Kimberly S 15:55
I'm sorry, do we have what?

+15*****00** 15:58
The year over year for the client cases closed without service. OK.

Robinson, Kimberly S 16:01
Not for not for this one.
We have, we have the graph, we have a trending graph to share with you for acute care referrals.

+15*****00** 16:11
Okay.

Robinson, Kimberly S 16:11
We have a graph that we can share with you. This one, there is no graft.

+15*****00** 16:16
Okay.

HIGDON, BRIAN 16:16
This is at risk of saying the obvious, but I, you know, it seems like those the three hospitals are is an opportunity to kind of look at why why there's that pattern.

+15*****00** 16:26
Mm-hmm.

HIGDON, BRIAN 16:26
Yeah.


Robinson, Kimberly S 16:27
So it was Del Ray.

HIGDON, BRIAN 16:30
Delray and I think handle another one of them. There's one that had like 4. The Delray was higher than that. Oh, Delray was 4 and then the down lowered is again, I don't know if it's like CI versus BI.


Robinson, Kimberly S 16:30
Present.
Here's Broward Health North Circles of Care.

HIGDON, BRIAN 16:46
Valerie.
Yeah, but Delaware seems to be the bigger opportunity.


Robinson, Kimberly S 16:51
Yeah.
Well, we have Jackson Memorial in Orlando here.

Chester, Don 16:54
Hey.

HIGDON, BRIAN 16:57
Yeah, too hard, yeah, that would be much bigger there.

+15*****00** 16:57
But.


Robinson, Kimberly S 16:58
Yeah.

HIGDON, BRIAN 17:02
Yeah.

Robinson, Kimberly S 17:02
Yeah, Pierce Del Ray under.

Chester, Don 17:03
This is done. It's one of our hospitals and is a very older population around Delray. I don't know if that would have any impact on it or not.

Robinson, Kimberly S 17:05
Mmh.

+15*****00** 17:18
I think.

HIGDON, BRIAN 17:19
You think they're just end up in school nursing and then unreachable because it's school nursing or?

Robinson, Kimberly S 17:19
Well, Del Rey has really picked up in...

Chester, Don 17:26
I'm sorry, I couldn't hear you.
You'd have to go and actually look into it, I think. I would know the answer.

HIGDON, BRIAN 17:30
Oh.
Yeah, I mean, you know, older population may be less social support and more likely to go to skilled nursing, possibly. That might be one thing, yeah.

Robinson, Kimberly S 17:36
Yeah.

Chester, Don 17:41
Yeah.
It could be.
It could be traveling, you know, going up north. There's any number of reasons.
You'd really have to look into it specifically.

Robinson, Kimberly S 17:49
Yeah.
Yeah.

HIGDON, BRIAN 17:53
Yeah.

+15*****00** 17:56
But I'm just wondering if we could, for those, there's like just a handful. So, and they might fall in, I don't know where Memorial Regional is.

Robinson, Kimberly S 18:09
Right here, this is Memorial. They had four here under other.

HIGDON, BRIAN 18:11
But, please, geographically.

Robinson, Kimberly S 18:20
Memorials, they only have 4 under.
Other.

HIGDON, BRIAN 18:27
It looks like they're in Hollywood, Florida.

+15*****00** 18:31
Okay.
But I would say that maybe those just those few, because even though, I mean, that's

still a lot for Delray to.
In general.

HIGDON, BRIAN 18:47
So, maybe just take a handful of those and and really, really dig into it and see if there's a there's a pattern of it.

+15*****00** 18:50
Okay.

HIGDON, BRIAN 19:01
Just like information flow from the from the information that the trauma hospital already has, but they're not putting it in the forms or the disposition of the patient is such that they're unreachable or.

+15*****00** 19:16
Yes, Bill.

HIGDON, BRIAN 19:17
Yeah.

Robinson, Kimberly S 19:17
Right.

+15*****00** 19:22
Do we know, is this Jose? Is this his area? Does he cover Del Ray?

Robinson, Kimberly S 19:29
Now, that's John Wineski's office. That's Region 4.

+15*****00** 19:30
What?
Oh, sorry. Obviously, I still don't know the regions very well by line.

Robinson, Kimberly S 19:38
No, that's alright.

+15*****00** 19:40
But maybe John can shed some lighter or will, you know, when was the last time he was able to get in and talk?

Robinson, Kimberly S 19:48
Yes, so I think...

+15*****00** 19:51
Go ahead.

Robinson, Kimberly S 19:51
I'm looking to see if John's online here. I don't see him online.
I do know that in Del Ray, they've had a lot of issues with Del Ray, more so with billing than anything. They've been getting a whole lot of referrals and referrals that are not qualifying for B-Skip services. So they

+15*****00** 19:58
Okay.

Robinson, Kimberly S 20:16
They've had some issues down there and they've been going and doing some in-services with them as well. For quite a while, Delray dropped off with referrals and now we're getting referrals again. Not all the referrals are appropriate for the program. And then there's, you know, we have another issue.
with billing going on down there, but he has a handle on that. And I wish he was on the call. He could probably speak to it directly, but he's not here today or not on the call. So that's what I can tell you about Delray that I'm aware of.

+15*****00** 20:48
Okay.
All right.

Perfect.
More to come, but just good, good information. Thank you.

Robinson, Kimberly S 21:02
Yep. So do you want to look at the client services?

+15*****00** 21:07
Yes.

Robinson, Kimberly S 21:08
Let me close that. I don't like too many things open. It gets messy.

+15*****00** 21:13
Okay.

Robinson, Kimberly S 21:17
So the client service you have does not want government related services and the referrals, here's one that has litigation pending.
No need for B-Skip services. That's typically because they have other payer sources.

HIGDON, BRIAN 21:39
The submitted to this.

Robinson, Kimberly S 21:39
And.

HIGDON, BRIAN 21:43
Because I think there can be a wide variety of things, like they may...
They may be like independently wealthy. They may be workers comp may fall into here where they're like, oh, I mean, we got a comprehensive program over here. We don't need BSCIP. But I think for a lot of people, they're just like, well, I got Medicare. Medicare does things and we all, all of us on the call here know that doesn't cover a lot of things that people.
will later perceive that they need. Is there any sub-data on like...

What are the what are the other resources that they're attributing it to? This seems to be an opportunity for improvement.

Robinson, Kimberly S 22:21

So that would be in case notes at the time of closure, because you see these are blank, so they didn't put additional comments in here. The good news about declining services is if we have a client that's in applicant status and

HB

HIGDON, BRIAN 22:26

Mm.

Yeah.

Robinson, Kimberly S 22:42

they would qualify for the program, but they're declining our services. And this is really anybody that's an applicant status. But let's say we have one who would qualify. They're declining our services because they don't think they need them. They have insurance.

If their insurance runs out, and with every client, they have the opportunity to request their case to be reopened.

So should that client not need our services now, but in the next year or even after that, if they find that there is a need and they are not fully community reintegrated, they can come back and ask their case to be reopened or they can send in a new referral.

+15*****00** 23:08

The.

HB

HIGDON, BRIAN 23:25

Yeah.

Robinson, Kimberly S 23:25

So it's never a shut door.

HB

HIGDON, BRIAN 23:29

Sure.

+15*****00** 23:29
So, is this just statute limitations on the time from the injury?


Robinson, Kimberly S 23:33
No, there is not.

HB **HIGDON, BRIAN** 23:33
But.
Yeah, my concern is that they may not remember this. This is, you know, these conversations are happening within days to weeks after, you know, one of the worst events of their lives. So they might not retain this information. And then downstream, they may not think of that. I mean, if they come to that new...


Robinson, Kimberly S 23:49
Mhm.

HB **HIGDON, BRIAN** 23:56
Our clinicians clinics, we would refer them to that resource, but most of those, most of these people are not in that position to have clinicians that are as knowledgeable about BSCIP.
But.
Yeah, I think this is kind of the salesmanship opportunity. Like a good salesman, like, you know, converts like 10% of their leads or their contacts or something, but at the same time with BSkip, you know, this is a literally free service. But, you know, I think some of these may be salesmanship opportunities.
Um, such education in the forms of, you know, salesmanship, such education.


Robinson, Kimberly S 24:40
Well, we can educate, we can educate the facilities. Becky does send out her surveys to clients at certain periods of closure that also will remind them about the services, but B.Skip's not in a position as a quote un quote salesperson to go back

+15*****00** 24:41
Yeah, but...

HIGDON, BRIAN 24:45
Yeah.

Robinson, Kimberly S 25:01
to these clients and say, hey, you didn't need these services last year. Do you need these services this year? We don't have the manpower to be able to go back and revisit.

HIGDON, BRIAN 25:10
No, I mean, I mean more in the moment when they're saying, oh, no, I don't need you guys. I'm good. I got Medicare. You know, what the next, what the next line in the conversation is. And you know, I'm not saying these numbers are good or bad. I'm just saying that it's
it may be even further opportunity beyond what you guys are already doing.

Robinson, Kimberly S 25:35
I'm not sure how we would go beyond what we're doing, because...
Even though the clients may have other resources, we do encourage them, you know, for other services that their insurance may not cover, as long as it's medically necessary and there is no payer, you know, there may be other services that they could benefit from.
But if they're saying no, they don't want them, or perhaps not now, or, you know, whatever their response is, then we have to honor that. We can't.

+15*****00** 26:14
Play.

Robinson, Kimberly S 26:14
We can't say, oh no, you need this, you need that, you really should be in this program. We have to have...
I don't know if boundaries is the right word. You don't want to be too overbearing with these people because they're already under tremendous pressure with just dealing with the newly loved one that's injured and the change of life that they're going through for us to

push them. We can push them. We can explain to them the services, all the services that we provide, what they may not be thinking about right now. I'm very sensitive with pediatrics because I have asked my staff not to close a pediatric case for 90 days. Leave them open, even if the parents are saying, no, I don't need anything.
I have Medicaid because specifically with pediatrics, those families don't know what they're really getting into or what that child's really going to need. So I try to extend that time a little bit longer, even though they're saying no, we try to extend it a little bit longer.

+15*****00** 27:17
Yeah.

Robinson, Kimberly S 27:25
excuse me, so it allows them time to wrap their head around what's happened and they can better understand the needs that they're going to have, you know, the needs that they're going to want for the child. So all of our applicants can stay open for 90 days, but at 90 days, if we're not moving or they don't need the services or
We can't determine eligibility. We close them, but they have the opportunity to come back to the program and ask their case to be reopened at any time.
No statute of limitation there.

HIGDON, BRIAN 28:01
Yeah, my point about the salesmanship is, you know, I think this sort of thing is sort of an art form, that, you know, there's not one right way to do it, but there's different right ways to do it, but some people are better than others. And, you know, you might be able to highlight different
Different people within your organization that are high performers in this respect that are able to kind of get more buy-in from possible clients, from potential clients, and highlight the variety of different ways that people are able to communicate. with these people during this difficult time, as you point out. But at the same time, it's, you know, we don't expect this to be 100% either. This reminds me of the Reagan quote. It's like the, I had to look it up, but the nine most terrifying words in the English language are, I'm from the government, I'm here to help.
So some people are for that philosophy, they're like, government stay out of it, but at

the same time, it's like, you know, can the government's hand off by Medicare is also something that people say so.

Robinson, Kimberly S 29:04
Yeah.

+15*****00** 29:04
Yeah.

HIGDON, BRIAN 29:15
Yeah, but I think there's opportunities there.

Robinson, Kimberly S 29:18
OK, so then.
and listening to what you're saying, I think that I would then go back to the council and task you all with coming up with what your recommendations would be on how you think that we should approach the clients after, you know, we've done our due diligence explaining the program, sharing all the services,
they keep saying, no, I don't want services. So I would test the advisory council with, how would you then advise on how to handle those situations? And maybe you all can come up with some methods, comments, language, other than what we're using. That might work better in those situations.

+15*****00** 30:11
Yeah, I was thinking of the one case that
And...
I can't say her name. But anyway, it was almost it was almost six or seven months later where I think that you were able to keep the case open, even though they hadn't really used the resources. But those touchpoints that we talked about that your team does so well, you know, the monthly
just, hey, remember, we're still here. Let me know if you need anything at this juncture, you know, because of the severity of the different injuries while the patient's, you know, in the hospital and going through the rehab and things like that. And then, you know, was going to do a renovation, but then it was like, oh, we have a friend who's going to do that, but oh, this is the one thing that we really could use.

And it was
Literally, like I think nine months later, when they they participate, you know.
really used some of the services within BSkip for the very first time, but it was that constant touch point, that monthly touch point that I think worked so effectively. So I'm just saying that was a great, that's a great example of the case, you know, staying open.

Robinson, Kimberly S 31:23
Yeah, you're talking about Clay's client.

+15*****00** 31:26
Yeah, and he didn't, they didn't completely define it for using anything.

Robinson, Kimberly S 31:27
It was Clay's client. Yeah.
So we do have those touch points throughout the lifetime of a case in which case managers are required to make contact with the client. They have so many days in between contacts or so many days in which they have

+15*****00** 31:32
Yeah.

Robinson, Kimberly S 31:50
to make another contact or they're out of compliance, there's a notice that comes out. You can't hide from it because our system, we call it RIMS, hells on you. If you haven't remained in compliance with policy, you'll get a notice and the managers get notices.

+15*****00** 32:05
Yes.
Yeah.

Robinson, Kimberly S 32:11
that they're out of compliance with contact, specifically contact.
So we do have those issues.

+15*****00** 32:18

Yeah, no, I'm just saying I think that that's great. And even though they didn't use any services for that whole time, they kept the case open. So they, the patient, the family didn't decline totally. They just were thinking they didn't need it. But then in the end, they did need some form of it, right?

Robinson, Kimberly S 32:22

Yeah.

Yeah.

Right. So that's what I'm saying. You know, we can leave a case open in applicant status definitely up until 90 days. Now, when they, when a client goes to in-service, they've qualified, maybe we don't know quite sure what their services are that they're going to need yet. There's not a discharge plan.

Collins, Valerie B 32:47

Yeah.

Robinson, Kimberly S 32:55

but they qualify for the program, so we enroll them. And so the first service that every client is provided is case management. Case management covers a wide variety of what that case manager is doing, whether they're helping them to connect with Medicaid to get benefits there.

+15*****00** 33:04

No.

Robinson, Kimberly S 33:15

or, you know, whatever other service, but maybe they're not getting, you know, PT, speech OT, those are most common, but we'll leave them in service until we're sure that they either don't need our services or just like you're saying, Jill, with Clay's client, they didn't need it right at the beginning. They weren't sure, they didn't know, but further down the road, they said, oh, yes, we do.

do need that service. So typically our program is short term, which you all have heard me say probably a million times, we're short term, short term, meaning usually a

maximum of two years. Some clients are in the program beyond that, most of them are not.

+15*****00** 33:42
Okay.
Yeah.


Robinson, Kimberly S 33:58
Because at 2 years, if they are not medically stable and ready to be community reintegrated and they need more services than what we can provide, then we refer them to long-term care, because that may be what they're looking for is long-term care.

+15*****00** 33:59
Okay.


Robinson, Kimberly S 34:18
and the services they provide that we cannot.

+15*****00** 34:23
Right. So the difference was that case was in service. They just weren't utilizing any service. Okay. Yeah. Sorry. Thank you for clarifying.


Robinson, Kimberly S 34:28
Yes.
Correct.
No, that's fine. Good question.
You know, this is a huge program, and for you all to fully understand everything that we do or how we do, you would have to be hands-on every day.
because there's so much to this program. And what we're finding with some facilities out there is they're not fully understanding what we can and can't do. And so that's become a challenge with some facilities as well. So that's where we try to get in and do some education.

+15*****00** 34:57
Mhm.


Robinson, Kimberly S 35:07
To reduce.
To increase the knowledge on about B.Skip and what we can and can't do, not to reduce it, but to increase it.

+15*****00** 35:21
Yeah, so you asked...

HIGDON, BRIAN 35:22
I've been working with my own institution with that, with increasing our knowledge. The, yeah, and you know, that's one thing that we have to be careful about, as non-DSCP, you know, workers is, is well, but any, any, and again, kind of coming back to that salesman point, a good salesman will will under-promise and over-deliver.
So we don't want to tell them that like, oh, BSCIP will do this, this, and this, and then BSCIP not actually be able to follow through with that. But I do try to give some tangible examples. And I do find with the patients that I communicate with that it's their attention, but I don't want to give them tangible examples that are so far in the future or actually not.
able to be delivered and then have a falling out with the patient or with you guys because of that. But, you know, I try to bring up like incontinence products. I mean, Medicaid will cover that, but no other insurance will pay for that. So I do try to bring up incontinence products as something that may need, I mean, if they are incontinent.
Of course, but incontinence products is an example for my, you know, paraplegics. I'll talk about, you know, possibly like drivers training if they're previously eligible to drive, so I'll try to bring up some some current things that are kind of things that I commonly see BCF do, but you know, any feedback on that would be would be.
Check it.


Robinson, Kimberly S 36:50
Well, that's why we're always trying to get into facilities to educate. And we've had a

couple roadblocks, some places where we really need to get in there. And so we're trying to get around the roadblocks and get in there and educate because

HIGDON, BRIAN 36:54
Yeah.

+15*****00** 36:55
And.

Robinson, Kimberly S 37:09
there's been some issues that have come up because there's misunderstandings about what BSCIP can deliver and how we can deliver the services, you know, with our policies and procedures that we have to stay in and our statute has guides in which we have to stay in.
And if you, like I said, if you're not deep in it with Biskip like we are, because we live, breathe, and eat Biskip every day, you might not understand all of the...
Oh, the requirements that we have to stay within our guidelines, our policies. So it can be very challenging sometimes, but a challenge is sometimes good. You know, it creates good relationships once you get an understanding.

+15*****00** 38:02
Would it?

Robinson, Kimberly S 38:03
on what everybody can and can't do.

+15*****00** 38:07
Would it be?
For the places maybe where you're struggling to be able to get in and do some education, if there's any member of the Bee Skin Advisory Council that has ability to connect, would it be possible to connect them to try and help facilitate that? education. I mean, I think that's where we can be resourceful and helpful, perhaps. I'm not volunteering for the rest of you, but I would think that there would be some ability for us to be able to try and help facilitate and, you know, advocate for the education of the program.

Robinson, Kimberly S 38:34
Yeah.
Right. So I have had some of those challenges, and when I have come across those, I certainly will reach out to any council member that I would hope could help us move past some roadblocks, because I think it's pretty important.

+15*****00** 39:07
Yeah, for sure.
Okay.

HB **HIGDON, BRIAN** 39:11
I just had another, so I feel seen right now.

Robinson, Kimberly S 39:17
I'm sorry, I didn't hear you, Dr. Hagen.

+15*****00** 39:18
You what?

HB **HIGDON, BRIAN** 39:19
I feel seen right now. I sent another follow-up e-mail.
Uh, to to try to get that scheduled.

Robinson, Kimberly S 39:32
OK.
Thank you.

CR **Carrie Rayburn** 39:38
Kim, could you remind me, this is Carrie, could you remind me if there is like a flyer that gets sent out regularly to hospitals of what B-Skip services are? I know there is a, you know, a turnover rate inside hospitals, right? And so if maybe there's some kind of document going out with like contact information, I don't know if that would be helpful if you feel like that would be a waste of resources, but

Robinson, Kimberly S 39:41
Yeah.

Carrie Rayburn 40:03
But it's just a thought. Like if you guys had a database where you send out information or something like that, instead of not being able to get inside of these facilities, something like that could be helpful too.

Robinson, Kimberly S 40:16
So we do. We do have flyers.
Um...
Staff take them when they go to do in services. They give them flyers. We have TBI resource guides and a spinal cord resource guide that we utilize that we hand out quite a bit. We do have

Carrie Rayburn 40:36
Mm-hmm.

Robinson, Kimberly S 40:39
The only kind of...
list that we have from facilities is what we can gather from referrals. And that's utilizing the new central registry portal. So what we have been doing to try to move people more to using the portal, which that's
been very successful, but we have a few that still aren't. We contact them by e-mail if we have it. We research for an e-mail address. We will fax back to anybody that faxes us a referral, and we'll send them information about the program and about the portal.
But we don't have a huge data, a data bank of all of our facilities. We could send them to, I can get like a trauma list and send out to the trauma centers, according to what I can get from Jean over in the trauma administrator.

Carrie Rayburn 41:22
Okay.
Mhm.

Robinson, Kimberly S 41:42
That's really kind of hard for us to do.
We just, we have in our RIM system, we have what's called an external agency directory.

Carrie Rayburn 41:48
Hi.

Robinson, Kimberly S 41:58
And we're trying to get as many.
fax numbers, e-mail numbers, but emails change all the time. You know, people change, emails change. So there, that's not a consistent resource there to send out, to blast out emails and so forth. So that is a struggle a little bit in the program.

Carrie Rayburn 42:08
Right.
My.

Robinson, Kimberly S 42:22
only because we're limited in a database, quote un quote, that would work for that.

Carrie Rayburn 42:27
It's very.

Robinson, Kimberly S 42:29
Beth.

Carrie Rayburn 42:30
Yeah, I just know it's, you probably are dealing with a lot of like, no, I'm sorry, but you're probably dealing with a lot of like turnover, like the one case manager is leaving the position, maybe training another and it might just not be the information that might not be relayed enough. So I don't know if sending something to the facilities themselves, I don't know how helpful that would be. It was just a thought, but thank you.

Robinson, Kimberly S 42:32
Sorry.
Well, let me let me let me respond to that with so there are times where I have to send letters to the trauma facilities. And so typically when somebody will contact me, I will e-mail it back to them.

Carrie Rayburn 42:53
For explaining all that.

Robinson, Kimberly S 43:12
but then I will mail them original documents. And a lot of the time, they don't get their original documents that I have mailed for whatever reason, maybe it gets lost in their mail room. I really don't know. So that's a struggle too, even though I have a main address.

Carrie Rayburn 43:32
Mhm.

Robinson, Kimberly S 43:32
They're still not getting their mail.

Carrie Rayburn 43:34
Okay.

Robinson, Kimberly S 43:35
That's, you know, a good suggestion.
Beth.

Collins, Valerie B 43:41
Yeah, no, I think that's a great suggestion too. That would be great. I would love it if we had something like that, like something that doesn't change, like an e-mail address that doesn't change every time we have staff turnover. That would be lovely. But we don't. I do. I would like to say that with the trauma facilities that are referring to us regularly and often, and even some of, you know,

Brooks and our rehab facilities that we deal with all the time. We don't typically lose fully contact because we're typically dealing with more than one person at a time. We're typically dealing with a group of people. But again, we do run into challenges, but

Yes, we do send out our guides and our flyers. We have some standard flyers with our basic general information on there that we like to, we will e-mail them even if we can't get into to the facility for some reason at that particular time, either their scheduling hours, whatever the case may be, we will get the information out to them, whether it's e-mail or if they want us to mail over a packet or drop it off.

or something like that. But yeah, it is kind of rare for us to completely lose touch with a facility that we don't have one contact. And if we do run into that, we will be reaching out to you guys because we have done that on occasion. So yeah, but I did want to say it's really

Robinson, Kimberly S 45:08

Yeah.

Collins, Valerie B 45:10

kind of rare that we don't have a person we can get to. So I don't know.

CR

Carrie Rayburn 45:14

Okay, good. Thank you.

Collins, Valerie B 45:17

Mhm.

+15*****00** 45:21

Great, so...

Robinson, Kimberly S 45:22

I know we're getting short on time. I was going to bring up this one report. I'm really sure that you guys will want to see. Raj did a really good job on this. And this was acute care referral trending report. Again, these reports are attached in the calendar invite.

+15*****00** 45:29
Perfect.

Robinson, Kimberly S 45:41
If you can't open them, let me know.
And I can try and send them to you through e-mail. It might be, I might have to send you a couple of emails, I don't know. But I thought you might like to see this. This is the acute care referral trending report. And it's going by years 23, 24, and 25.

+15*****00** 46:04
Love it.

Robinson, Kimberly S 46:05
And the colors are regions, so you can see where the referrals go down and up, or they were down and now they're back up, like this is this is 4.
This is 4 and two, region 4 and two, 2023, they were down and then they climbed in 24. And now there's kind of a trend going back down. This is region 5, where they were high.
Went down some and now they're climbing back up.

+15*****00** 46:39
Mm-hmm.

Robinson, Kimberly S 46:40
This is referral ID by year and region. This is rehab count and trauma count by year and region.
This one is a referral by year, region, and injury types.
And this one is agency type, year, and region.
I thought you might like to see that. I thought Raj did a really good job on that.

+15*****00** 47:05
Yeah, nice work.

HIGDON, BRIAN 47:05

The usually for five, I take it, is not the quarter because there's five of them, but it's by region for the charts in the.
I guess all but the upper left.
We organize, organize them like the one in the upper left that is for each region trended out, because you starting to look across, okay, three, three, three, and four, four, four, if that makes sense, but like color-coded by region.

Robinson, Kimberly S 47:29
Oh, up your left.

HB **HIGDON, BRIAN** 47:38
For each of these.

Robinson, Kimberly S 47:38
Good.
Yeah, oh, well this one is this one is the regions right here. These are the regions.

HB **HIGDON, BRIAN** 47:41
But yeah.
Yeah, but make it all like that, make make them all like all like that.

Robinson, Kimberly S 47:51
You want all of these categories by region?

HB **HIGDON, BRIAN** 47:51
That makes sense.
Yeah, because the, say, take the one in the upper left, like you read it left to right. This is back to like the data science world, but the, you know, if you look at it consecutive, one, two, three, 4, 5, and then one, two, three, 4, 5, your mind or your eyes make you think like you're reading chronologically, but this is not a chronological chart.
This is a...
region by region chart. So, but if it could be organized typically, like see the trend for

Robinson, Kimberly S 48:24
This one.

HIGDON, BRIAN 48:31
or trauma hospitals for region run, or rehab hospitals for region run, or and then for...
That makes sense for each year.

Robinson, Kimberly S 48:47
And, are you getting that?

Poston, Amanda L 48:50
I am.

HIGDON, BRIAN 48:50
Okay.
Yeah.

Poston, Amanda L 48:52
I have it down.

Robinson, Kimberly S 48:52
Right.

HIGDON, BRIAN 48:54
Okay. But yeah, I mean, seeing it graphically just adds so much context to it where you can see how they relate to each other. So on the top left, just trying to see how the 10 trends are that region 5 is the perennial high one.
Um, but had some, I said had some depths and we've seen some changes over time, yeah.

Robinson, Kimberly S 49:22
OK.
And we have a couple more minutes. Jill, did you want me to bring up? I could open

the referral report.
The actual report that goes with that trend.

+15*****00** 49:37
Yeah, that would be great.
And I appreciate that we have that because one of our goals was to see how we can increase.
referral rate relative to the traumas. And I think that's, you know, where we want to get, and I don't think with our time left that we'll be able to make the goal into the smart goal, if you will, with the detail, but we have the report so everybody can take a look before our next meeting so that we can kind of
Review that.
based upon, you know, reflection of the information.


Robinson, Kimberly S 50:15
OK.

+15*****00** 50:24
Um, okay, so the only thing I would say is, uh...
I'm just going to do the quick math for 2023, 388 out of 1922. From a percentage standpoint, that's about 20%.


Robinson, Kimberly S 50:40
That were enrolled.

+15*****00** 50:44
that went in service from what was referred.


Robinson, Kimberly S 50:47
Yes.

+15*****00** 50:48
Yeah, okay.
It's running pretty close in that the year over the year.
It looks like.

HIGDON, BRIAN 51:08
I think we could be seeing that region by region, year over year, would be like next level.

Robinson, Kimberly S 51:14
These are regions are right here. One, two, three.

HIGDON, BRIAN 51:17
Yeah, but seeing it graphically, seeing it graphically like we did with that other data point, like acute versus rehab for each region and seeing how that trends over time, would be very...
Informative for our for our next.
For next committee.

+15*****00** 51:35
Yeah.

Robinson, Kimberly S 51:35
Okay.

HIGDON, BRIAN 51:36
Yeah.
It's like squinting these numbers and trying to do math in my head is beyond me.

+15*****00** 51:43
Yeah.

Robinson, Kimberly S 51:44
Challenging at this time of day.

+15*****00** 51:44
Yeah.

Poston, Amanda L 51:44
Talk.

+15*****00** 51:48
Yeah.

HIGDON, BRIAN 51:48
Yeah.

Poston, Amanda L 51:49
Doctor Higdon, can you repeat that last request for the number on here?

Robinson, Kimberly S 51:52
Yeah.

HIGDON, BRIAN 51:54
So.
Doing it, it seemed like the ratio between, I mean, you don't even have to say the ratio, because you can put the numbers on the same scale, but seeing it for acute versus rehab, by region by region, by on a color-coded by region, and then have it chronological.
Um, if you want to do it by quarter, but at least by year, like you did with the other one, like 23, 24, 25, year over year to see the ratio for each region, you might have to do like...

+15*****00** 52:31
Okay.

HIGDON, BRIAN 52:31
Light blue, dark blue, for because there might be some crossover between the graph, but yeah, if you could color code left or right chronologically.

Poston, Amanda L 52:37

Okay.
I get what you're saying. Okay, I just missed the beginning part of that. Thank you.

HIGDON, BRIAN 52:42
Alright.
Yeah.
Been a long time since I studied this. I'm not sure if I have the right words to describe what I'm wanting.


Poston, Amanda L 52:53
I get what you're saying.

+15*****00** 53:01
All right, does anybody else have anything they'd like to add?
Our next meeting will be October 1st. And hearing nothing else, can I have a motion to adjourn?
If I had none.

HIGDON, BRIAN 53:34
Motion to adjourn.

+15*****00** 53:36
Thank you. Do I have a second?

HIGDON, BRIAN 53:39
You can get a second yourself.

+15*****00** 53:41
Yeah, I'll second.

HIGDON, BRIAN 53:44
Alright.

+15*****00** 53:44
All right, thank you so much.

HIGDON, BRIAN 53:46
Thank you. Thank you so much. That VR change was really cool. Thank you.

Robinson, Kimberly S 53:51
You're welcome. Have a good day.

+15*****00** 53:52
Love it.

HIGDON, BRIAN 53:53
Bye.

+15*****00** 53:54
Yes.

Poston, Amanda L 53:54
Bye.

Casavant, Robert stopped transcription