BSCIP Advisory Council PQI Committee Meeting-20261105_130019-Meeting Recording

November 5, 2026, 6:00PM

29m 51s

Casavant, Robert started transcription



Collins, Valerie B 0:03

We're going to give it just a couple of minutes. We usually wait about two minutes to give everybody time to join, so be patient. Just a couple minutes.

Sai 0:10

Thank you.



Collins, Valerie B 3:33

Okay, I'm not sure if we have everybody just yet. We'll find out during roll call, but I'm going to go ahead and get started. Kim is a little under the weather today, so I'll be running the meeting to try to kind of keep us on track. I ask for Grace.

And I have Keith and Amanda and Rob and all the team on here with me, so we'll get through it. Just may have to have a little patience. I will try to find the answers if I don't have them.

So the first thing, again, welcome. This is our biannual advisory council meeting for brain and spinal cord injury program.

The first thing that I'm going to kind of talk about out of order is the ballots for our chair and co-chair. Voting did end yesterday afternoon. So we have a tie for chair and co-chair. And we're going to need to do a tiebreaker vote now by e-mail. Let me, I'm actually going to put the e-mail address in the chat. I'm going to give you the candidates that we have the tie on.

And I'm going to ask you all to vote for the tiebreakers. You'll send your votes to the advisory council e-mail address. I just put it in the chat.

And we need to receive those by 2pm. So that by the time our meeting concludes, we're able to give out the.

who won, who will be the new chair and co-chair. So let me go ahead and give those candidates now. For chair, it will be between Kevin Mullen and Jill Olnick.

and for co-chair Kevin Mullen and Carrie Rayburn. So again, I ask that you all take

just a moment, send via e-mail to the e-mail address in the chat there, and we need to receive those votes.
by 2pm.
Um...
Okay, so the very next thing on the agenda is our roll call. I'm going to let Keith take over and do that for us. Thank you so much.



Robinson, Rebecca 6:23
You're muted, Keith.

SO

Soans, Keith O 6:25
Sorry. Good afternoon, everyone. Thank you so much for joining us for our council meeting. I'll start with the roll call. Don Chester.



Collins, Valerie B 6:25
There we go.

CD

Chester, Don 6:35
Here.

SO

Soans, Keith O 6:37
Excellent, Kevin Mullen.
Kevin is not here. Thank you, Lance.
Jen Olmek.

+18*****12** 6:54
Here's.

SO

Soans, Keith O 6:56
Dr. Brian Higdon.



Collins, Valerie B 7:02
Oh, there he is. He said he was running late, but he's... There we go.

SO

Soans, Keith O 7:08

Yep, Doctor Brian just joined us. Doctor Abhilash Haridas.
OK, and uh, carry variable.

Carrie Rayburn 7:23
Beer.

Soans, Keith O 7:24
Thank you.
So, we have...
We have Quorum, we have...
Yeah, of course.
Um...

Collins, Valerie B 7:39
Okay.

Soans, Keith O 7:41
We can go to up to the minutes.

Collins, Valerie B 7:46
Okay, Dr. Higdon, I'm going to catch you up real quick. Kim is not here today. I'm kind of trying to keep us on track. We're just at the point for the call for approval of minutes. But before we do that, I just want to catch you up. We did the voting ended yesterday for our

HIGDON, BRIAN 7:53
Sorry.
Yes.

Collins, Valerie B 8:05
chair and co-chair, and we had a tie for both positions. So I'm going to tell you the names again, you guys, and then I need to receive votes to our BSCIP Advisory Council e-mail address. I dropped it in the chat by 2 P.m. so that we can resolve. the votes and announce that by the end of the meeting. For chair, it's Kevin Mullen

and Jill Olnick and for co-chair Kevin Mullen and Carrie Rayburn.
We can move on to the minutes and then we'll move on to our regional updates.

Soans, Keith O 8:55
Ohh.

HIGDON, BRIAN 8:55
Sorry, jumping into the middle of it here. I think we need, I think we're at the point of meeting where we approve the minutes.

Soans, Keith O 9:03
Yes.

HIGDON, BRIAN 9:04
All right, I called to confirm the minutes.



Collins, Valerie B 9:11
This is for the June 4th.

+18*****12** 9:11
I approve.

Soans, Keith O 9:15
For the June 4th conference meeting, I'll get the one to second those, you know.

+18*****12** 9:17
Around the.

HIGDON, BRIAN 9:26
All right, anyone move to approve minutes?

Carrie Rayburn 9:32
A move to approve.

+18*****12** 9:34

I second.

HIGDON, BRIAN 9:37

All right, and pass.

Soans, Keith O 9:40

Excellent. Thank you, everyone.



Collins, Valerie B 9:44

Okay, so I'm going to go over the client statistics and then we'll roll right into the regional updates. This is for weekly caseload 10-27-26 October 27th through November 2nd.

Number of referrals received was 28. Number of eligible applicants enrolled, 4. And number of closures was 38 from applicant status, 12 from in-service status, and total 50 closures.

Currently, as of Monday, November 2nd, we have 365 clients currently being served. And the year, the year end date, year end number is 474 served to date, which again would be through Monday, November 2nd.

So for the regional updates, we sent out the regional reports. If you all have questions about any of those reports, we can do that at this time. All of the managers are on the meeting and

I or them can answer any of those questions. Otherwise, I'm just going to ask for. success stories. So are there any questions about the reports before we move on?

So we don't have to do this in particular order. I'll just have the managers, you know, raise your hand and go ahead if you have some success stories that you would like to share this time.

Michelle. Michelle's our region 2 manager in the Orlando, Orlando general area, but Central Florida. Go ahead.



Hooper, Michelle 11:54

Hi, everybody. Nice to be here today. So we had an in-service yesterday with Lakeland Hospital. Beth led the in-service. They had a lot of great questions and were able to make great connections with them. As far as our success

story for this meeting. Case manager Sharita Joe had an applicant that was a 60-year-old male who was involved in an accident. He worked for the city of Orlando for 35 years as a civil engineer. He was a dual injury, brain and spinal cord.
He had many complications in the hospital, but got through it. We were able to enroll him and we found that he did not have enough insurance to cover a very important shower chair that was really that was really needed for him. We were able to get him in service and get the shower chair to him.
that he would not have been able to afford honestly on his own. His wife sent my case manager a very nice and warm e-mail stating that it has helped her been able to care for him very well and they're very happy. So now he can focus on his therapies and get back to him.
To doing his artwork.



Collins, Valerie B 13:21
Thank you.
John Wineski. Oh, I'm sorry, Doctor Higden, do you have a question?

HB

HIGDON, BRIAN 13:28
Oh, I just want to say thank you for sharing. It's great to hear these stories about, sorry, let me turn my camera on. It's great to hear these stories about helping members of our community, especially for him having been kind of a career civil servant. He said he's a city engineer, is that what?



Hooper, Michelle 13:47
He's retired now, but he worked for the city of Orlando for 35 years as a civil engineer. Yes, sir.

HB

HIGDON, BRIAN 13:54
So it's excellent to be able to help him in his needs. So thank you for sharing. It kind of touch on a thing that I think that's can be a struggle sometimes on many sides is the shower chair that you talked about. Was it for him in particular, was it straightforward as far as getting the proper paperwork or
involve a lot of footwork back and forth.



Hooper, Michelle 14:19

Honestly, we had, we worked with the therapist to make sure that we had the exact one he needed because of the dual injury. And his wife is his main care, so she was having a really hard time getting him in and out of the shower. So the one that my case manager and the therapist were able to come up with
worked perfectly for the shower that they have. So yeah.

HIGDON, BRIAN 14:44
All right. Thank you.



Hooper, Michelle 14:46
Thank you.



Collins, Valerie B 14:48
Thank you for the question. We're going to go on to John Wineski. He's our region 4 manager and I'll let you tell about yourself, John.

Wanecski, John M 14:58
Okay, good afternoon, everybody. I'm Region 4, which is from like Vero down to the Broward-Dade County line. And we also have another office over in Fort Myers, which where is where the success story is today, as a matter of fact. We had a gentleman over there that was in a driving accident and it resulted in a



Collins, Valerie B 14:59
Yeah.

Wanecski, John M 15:19
C5, C7 incomplete injury. He went to Gulf Coast Independent or inpatient rehab, and he made really good progress there. We monitored him, especially in his upper extremities. He did really well. They discharged him home, and we actually assisted with getting him a smart home or home smart system.
But he was renting at the time, so it was a little tricky. And so we put in a system that was able to be removed. And we also provided a standing frame for him as well. But he made such good progress. And now he's enrolled in VR to continue his education in finance and accounting. He actually moved over here to the East Coast.
And he was able to take all his assistive devices with him. And he now is living in his

own home. So he's able to use those devices in his home now. And he's on his way to furthering his education and doing really well. So hats off to our case manager over in Fort Myers for following the case. But
It's a good one. That's a good, good story. So thank you.



Collins, Valerie B 16:29
Thank you. Thank you for sharing that. Okay, next up, Jose de Brock.

DA

Dubrocq, Jose A 16:37
Hi, good afternoon. My name is Jose Dubrock. I'm from my region is Miami-Dade and Monroe. We this year we had two events. One of them was the ADA disability and we just participated in the Jackson Memorial Spinal Cord Awareness. The case, and that happens to be the case that I'm going to talk about. The case that I'm going to talk about, she's a
32-year-old nurse, I mean nun. She was a nun doing a mission in Brazil when she was hit by a vehicle and she was left.
dead. She suffered, she sustained a very traumatic, a very catastrophic spinal cord injury, which left her a C4 complete. She's presently doing therapies at Jackson Memorial Hospital, and I met her at the event.
that I want. She has a great disposition. I mean, she's a lovely person. And what is unique about this case is the first time we're doing, we're using one of the vendors, which is for a mouth pad that actually helps the client to do all the movement for the technology. It's.
for the computer and for the move of her chair. So we're working with that. It's, and she's really happy about this. She's very excited. So we're very, you know, excited about using this technology for the first time in one of the clients. And hopefully this will be the first one. And I guess we can use it for all the clients that might need it. And that's about it, that's all I have.



Collins, Valerie B 18:14
Thank you. Thank you for sharing. Okay, next up we have Roslyn Clark. If you want to introduce yourself and go forward.



Clark, Rosalind M 18:16
The.

Yeah.
Afternoon. I'm Rosalyn, Region 3, mainly Hillsborough, Pinellas, Sarasota, Manatee County. My success story, this is a 25 year old individual who sustained a severe traumatic brain injury due to a motor vehicle accident.
It left him in a semi-vegetated state and he was transferred to a long-term facility. He was there for a little over a month when his mother decided to quit her job to become his primary caregiver.
Initially, the family had a mobile Hoyer lift that proved to be too large to maneuver within the home, you know, bathroom and other surrounding areas. So it even took two people to manually lift a client to transfer him. And not only was it physically on demanding on
the mom and the father, it was also the increased risk of clients falling. So be self-assisted with purchasing a ceiling mounted system, which allowed direct transfer from the client's bed to his wheelchair and shower chair.
We also modified the bathroom. The client did participate in some outpatient therapy. He has since plateaued. However, the family has decided to turn the dining area into a fitness room, be self-assisted with a therapy table. So now the client can continue to receive in-home exercise.
program and he's doing well. And the family is just so appreciative and gracious of the services that was provided. And, you know, there's just the overwhelm that he, you know, he's not in the facility and that they're able, they were able to take him home and care for him. So it's my story.



Collins, Valerie B 20:27
Thank you. That's amazing. Dr. Higdon, did you have a question?

HB

HIGDON, BRIAN 20:30
Good sharing. Okay. I didn't know if I was in the back of the line or the front line. Yeah, again, thank you for sharing. So this is the type of patient that, you know, because he's going from institution to institution, that last institution in the line may not be as acquainted with BSCIP.



Collins, Valerie B 20:35
Yeah.

HIGDON, BRIAN 20:48
What was his case like? Did his first like trauma hospital refer him and he stayed within BSCIP or his final institution did or his family took the initiative?



Clark, Rosalind M 20:53
Ohh.
Was the trauma hospital that you mean referring him to the skilled nursing facility?

HIGDON, BRIAN 21:02
Well, you said he was in a vegetative state. Were they able to make the referral then? Like, had he reached criteria for B-skip or they made it before he crossed that threshold or?



Clark, Rosalind M 21:06
Demo, yes.
They made it before.

HIGDON, BRIAN 21:17
Okay, so he's in a system and you guys were able to track him over time and then when he became, I guess it's range of four and above, then you guys were able to fully enroll him.



Clark, Rosalind M 21:21
Yes.
Yes.

HIGDON, BRIAN 21:28
Great. All right. Thank you.



Collins, Valerie B 21:31
Thank you for the question. Fallon.



Moore, Fallon 21:38
I'm sorry, I'm still a little sick, everyone. My apologies. So we here in Region 1,

Jacksonville up to the Pensacola area, had a 17-year-old prominent football player who was shot in the head.
And it was a pretty well-known story in the state of Florida. But he has since, they had to leave the bullet in place just due to where it hid. And
They had to remove the left side of his skull. When he came in, he was a Rancho 3 with us, with help from one of one of our prominent
recovery centers here, I'll call it without saying the name of who else helped. We pay for PT, OT, speech therapy, and helped with the day treatment as well. He's now a Rancho 7. He recently attended his high school's
homecoming game. He walked out on the field on the homecoming game. And his mother sent us a video with him taking a walk on the beach unassisted.
So, I just wanted to say that.
The rehab facilities here are great as well. They do help with assistance when, you know, B Skip comes in as a payer of last resort and helps as well. It's just nice to see the end result after all is said and done.



Collins, Valerie B 23:36
Thank you. Thank you for sharing that.



Moore, Fallon 23:39
You're welcome.



Collins, Valerie B 23:43
Okay, so next on the agenda, we have our B Skip Resource Center update by Becky Robinson.



Robinson, Rebecca 23:53
Good afternoon, everyone. I believe Kim attached the Google Analytics report to the agenda. So I just want to kind of highlight a few things. For the first year, from October 25 to October 26, we started out in October of 25 with 575
As of September, we've had 20, the month of September, where there was 2,700. So we had a really high increase from May through September. And then October, it dropped off a little bit, but the report was run like towards the middle of the month. So I'm sure that went up as well.
And then for the last 90 days, we had a total of 4,872 active users. So we've increased

significantly.
Per city.
We've got Florida, obviously, or the state, Florida is the highest, and then Iowa and Virginia. And there's a thing in here that says not set, and I guess they have a blocker on or a VPN, so we couldn't find out who that one was from. But Miami is actually the highest one.
And then of course, Coconut Bluff or Council Bluffs, which is I believe in Iowa, 17102 gets to our website. So I'm not sure what's going on in.
Council Bluffs.
Citywide, of course, Miami is the highest. Council Bluffs actually was the highest with 1691 and then Miami with 370 for a grand total of 4,874 active users. Now, as far as spinal cord, we had active users,
70 active users for the last 90 days. And then brain injury for the last 90 days, we had a total of 1961 active users.
So that's just kind of a high level of activity that's coming to our website.

HIGDON, BRIAN 26:10
I think we discussed this last time. I think we came to the conclusion that there's data centers scraping our website and like these ones that build the AI agent, the AI, things like that. I looked it up, there seems to be an AI data center in...
Council Bluffs, and I think Virginia has a lot there, so I'm guessing that both of those, but I mean, in the end, we, you know, we want to be, you know, people are using that technology more and more, so it's good that the machines are finding their way to the website, so then they can present that information and hopefully link through to the resource center, since we put so much work into it, but...
Yeah, I think that's probably what's going on.



Collins, Valerie B 26:56
Good to know. Yeah, I was wondering about that. I thought that was strange.
Okay, so any other questions about the Google Analytics or Resource Center in general before we move on?
Okay, so we're at an interesting time where we are.
running ahead. So the is, I'm not sure if the VR speaker is on.

Robinson, Rebecca 27:35
Cheers.

Collins, Valerie B 27:36
Okay.

Robinson, Rebecca 27:37
I think I saw her.

Collins, Valerie B 27:40
Yeah, I was looking. Let me scroll through here.
Because we can go forward or we may need to skip around a little bit or take a break or some of some of all of that.

Soans, Keith O 27:56
Beth, can you, can we take a break for a minute for a few minutes? I need to, I sent you an e-mail. Can you check that e-mail, please? Okay.

Collins, Valerie B 27:57
Ask.
Okay.
So, well, okay, give me one second.
Okay.
We can stop the recording for that part. So we have...
Um...
Take a break right this second, if...
Okay, so if the VR representative is on and is okay to move forward, or we can take a little break to stop the recording, but we need to stop the recording for the VR presentation is the question, and that's fine. And we'll just pick the recording back up and
We can splice them together later, I think, Rob.

+18*****12** 29:11
I did see that the VR responded and said she was here in the chat, I believe.

Collins, Valerie B 29:16
Okay. Oh, sorry, I have too many things open. Okay.
So do you guys want to take a 15 minute break now or do you want to go ahead and do the VR presentation and do the break afterwards?

HIGDON, BRIAN 29:34
I'm okay, but if anyone speaks up, we can take a break.

Casavant, Robert stopped transcription

Collins, Valerie B 0:13
Okay, welcome back. Thank you. Rob has restarted the recording, just to let everybody know. And we're going to pick back up on our agenda just where we left off. We're running a little bit ahead of time. If we get finished early, then that'll be great.
we'll have a little extra time in our afternoon. But the next thing on our agenda is JP Pass. Jill had let me know that she was going to be off and on. I'm not sure if she's back on. I'm checking, I'm scrolling.
If not, Carrie, I think is going to fill in for us.

Carrie Rayburn 0:56
Yes, she's not back yet, so I can go ahead and give that update.

Collins, Valerie B 1:01
Okay.

Carrie Rayburn 1:03
So, the James.

Collins, Valerie B 1:03
Do you need to share your screen or no?

Carrie Rayburn 1:06

No, I think it's just a it's a verbal update if that's okay. Yeah, the James Patrick Personal Assistance Services Program is also known as the JP Pass, provides financial assistance to eligible individuals with significant disabilities who require personal assistance services to maintain employment and independence.



Collins, Valerie B 1:07

Okay.

Okay, that's fine. Thank you.

CR

Carrie Rayburn 1:27

The JP Pass program enrollment has reached 105 participants and an increase was approved for reimbursements at the new rate of $2,395 per month. And that began in April of 2026. Due to the minimum growth overall in the program year over year and with

the new increases in both reimbursement and the qualifying participant income level. A focus on marketing and outreach is underway. Initial outreach produced very limited additional participants, which has been the focus of the oversight committee. The Florida Association of Centers for Independent Living has engaged a firm to assist with marketing, branding, and outreach. Media is being developed for general awareness of the JP Pass program, including the James Patrick Legacy Story and eligibility requirements across both digital and print materials.

The overall goal is to connect and reflect a positive cycle in which the participant, personal care attendant, and workplace all benefit. An outreach toolkit for Centers for Independent Living is in development to promote and support participant recruitment with 10 centers serving as the pilot facilities.

And that's what Jill provided for me today. I can try to answer questions, or we can just make sure to take notes to pass them on to Jill if I'm not able to answer.

HB

HIGDON, BRIAN 2:56

Do you know if there's any literature or signage or anything that would be available to share with the to share in my clinic?

CR

Carrie Rayburn 3:06

I'm not sure if it's just strictly for the Centers for Independent Living, but we can ask

Jill. It says that, you know, they had media developed for digital and print. So I bet we could all probably receive that, but I'll make a note to ask her.

HIGDON, BRIAN 3:20
Well, thank you.

Carrie Rayburn 3:21
Mhm.



Collins, Valerie B 3:25
Okay, any other questions about this program before we move on?
Becky.



Robinson, Rebecca 3:36
I just wanted to say that we have JP Pass coming to do a presentation to our staff later on this month. So
We'll learn a lot more about them.

Carrie Rayburn 3:49
Yeah, that's great.



Collins, Valerie B 3:51
Yeah, it's been, we had an in-service several years ago, so yeah, I'm excited for that, for our new staff especially.

Carrie Rayburn 4:02
Yeah, I was familiarizing myself before I wanted to present. I wanted to make sure I knew what I was presenting on. But it's been a program since 2002, and so it became permanent in 2008. So I'm surprised it's not more known. So I think that's great that you guys are going to get an in-service so you can increase awareness through the program.



Collins, Valerie B 4:03
Um...



Robinson, Rebecca 4:22

Yeah.



Collins, Valerie B 4:25

Yeah, I, yeah, I don't know. I'm not 100% sure, but I think they have maybe limited funds. So I don't know. I'm not sure, but maybe they can keep asking for increases if they get more traffic going their way.

CR

Carrie Rayburn 4:42

Right.



Collins, Valerie B 4:46

Yeah, I think it's an amazing program.

Okay. So if we're ready, we're going to move on to new business. So Kim had emailed out all of the reports. We're going to do this just like we've done previously. So if you have a particular report that you

would like to review together as a group, then please let us know which report and we'll pull that up and look at it and try to address any questions.

HB

HIGDON, BRIAN 5:33

Trying to find a copy of the reports.



Collins, Valerie B 5:36

Oh, OK.

HB

HIGDON, BRIAN 5:37

They were sitting up. I just see the minutes.



Collins, Valerie B 5:39

E?

Hold on one second, let me see. Keith, do you know the date the reports went out? Hold on one second. Take over to my e-mail real quick.

HB

HIGDON, BRIAN 5:42

So.
Outlook search.

Carrie Rayburn 6:00
I think in one of the emails, Kim said that they were too large to e-mail, so they were going to be attached to like our meeting invite. But I had trouble opening some of them, so I wasn't able to review them.

HIGDON, BRIAN 6:08
Ohh.
Oh, I see them in the invite now. Like if you click it, click into it. Okay.



Collins, Valerie B 6:21
Oh yeah, I'm sorry, I'm reading her e-mail. Yes, they're attached to the invite. I'm so sorry. So used to them being on the e-mail.
Okay, so is the...
If there's any of the reports, I believe it's the same reports that we had last time. If there's anything that you guys had questions about or wanted to look deeper into or had questions, like I said, we can certainly address those.

HIGDON, BRIAN 6:55
So, like, we don't have another quarter's data, so what you're saying?



Collins, Valerie B 7:00
Oh, no, no. I'm sorry. I didn't mean this. I didn't mean the same dates. Some of the reports are historical, so those are going to most likely be the same information, but we do have this past quarter, yes.

Soans, Keith O 7:14
We have updated reports. So if you want to discuss anything, we can open them for you.

HIGDON, BRIAN 7:20
Yeah, I just have to look up the VR one. Any trends with the VR referrals? I see.

Soans, Keith O 7:29
Yeah.

HIGDON, BRIAN 7:31
See 30 some listed on the on this on this cord.

Soans, Keith O 7:38
I'm sharing the screen.
So, you can see the report.

HIGDON, BRIAN 7:44
But.
And this is over a single quarter.

Soans, Keith O 7:49
Yes, from July 1st, 2024 to September target, 2026. Not a particular quarter.


Collins, Valerie B 7:49
From...

HIGDON, BRIAN 7:54
Yeah.
Okay, it seems like we have 30, 29, 30, 32 minus 3, yeah, 29. Yep.

Soans, Keith O 8:08
Again.

HIGDON, BRIAN 8:09
Seems to be mix of.
really good mix of BI and spinal cord injury, about 50-50.
Between those.
Yeah.
And these are ones that have gone all the way to being enrolled in VR, or these are still in the works.

Collins, Valerie B 8:34

We don't know that information.

We don't know for sure if they all complete, you know, just like they were the VR reps were saying earlier. Sometimes we refer them and then they may not follow through with the enrollment. The individual may not follow through with enrollment. So.

HIGDON, BRIAN 8:42

Yeah.

Yeah, looks like a number of these had had very severe spinal cord injuries. Two, three, seven of them, seven of the about 15 that had were were marked as complete with their injury. Looking at GCS, some some are marked.

But some of these are GCS3, one, two.

Three, 4, five of these were GCS3 when they were brain injured. So, obviously, to get to the point of being referred to VR is a testament to how far these individuals have made progress in their willingness to continue to pursue employment.

Is is commendable with that.

Collins, Valerie B 9:49

Yes.

HIGDON, BRIAN 9:50

Yeah, yeah, remarkable how many both complete chronic cord injuries and the severe as you can have on the GCS scale. It's quite remarkable.

It's cool to see.

Thank you for sharing this. Any other council members have questions or comments on this?

Soans, Keith O 10:11

Absolutely.

HIGDON, BRIAN 10:19

Yeah, very, very commendable.

Do you just want to pick the next one to pull up and talk about?

Soans, Keith O 10:28
Which one would you like to, which other report would you like to see?

HIGDON, BRIAN 10:32
I'm fishing back to my calendar invite here. close without service.

Soans, Keith O 10:39
Okay.

HIGDON, BRIAN 10:49
Do you have any trend? This is a big pile of data. Do we have any trend about?

Soans, Keith O 10:54
Can everybody see my screen?

HIGDON, BRIAN 10:57
Yeah, I can see your screen, yeah.



Collins, Valerie B 10:57
Yes.

Soans, Keith O 10:59
So this particular sheet shows the total counter records for each closure type, category listing, each closure type alongside this aggregate total. So we can quickly see how many cases are distributed by closure reason. This is the general.
Client case closed with our service and this is from July 1st, 2026 to October 25th, 2026.

HIGDON, BRIAN 11:32
Do we have any trend of like which ones are increasing or decreasing or since the previous time period?

Soans, Keith O 11:40
We don't have that.

HIGDON, BRIAN 11:43

Okay.
Just looking through here.
It's about 70 of them, just to read this out loud while we're all looking at it together.
That was about 70 of them declined services. It was about 140 of them.
Um...
Then failure to cooperate, that was one of the biggest ones with 130, 130 of them not responding to contact attempts from staff. And we've talked previously about kind of the steps that we go through when that occurs between the phone calls and written in.
reaching out information and then 2006 determined to be program ineligible.
For that.
Not meeting statute requirements. Long-term institutionalization is a big one under there. To turn to not be a legal resident, not medically stable for those reasons, and then unable to locate.
Contact information.
Uh, the resources, yeah, I...
I don't know which way we're training with this, but I always tend to express some. Some comment that, you know, sometimes there's a room for opportunity with the ones that say they have no need for B-skip services. Hopefully that's true that they are so good. They don't need that. But then the not responding, you know, hopefully on the on the hospital side of things, helping to educate.
to expect phone calls and that they have offered to help and things like that. Does anyone recall what the last numbers were?
I dig in my own saved files here.
Ohh.
Not again.
I found some comparison, seemed like over the period of the previous one that was July, just, ohh, no, this is the same.
OK, so this is just another month. OK, yeah, that's just another month on act on since everything's gonna be a little bit more, yeah.
Yeah, in the future, it'd just be good to know kind of where the trends are for having an increase of not responding or an improvement of people not responding. Yeah.

Soans, Keith O 15:04
Okay.

HIGDON, BRIAN 15:05
All right, and then I think the final one is the.
Acute care referral numbers.

Soans, Keith O 15:15
Give me one moment.
Can everyone see my screen?
I'll start with the counter referral ID by year and region.
The regions are color coordinated.
Let me know when I can scroll down to the other accounts.

HIGDON, BRIAN 16:00
Ohh.
So this year by year, but 2026 is not yet a complete year.

Soans, Keith O 16:08
Correct, right.

HIGDON, BRIAN 16:11
Um...
Okay, yeah, you can scroll down.

Soans, Keith O 16:20
Thank you.
And this is trauma count and we have count.

HIGDON, BRIAN 16:29
Yeah, the one that has actually increased catch my attention because, you know, because it's not a full year yet, but Region 4 seems to have a significant uptick.
Where is Region 4 again? Is that Southwest or?

Soans, Keith O 16:34
Correct.
That's Broward and Fort Myers.

HIGDON, BRIAN 16:49
Okay, yeah. Yeah, they seem to have an uptick lately.
But then it seems like the rehab count is overall going down, I think, more steeply than the acute care. So hopefully that reflects improved referral ratio.
Yeah.

Soans, Keith O 17:12
I scroll down to counter referral by year, injury type and region. And this is brain injuries, brain and spinal injury and spinal injury for three years. Four years, sorry.

HIGDON, BRIAN 17:35
Um...
Yeah, I think in general it would be good to see this split out between these three groups and like 3 demographs to turn over time because it's you have to like...
and adjust your eyes to, because it's three different populations.
But it seems like overall it's trending down. Like when you look at the brain, which is the highest one, generally trending down year over year.
Right, but by some degree.
And spinal cord injury, too.
Any of the other council members have questions about this?
Thank you.

Soans, Keith O 19:00
Are there any other reports you would like to?

HIGDON, BRIAN 19:05
Were there any other that were sent out? I think those are the usually the main ones that we see here.

Soans, Keith O 19:09
Yeah.

HIGDON, BRIAN 19:13
I see a report on the average service duration report. Is that based on DME or the client or?

Soans, Keith O 19:20
So the average.

HIGDON, BRIAN 19:23
Ohh yeah, that's for the...

Soans, Keith O 19:24
So, this is for three assisted device codes. I can, I can put it out over here.

HIGDON, BRIAN 19:28
Mhm.

Soans, Keith O 19:32
Um...
It basically shows you the average days it took for the service to get completed and the total count.
For those three coins.

HIGDON, BRIAN 19:43
Mhm.

Soans, Keith O 19:49
And that's from October 1st, 2025 to September 30th, 2026.

HIGDON, BRIAN 19:56
Okay. I don't think that this includes like the, or correct me if I'm wrong, does this include the time it's taking to gather the paperwork, determine that it, that the B-

Skip is the payer of last of last resort?
Which is after that, yeah.

Collins, Valerie B 20:19
No, no.

HIGDON, BRIAN 20:21
Yeah, I think that can sometimes be even lengthier than what's this way here to try to track down that paperwork can, for some of my patients, can be much longer than two weeks. But it seems like once we get that, then BSCIP is able to move quickly with that.
On.
Yeah, I'll leave that there.

Collins, Valerie B 21:01
Okay, so if there are any other questions about reports, just want to make sure, final call.

HIGDON, BRIAN 21:10
Yeah.

Collins, Valerie B 21:11
Okay.
Okay, so go, oh, there.
Put the agenda back up, going back to the agenda.
Okay, so the results for the chair and co-chair, sorry. So, Jill.
I don't think it's on here at the moment, but Jill will be chair and Kevin for co-chair.
That's the results that we came up with from the initial voting and tiebreaker voting.
I guess we'll have to confirm with Jill later, but I think she'll be okay with that. Now she's going to come back on, our meeting might be over before she gets back.

Carrie Rayburn 22:04
She said she, she said she accepted if the results were that she was on there.

HIGDON, BRIAN 22:10
Alright, good to hear.


Collins, Valerie B 22:10
Even better. And Kevin, are you accepting the co-chair position?

Kevin Mullin 22:18
Do I at least get chocolates for lunch or something? I mean, I'm hoping for it.
I'd be more than happy to. I appreciate it.


Robinson, Rebecca 22:27
Yeah, in your dreams, Kevin.


Collins, Valerie B 22:28
Thank you.

Kevin Mullin 22:29
I know, I know.

Carrie Rayburn 22:30
That.
Thank you, Bob.


Collins, Valerie B 22:33
Well, thank you.

Kevin Mullin 22:33
Thank you for the nomination, though.


Collins, Valerie B 22:36
Thank you so much. Thank you, Carrie, for confirming that for us. And

Carrie Rayburn 22:39
Yeah.

Soans, Keith O 22:40
Thank you.

Collins, Valerie B 22:43
Kim will be in touch with you guys, I promise. Okay.

HIGDON, BRIAN 22:47
Hey, good night, this is.

Collins, Valerie B 22:50
Yes, congratulations.
Okay, so...
Oh, Dr. Higdon, I'm sorry, I'm taking all of your talking points. So if we want to go on down.

HIGDON, BRIAN 23:01
This is my last opportunity, it seems.

Collins, Valerie B 23:07
No.

HIGDON, BRIAN 23:09
No, you guys know that I can't get my mouth shut.

Collins, Valerie B 23:14
Open forum.
Okay.

HIGDON, BRIAN 23:18
Yeah, so the.
Yeah, I guess now is the time to, if there's any like new business that people wanted to bring to this. I do have just kind of one kind of personal comment, question just about how services are delivered that actually had a client.
Has your client bring up to me, so I'll start with this, and and I when asked this, I

understand that for every role there's a there's a reason or a story, so, but the the client's expression was he he he could have very well been one of the success stories that we expressed earlier.
He had a severe spinal cord injury. He spent over a year in an institution in a sniff and has finally returned to his home in Orlando. And at first he was very skeptical about B-Skip services. But I was like, you know, this is a big leap. You know, you've told me many times your house is not very accessible. Like this is something that might make it easier for you to go
per return home. So he's getting his home renovated. I think his bathroom is being what's remodeled. I actually was doing a telemedicine with him and you could hear the bang in the background. So work was getting done. His question was, it seems like there's like a multi-step process within the project where like.
every step of the way, the contractor was like sending documentation about the work and then getting further approval to proceed with that.
And the way that was perceived or maybe the way the contractor was portraying it to the client was that like you had to like get checked off that you had achieved this stage of the renovation and then you end up having to like undo your work that you'd already done to then proceed to the next stage and then document you made that stage.
Does that does that ring any bells to like how our processes are in place or like what's the reasoning behind that?



Collins, Valerie B 25:27
No, absolutely not. Not on our end. Once we approve and provide the funding, we were not in construction. So how therefore would we be telling them what was right or wrong?

HB

HIGDON, BRIAN 25:41
So, it's not like a, there's not like a...
Iterative process with the with the release, like it's a single release of funds, I imagine, right? Like, once the bid, once it's been bid and contracted, yeah, I...



Collins, Valerie B 25:53
Right.
Yeah, no.

HIGDON, BRIAN 25:58
Yeah, it sounds so strange, like there must be more to the story, but there's no such process within Vskip.


Collins, Valerie B 26:04
No, not from our end. I'm not sure if it's, you know, it could be a subcontractor, you know, reporting to the general contractor if it's something like that and that is beyond our scope. Yeah, but no, we do not approve stages of

HIGDON, BRIAN 26:05
Thank you.
I know.
Yeah, correct.


Collins, Valerie B 26:27
of a job, so to speak. We just approved the overall modifications based on the quote that we received quotes.

HIGDON, BRIAN 26:37
Yeah, okay. Yeah, that further confirmed my suspicions that just, yeah, okay. All right, thank you.


Collins, Valerie B 26:46
Okay.
Um...

HIGDON, BRIAN 26:52
Yeah, thank you.


Collins, Valerie B 26:55
Okay.
So new business or, you know, council recommendations were, oh, I'm sorry, Carrie.

Carrie Rayburn 27:05

No, that's okay. I just had a question. We have a really unique gym here in Pensacola area called the Seven Project. It's like an all adaptive gym. They have personal trainers that are educated on helping people with all abilities. And so all of their equipment inside of the gym
is accessible for people in wheelchairs. And so my question would be, how do we go about making something like that a vendor so that like B-Skip could assist with memberships to places like that? Or is that just completely like too much of A ask? I don't know if that's like really in our realm, but I just see.
such a benefit for some of our clients being able to have memberships to something like that would be so beneficial to their recovery and to their social interaction and so many different things. So do we have vendors that are along those lines? Is that a possibility? What's the process of becoming a vendor to where we could offer that to people in the area?
Um, I'd love to know any thoughts that you have about that.



Collins, Valerie B 28:14

Yeah, so.
We do not. We do not have gyms. Our services, I'll try to explain this. I wish Kim was here, but our services, we have to have outcomes. We have to have measurable. measurable outcomes is the best way I know how to put it. And so that's more along the lines of physical therapy, occupational therapy, any of our outpatient therapies. Whereas a gym, there's no
There's no oversight, there's no, there's no one to report to us. And then, you know, when is that service over, you know, so to speak, there's not an end date. So we historically, no, we do, we do not enroll gyms as
vendors. That's, you know, they're certainly welcome to apply to provider enrollment. That's not my final decision. That's a, you know, a separate section from what I'm my focus, but yeah, that's the short answer.

Kevin Mullin 29:32

Is.
As best as I understand, because I actually looked into this a couple of years ago for an exercise facility for SCI and TBIs, it was due to the fact that their therapeutic notations or the therapy notes that would get normally billed to an outside insurance

company, it's the same type of therapeutic notations that you would need. Exercise facility or exercise physiologists don't have the certifications or



Collins, Valerie B 29:34
Kevin.

KM **Kevin Mullin** 29:57
licensure to carry therapeutic notations. They can give gym notes, so to speak, but they don't classify under the same criteria. So I believe that was the reasons why gyms were not accepted as a verified vendor at the time. I don't know if anything's changed.

CR **Carrie Rayburn** 30:30
Okay.

HB **HIGDON, BRIAN** 30:31
What's the oldest place in here?



Robinson, Rebecca 30:32
I was just going to ask Carrie that if you've got the information on this business, if you could send it to me, I could put it on our website.

CR **Carrie Rayburn** 30:42
Yeah, I'd be happy to. Their website is the with the number 7 project.com, but I'll send it all to you and make sure that that's correct, Becky. It's a wonderful resource here and they do like peer support groups and stuff. And so I see the huge benefit, but I get where you're coming from. I'm a recreational therapist. I'm not considered a billable service through like Medicare or Medicaid or any of that either. So



Robinson, Rebecca 30:52
Okay.

CR **Carrie Rayburn** 31:06
It's unfortunate all around, but thank you for explaining that. I appreciate it.

Collins, Valerie B 31:12
No problem.
I'm sorry, Doctor Higdon, I think I stepped on you before.

HIGDON, BRIAN 31:18
Oh, she answered my question. I thought she said the Southern Project, but I, the Seven Project, I found it. Yeah.

Collins, Valerie B 31:19
Up.

Carrie Rayburn 31:25
It was my Southern accent getting in the way, I think, there.

HIGDON, BRIAN 31:28
There we go. Yeah, but I've seen people in the area that if they haven't heard of this, need to hear about it.

Soans, Keith O 31:28
Yeah.

Carrie Rayburn 31:37
Absolutely. We do have like the rehab foundation here in Pensacola offers a limited number of memberships. And so like they kind of sponsor memberships. So I didn't know if there was some kind of funding that B-Skip could also do as well. But I understand the whole process. So, but I think getting the word out would be great.
So
We'll definitely share some information with you, Becky.

Robinson, Rebecca 32:01
Okay, good.

Collins, Valerie B 32:11

Um, anything else for...
Council recommendations, new business.

HIGDON, BRIAN 32:25
I'll take that as a no.
Hi, any public comments?
All right, I'll also take that as a no. Thank you all for joining, and it's been been great working with you guys as a chair, and look forward to continue to participate with the with the new leadership.

Carrie Rayburn 32:48
Thank you for all you've done, Dr. Higdon. We appreciate you.



Collins, Valerie B 32:48
Thank you.



Robinson, Rebecca 32:50
Thank you.

HIGDON, BRIAN 32:50
Yeah, thanks. Yeah, of course.



Collins, Valerie B 32:53
Yes, thank you so much for your time serving. I know it's been a couple of go-rounds now here, so you get a little break and get to sit back for a while.

HIGDON, BRIAN 33:00
Yeah.
Yeah, we'll see.
I.



Collins, Valerie B 33:08
Well, thank you all so, so much for being here. Thank you for, like I said, giving me a little grace while I stumbled through this. But, well, you know, we'll be in touch. We'll have the meeting agendas and invites and all that good stuff coming out. So thank

you so much. And we
We'll see you next time.

Soans, Keith O 33:28
Thank you, everyone.



Hooper, Michelle 33:29
Okay. Bye. Thank you. Bye everybody. Yep.

Carrie Rayburn 33:30
Thank you. Yeah.

Kevin Mullin 33:30
Have a great day.

Wanecski, John M 33:31
Take care.

Dubrocq, Jose A 33:31
Bye.

Casavant, Robert stopped transcription