INTRODUCTORY STATEMENT

Health and Welfare Rules

Docket Number(s):
16-0305-0902– Rules Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD)
16-0318-0901- Medicaid Cost-Sharing (Fee Rule)

Hearing Date: Wednesday, July 8, 2009

Location: State Office Building
150 Shoup Ave.
2nd Floor- Large Conference Room
Idaho Falls, Idaho
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1 Let the record show that I am *Melanie Belnap*, designated as the Facilitator by the Administrators for
2 the Divisions of *Medicaid and Welfare* in the Department of Health and Welfare. It is *6:00* p.m. on *July 8th,*
3 *2009.* We are in *large conference room on the 2nd Floor of the State Office Building in Idaho Falls, Idaho*, and
4 this is the time and place set to receive oral comments, as provided for in Section 67-5222, Idaho Code, for the
5 proposed rules in the following Dockets:
6 16-0305-0902– Rules Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD)
7 16-0318-0901-- Medicaid Cost-Sharing (Fee Rule)
8 The purpose of this proceeding is to gather the facts, views, or arguments from all interested persons
9 relative to the proposed rules so that they may receive consideration by the Department of Health and Welfare.
10 I will accept written statements or documents at the hearing today if relevant and signed by the persons
11 presenting them. The materials will be included as exhibits in the record, which I will transmit to the
12 Department's Administrative Procedures Section following the close of this hearing.
13 Let the record show that the notice of this hearing was published in the Idaho Administrative Bulletin
14 on *Wednesday, July 1st, 2009*, as required by Section 67-5221, Idaho Code. This publication was timely made
15 and other necessary notice requirements have been met.
16 As this hearing is an informal proceeding, there is no right to cross-examine a person offering a
17 comment, nor is there a right to counsel or subpoena. No objections or procedures of a technically legal nature

18 will be received. As the Facilitator, I am the sole regulator of the course of the presentations, including, but not
19 limited to, a determination that the comments are outside the scope of the rule or that comments are unduly
20 repetitious. I would like to emphasize that this hearing is being held to gather public comments on the
21 proposed rules. It is not a forum to debate the issues involved in the rulemaking or to conduct a dialogue. This
22 hearing time is reserved for you, the public, to provide oral comment on the rules.
23
24 All those interested persons attending this proceeding are asked to sign in on the roster by the entrance,
25 indicating a desire, if any, to make an oral presentation. After a brief statement made by the Department of
26 Health and Welfare summarizing the information upon which the proposed action is based, each person will be
27 given an opportunity to speak at least once prior to any person being heard a second time.
28
29 At this time, the Department of Health and Welfare's statement will be read into the record, followed by
30 the oral presentations.
31
32 As part of the 2010 Medicaid appropriation (House Bill #322), the 2009 Idaho legislature gave the
33 Department direction to establish cost-sharing based on ability to pay for families whose children are
34 eligible for Home Care for Certain Disabled Children (commonly known as the Katie Beckett Program).
35 The parental cost-sharing requirement will encourage families to take financial responsibility for a portion
36 of the program cost while allowing Medicaid to focus limited resources on those families with the greatest
37 financial need. The dockets that we will be hearing testimony and comment on are the changes to Idaho
38 Administrative Rules to implement this cost-sharing requirement.
39
40 16-0305-0902–Rules Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD)
41 These changes add the requirement for cost-sharing to the eligibility for Certain Disabled Children section
42 of the rules.

43 16-0318-0901 – Medicaid Cost Sharing (Fee Rule)

44 These rule changes contain the amount of cost-sharing families will be required to pay to the Department,
45 the consequences of not paying, and the authority for the Department to pursue collection of delinquent
46 payments.

47

48 To begin, I will call upon persons, in order, who indicated on the roster a wish to be heard. Since these
49 proceedings will be recorded, I ask that those who wish to make oral presentations come forward to the
50 microphone, preceding their comments with their name, spelling their surname.

51

52 The first name we have down is Amie Palmer, and we do have a microphone, so there's a pretty big
53 group, so we'll use it.

54

55 *AMIE PALMER*: First I want to thank the Committee for letting me come up and testify tonight for
56 House Bill 322. My name is Amie Palmer. I have a child with Down syndrome. Katie Beckett has been a big
57 difference in our family's lives, and I do not feel that HB322 will be in line with what Ronald Reagan expected
58 when Katie Beckett was signed in to law. For those who aren't aware, Ronald Reagan signed in the Katie
59 Beckett program for families who were middle income. He expected that the families were unable to get the
60 medical care that they needed for their children, and this is one of the reasons why we had institutions still back
61 in the 1970s. Most of the doctors would show you that you had a baby with disabilities and then say "Say
62 goodbye", put them in the institutions, and "Don't come back. Live your life". It was shocking. It still is.
63 Katie Beckett was a young lady with multiple disabilities. To make the story short, the family didn't want to
64 put their baby in an institution. They wanted to raise her at home, but medical costs made it impossible and the
65 help that Katie would need was going to be extravagant, and would cause a great burden on their families and
66 all the other families who had disabilities. If you were wealthy, you could afford anything. If you were below
67 the poverty line and in the poverty line, you had help as well, but most of them were put into institutions,

68 because they couldn't afford to stay home and take care of them. Katie Beckett has saved us financial disaster.
69 Megan has had multiple problems with many, many weeks in the hospital relating from E. coli from swimming
70 pools that turned into *(inaudible)* where her kidneys shut down, etc. Lots of things. Let me go on and make
71 this shorter. House Bill 322 becomes a problem because it becomes a second insurance program and the way
72 that Katie Beckett works is that our insurance, our personal insurance as a middle income family, takes on
73 whatever medical bills Megan receives up to a certain point, just like it does for anybody else in your family
74 and then they'll give a shut-off time, but it also, that's where Katie Beckett will pick up the medical bills.
75 However, it also prevents the doctors and hospitals and organizations that we need from sending us an extra
76 bill, that extra one that comes in the mail. You know, you pay your 90% and then you have more? And it
77 prevents them from doing that. This becomes a second insurance program, when you add the premiums that
78 they're going to be charging you. For our family, personally, that will be $2400 per year extra. Now that is
79 extreme, and that means that what they're really doing is taxing again the middle income families for the whole
80 program. As for the lower income families, I feel it's completely unfair, and the reason I feel it's unfair is
81 because $15 out of someone who's struggling is a lot of money. It means they could buy beans and tuna and
82 bread for their family and eggs. Without that money, they're not going to be able to take care of their little
83 ones. Many of them will have struggle getting gas just to get back and forth to work, much less to therapy.
84 And by the way, most of us end up paying the money for all of those things. There's a lot of out of pocket
85 expenses. They're not paying everything out there. So I disagree with House Bill 322 and I thank you for your
86 time.
87
88 *MARSHAE CAMPBELL:* Hello, my name is Marshae Campbell, and as the parent of a beautiful,
89 seven-year-old daughter who is currently on Katie Beckett, I do have some concerns about the proposed
90 changes. We realize that Katie Beckett is, in fact, a voluntary program which the State has opted to provide,
91 and we have been very grateful for that service. We can also appreciate that without Katie Beckett, that the
92 schools do fill a portion of the needs. However, the needs that they are able to meet are very curriculum based,

93 they have a lot of restrictions, and they, too, are struggling to have the resources to be able to provide all that
94 they are supposed to be able to provide, and it leaves for a lot of gaps, which Katie Beckett is designed to fill.
95 Our family's introduction to the world of therapies and service coordination began when our daughter was just
96 twelve months old, and these people came into our home during a very fearful and traumatic time in our lives
97 as we were learning about the challenges that our daughter faced and would continue to face throughout her
98 life, and as these people came into our home, they not only provided the services that our daughter required and
99 were able to start to help her, but one of the greatest blessings from that was that they began to help to provide
100 us with some skills to be able to know how to work with our daughter and be able to help her. Besides just the
101 challenges that come with a child's limitations that have special needs, there are a lot of feelings of inadequacy
102 that come with the huge responsibility on a family to learn how to parent these types of children that are
103 struggling with the challenges that they have, and to try to know how to interact and develop healthy family
104 relationships. These therapists, with their knowledge and their expertise, are able to come into a home, or
105 you're able to send a child into a clinic setting depending on what their needs are, and able to provide a lot of
106 support for the child, as well as we observe the therapists and the things that they are going, then we learn how
107 to better parent these children as well and that, to me, has been one of the greatest assets of having these
108 therapists being a part of our lives. A big part of our child's challenges are behavior issues that come from
109 complex partial seizure disorder, sensory processing disorder, and autism. We have read parenting books and
110 we've sought numerous expert advice on how to parent our child in a loving, healthy, and effective way.
111 However, even though my husband and I were both raised by amazingly wonderful parents as models, it still
112 did not prepare us to know how to parent a child with special needs. Over the years, numerous therapists,
113 physicians and caseworkers recommended that our daughter participate in IBI therapy. However, in our efforts
114 to do that, all paths led to Medicaid. Our experience led us to the conclusion that the therapies and services
115 available to children with special needs are very much Medicaid driven. So here we are. It was a three-year
116 journey for us to get here, but she finally started IBI last month and it has been a very successful experience for
117 her thus far. She is starting to be able to modify some of her behaviors in a way that we have never been

118 successful in doing before. They're equipping us, as parents, empowering us with some new techniques that
119 we can use to parent our daughter with, but the best report from the scenario thus far is that we see more time
120 in her day where she's actually happy. We're not looking for a hand-out or for a freebie, but we are looking for
121 help for our daughter. We've gone out of our way not to abuse the system. We're in a position that we feel
122 that we can pay for our prescriptions. She's on about six different prescriptions, and we've never submitted
123 any of that. Other than IBI, we have never used all of the hours that are available. We've used just what we
124 feel is needed. We don't use it as a daycare, and we're not opposed to a co-pay, if it's fair and reasonable, and
125 as it was stated, as it is able to be paid to a point that it's not going to cripple a family. In addition to the
126 challenges that just having a child with special needs brings to that child and to that family as was mentioned
127 before, it can be a monumental financial challenge as well, and it kind of feels like with this bill, that the State
128 is proposing more of an effort to force families out of Katie Beckett, rather than having the integrity to just do
129 away with the program and deal with the ramifications of that, rather than strategically making it completely
130 out of everyone's reach in an effort to allow the State to be exempt from any accountability. Some ideas that I
131 had, and I'm not saying that I'm the expert by any means, but just taking some time to do some brainstorming,
132 perhaps a more reasonable and feasible monthly premium with a cap at a certain amount each month, or offer
133 incentives to agencies to make these therapy services available to privately-paying clients at a more reduced
134 rate so it's feasible, maybe offer different levels of plans. One level may offer 20 hours of services and another
135 may offer 10 hours of services, and then you pay a premium based on that, or perhaps a schedule of fees based
136 on an hourly rate. I know different types of therapies charge different rates, and so maybe have those be
137 available at a subsidized system where Katie Beckett subsidizes whatever that rate is and then the family pays,
138 but then you're just paying for what you're actually using, rather than saying "Okay 4.5% of your income and
139 we don't care if you're not using everything and milking the system, you still get to pay for everybody who
140 chooses to, or is in a situation that needs to do that.". It just seems like it needs to be a little bit more fairly
141 distributed. I'm not opposed to taking responsibility for our own situation and saying "Yes, I don't need a
142 freebie or a hand-out and I'm in a position to be able to take care of my daughter", but at the same time I know

143 that I will not be able to financially participate in the Katie Beckett program under the stipulations that are now
144 being proposed, nor will I be able to privately pay all on my own for the services that she desperately needs to
145 have her best shot at being happy and successful at whatever potential she's capable of reaching. So thank you
146 for your attention to this matter and as you make your decisions, please remember it's about children and
147 families, not just about Idaho's bottom line.
148
149 *NATHAN WEGENER*: All right, my name is Nathan Wegener, and this is in reference to House Bill
150 322. The Katie Beckett program as originally designed, was to enable severely disabled children to be cared
151 for at home and be eligible for Medicaid based on disabled child's income and assets alone. Without the
152 waiver, the income of legally liable relatives is counted when the individual is cared for at home. This program
153 enables children with special health care needs or disabilities to be cared for at home instead of in an
154 institution. Only the child's income and resources are used in determining financial eligibility. The cost of
155 care at home compared to the cost in an institutional setting is also used in determining eligibility. How does
156 this new cost sharing proposal not recognize the true cost that this will impart to the State of Idaho. Utah has
157 seen what the costs are when parents are forced to make their severely disabled children wards of the state and
158 institutionalize them. The intent of Katie Beckett was specifically designed for those parents who both
159 provided private health insurance for their child and cared for their disabled child within the home. Obviously,
160 those who have written and proposed this change, have no understanding or empathy for the countless hours of
161 caregiving and additional costs required, financially, physically and emotionally for parents with severely
162 disabled children. Our son has spastic quadriplegia, cerebral palsy and epilepsy. He is 100% dependent on us
163 for his care. For more than nine years, my wife and I, but primarily my wife, have provided excellent and
164 diligent care for our son. Any of you who know our son can attest to the fact that he lives quite a blessed life.
165 In order to provide such wonderful care for our disabled son, my wife does not work outside the home. I have
166 made many sacrifices in my life to achieve a level of income that affords us the ability to allow my wife to stay
167 home, yet this new proposal is yet another concept to get more money from those of us who have apparently

168 won life's lottery. Were we winners when we were informed of our son's diagnosis? Is our contribution to the
169 state via high property taxes and incredibly high state income tax, sales tax, gasoline tax, and user fees, etc.,
170 just not enough? Is our consistent payment of high-quality health insurance premiums not enough? With
171 regards to the proposed cost savings fee schedule, I assume someone decided to compute it on a logarithmic
172 scale rather than on a linear one. And not going through all of the actual numbers, but a family of five that
173 makes greater than $6,447 a month or 62% more than the family who makes $3,975 which puts that person
174 between the 150-185% of the FPG, is required to pay 19 times more in premium. Does our son cost the State
175 of Idaho nineteen times more than the other? Obviously, this does not take into account all of the other
176 additional taxes paid by the family who makes greater than 300% of the FPG. The real question is, has Katie
177 Beckett in its originally designed form, saved the State of Idaho money or attracted high-income people to
178 move to the State to receive that benefit? It absolutely has. How many children who may become
179 institutionalized might it take to negate the effect of these proposed premiums? Ten maybe? We contest that
180 Katie Beckett has, and will continue to save the State money if it is implemented as it was originally designed.
181 Everyone knows that the State spends countless Medicaid dollars on illegal aliens being treated in emergency
182 rooms each year. Is that practice going to end? Are some people being admitted to the Katie Beckett program
183 who do not meet the requirements, i.e. extended disability that could require full-time institutionalization? The
184 proposed cost sharing change for our family is almost two times as much mas my high-quality health insurance
185 premium for our entire family. That is not cost sharing, that is cost prohibitive, and the real victim will be our
186 son again. He will lose because the therapy sessions will be cost prohibitive for him. Services that we know
187 that he would receive if he were institutionalized. Are the needs of slightly wealthier disabled children less
188 than those of the child whose parent earns less money? Does therapy for wealthier disabled children cost the
189 State more? We do not have an additional 4.5% of our gross income to pay the State, so apparently our son's
190 needs are not as important as those who might pay little to no income tax, property tax, etc. It sickens me that,
191 as a conservative, my legislature will attempt to cut programs that help the truly helpless of our population.
192 Our family is not a drain on the coffers of the State of Idaho. Conversely, the State seeks to drain our family

193 coffers. We have chosen to continue to live here, primarily because of the care shown to our son through the
194 Katie Beckett program, but if Idaho would rather do without the revenue that they already receive from our
195 family, then there are many states that are cheaper to live in and who would welcome our tax payments.
196
197 *ANNETTE PELLA*: I'm Annette Pella. I don't think I can top that speech. My son was diagnosed with
198 autism. He's fourteen and he's been on Katie Beckett for about two years now, and his IBI program could not
199 have come at a better time for anybody that has a teenager with autism. We're very thankful for that. Anyway,
200 we found out when he was four years old that he was autistic. He was non verbal, still in diapers. We
201 immediately started speech therapy. My husband and I even took a sign language class and, at that time, we
202 didn't have any state services at all. Everything we paid for out of our pocket. Our health insurance helped
203 with some of it. But anyway, we both worked full-time jobs to cover his expenses, you know, so that he could
204 do the therapy after school, and it was a financial burden on our family at the time and we did what we could.
205 We're just thankful now that these programs are available not only for us, but for younger children with
206 autism. It really helps them. We had the unfortunate opportunity of meeting a family who had a daughter with
207 autism, at that time she was five, and they had no services for her at all and she was institutionalized. Her
208 autism was so severe, she'd stay up for days on end, and she had younger baby twins who she would attack all
209 the time, and anyway that's why I really think we do need this program in place. What I'd like to say is that I
210 wish we did have a success story and unfortunately we don't, and I just hope that these programs can stay in
211 place to help these kids that are younger and to keep the therapy going, and to help the families, and at the
212 same time we are thankful for this program.
213
214 *RALPH SCHWARTZ*: My name is Ralph Schwartz, and I would like to share a little bit from a specific
215 piece of documentation. It is the memorandum dated 06/23/09 to the Rules Review Subcommittee of the
216 Senate, Health & Welfare Committee in the House Health & Welfare Committee. The IDAPA 16-0305-
217 0902–Rules Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD). IDAPA 16-0309

218 Medicaid Basic Plan Benefits, and IDAPA Rules Governing Medicaid Cost Sharing. Specifically, I'd like to
219 cite something from page 3, to see the real impact of what this whole program's going to save. On page 3, "No
220 estimate of how much cost sharing is expected to generate is provided. The Department does not anticipate a
221 fiscal impact to the general fund, due to the docket number 16-0305-0902, Cost Sharing, but does anticipate
222 fiscal year 2010 general fund cost savings of $210,000 resulting from docket number 16-0318-0901. 0901 is
223 the premiums that we're being ask to pay as parents of disabled child. $210,000. If there is any one child in
224 this room whose parent had to have their child institutionalized, do you think it would cost more than $210,000
225 for the State? Do they really feel that taxing people, everyone in this room is a taxpayer, a parent, and we try
226 really hard to be good parents and to raise our children the best we can, they have disabilities. We didn't ask
227 for them to have disabilities, but we do the best that we can under the circumstances. I don't feel that the State
228 saving $210,000 in order to penalize probably a percentage of the people in this room who aren't going to be
229 able to participate in this program, due to the cost. The cost does not outweigh the benefit for the State. What
230 happens if ten people in this room suddenly say "Hey, I can't afford it anymore. I have to go with an
231 institution.". First of all, it's going to be heartbreak for any parent to have to institutionalize their child, and if
232 ten kids in a program, it might be a million dollars in a year's time. It depends on the current disability of the
233 child concerned. I have a five-year-old son who has autism, he has a seizure disordered. It's the best thing that
234 ever happened to me. He's taught me to be a better parent, he's taught me to live better, I'm a better citizen,
235 I'm concerned, I take part in things in the community, I do things that help everyone, and I think this like a slap
236 in the face. I didn't ask for what I have in life, but I'm certainly proud that I have it in life, and I think that the
237 State needs to reconsider what they're doing here because I don't believe anybody's actually formulated out
238 the long-term cost of what this is going to be. Saving $210,000. I was looking at the State budget on the
239 internet today, just out of curiosity. The State's spending $5,000,000 on renovating a museum. Do we need a
240 museum? Do we need a $5,000,000 renovation to a museum, or do we need to care for the most important
241 asset this State has, our children?
242

243 *JACQUELINE KILPATRICK:* Okay, guys, if I don't cry, this will be a blessing. It reminds me that my
244 printer doesn't work. Good morning, or should I say good evening. For those of us with children with
245 disabilities, we don't know the difference. I thank you very much for letting me come today and I only wish
246 that you will listen and use what I have to say. The topic is very important to me, because this will make or
247 break my family. I emphasize that. To make or break. I'm Jacqueline Kilpatrick. I'm a single mom of two.
248 Two children with totally different disabilities. When I was seventeen, I decided to go into the military when I
249 was choosing what to do with my life, and I chose Radiology as a job. Who couldn't beat going to school and
250 getting paid for it at the same time? When I got out seven years later, I returned to college and got a degree
251 and got an Associates in Science and a degree in Radiology. I am a registered technologist. I have a lot of
252 pride in my accomplishments most of the time. My job is a great second income and it's an okay first income
253 and I will again use that phrase. My children are 13 and 16. My son, Daniel, is 13 and he's autistic. He is
254 highly functional. My son, Dean, has a physical disability called ankylosing spondylitis, a debilitating
255 autoimmune disease of the back and bones. I am currently working on services for Dean. Well, I might not
256 have to after this. Daniel has services for three years and only because *(inaudible)*. I could not provide
257 through my own health insurance. My son, Daniel, is who he is because consistent, constant intervention
258 which he has received since birth, and that's been a total blessing. His circle of services for Daniel is as
259 follows: my service coordinator is Kyle, and he is my angel. He does everything that I cannot do because I'm
260 working or because I'm running children around. Kyle is right there for me, he makes my appointments, he
261 reminds me of my appointments, and he goes to my appointments. He is my ears because lots of times it's
262 very hard for me to listen. We, as parents of children with disabilities, sit in rooms with doctors, teachers,
263 therapists and counselors, and have to listen over and over again, about what is not right with our children,
264 instead of what is right with our children. I find it very hard to listen, I feel guilty, and sometimes I feel like a
265 loser because my children have disabilities, because I cannot provide everything I would like to. Kyle is there
266 to be objective. He tells me what is really said and helps me make a plan, and helps me carry it out. That
267 service is $50 an hour, that of which is not covered under my regular insurance. His PSR worker, his

268 Psychosocial Rehab Worker, gives me a break. He is a person who helps me make Danny a social member of
269 society, he takes Daniel to appointments when I am working and when I cannot get there. Through their
270 relationship, Daniel is taught about responsibility, work ethics, family rules and boundaries. During the time of
271 confrontation, he's there for me to help me and Daniel make right decisions. His cost is $60 an hour times how
272 many hours you have a PSR worker a week, not covered under my regular insurance. If Daniel's behavior
273 becomes worse, we have the opportunity to have an IBI worker. That's $80 an hour. Daniel has psychological
274 testing every three years. It took me two years to save the money because it wasn't covered under insurance;
275 it's $1,800. It helps me with the testing to give Daniel educational service *(inaudible)*. I'd like to share with
276 you some other money costs, all of which are not covered under insurance: counseling $95 an hour,
277 developmental services, which would be your options, Opportunities Unlimited, if it's a one-on-one outside the
278 facilities, it's $20 an hour, inside the facilities is $18 an hour, and group rates are $7 an hour. For those of us
279 that have our children there, they teach us how to dress, eat, shop, do things that they would like to have during
280 their lifetime. Speech therapy is $180 an hour, not covered under insurance. Occupational Therapy is $160 an
281 hour, not covered under insurance. Physical Therapy is $160 an hour, not covered under my insurance.
282 Therapeutic OT is $172 an hour, not covered under my insurance. Sensory Occupational Therapy is $57 every
283 fifteen minutes. My son, Dean, is on a drug called Enbrel. It is $1,800 a month. I am lucky; my insurance
284 does pay some of that cost. He is required to have physical therapy three times per week for the rest of his life.
285 My insurance covers 25 visits a year. Statistics show us that families, that 78% of all families with children
286 with disabilities do not stay married, and the incidence of drug and alcohol and suicide for siblings of children
287 with disabilities is double the national rate. This came from Time Magazine, six years ago. I'm sure it's about
288 the same now. My point is, is that as a group, we have much more on our plate than other normal families. So
289 what brings me here today? My nose is running terribly. Thank you very, very much. I received this letter
290 from Health & Welfare about the financial responsibilities for families with Katie Beckett. None, and I mean
291 none of us, have any problem paying some money. None of us. We all see the cost and the benefit that it is to
292 our children, but for me, we are the middle class, and I thought that's what Katie Beckett was for, the middle

293 class. Where in the world do they get their numbers? What decides poverty and what do they consider rich? I
294 think that's the bottom line. What is rich? You know that we have a running joke at work and if you put side
295 by side my income with a family that collects welfare, they make $50 more a month. I live in older Idaho
296 Falls. I do own, with the bank, my home. I have a car, which is a 2001, and my wages are okay. I am a single
297 parent. With the guidelines, if I work one day of overtime a month, I now sit in the 4%. 4% x 2, because it's
298 each child. So now 8% of my income is going towards health care. $586 a month on top of my regular
299 insurance. The services are important to me, and they're important to my children. I want my son, Dean, to
300 keep walking, and I want my little son to be able to look me in the eye. All of this has come from the services
301 that I have received and what I have learned. With these guidelines, you take it all away from me and you
302 make me not proud, and definitely disappointed, that I chose to become a professional woman. There is not
303 much that I can cut from my budget. I can't even save 8% towards retirement, and neither one of my children
304 will be able to care for me when I'm older. I really believe these guidelines are unjust and they're hurtful, and
305 they're hurtful to the middle class. Why do any of us work so hard? If we could afford services on our own,
306 we would get them. Once again, I have a great second income if I had two people in my family, but I am only
307 one; definitely not enough to keep the services, and I definitely don't have enough places to make cuts to afford
308 it. You have the ability to make or break my family, and you have the means for life or early death for my
309 second son. I ask that you please look at our families and decide what is rich and what is poor, and where do
310 we sit.
311
312 *MISTY PERKES*: My name's Misty Perkes. I came today just to, I don't have a big, eloquent speech
313 written, and I don't have a whole bunch of papers and numbers and all that stuff, I just came to say that I love
314 the Katie Beckett program for the fact that it is based on my child's needs, not on my income. Not on my
315 family's income. It is based on my child's needs. My child needs these services to be a happy, productive
316 member of society. He needs these services to be able to function in society and I really feel like if the Katie
317 Beckett program is taken away, that it will be a temporary band-aid for our state and most of these children,

318 I'm sure most of you parents will know, that eventually these children will end up back in the system. They
319 will end up on Medicaid or they will end up somewhere else that the State's going to have to pay for them. I
320 just wish that would be taken into consideration. The second thing I wish that would be taken into
321 consideration is that I not be punished for the money that I make, for the money that my family makes, for the
322 money that my husband works hard for, for our college educations, for our private insurance, for all the things
323 that we have in our life. I just ask that we don't be taxed on that, that we have to be able to have to say
324 "Because you make more money, you get to pay more money". It's just not fair and I don't, like I said, I don't
325 have a big eloquent speech or anything, I just want you to take into consideration that I feel like I'm being
326 punished because we work hard, that we are asked to pay more because we work hard, and we have a "better
327 life" to their specifications. I will say that the Katie Beckett program has made my son be able to speak full
328 sentences, to be able to carry on a conversation with me and my husband, and, most importantly, for me to be
329 able to understand the basic wants and needs of his day. Without these services, he will not be able to go to
330 speech therapy and he will not be able to go to occupational therapy because we won't be able to afford it. I
331 just ask that the State take into consideration, the kids. I find it pretty bold that the State is going after A) kids,
332 and B) the disabled kids. I also find it pretty bold that nobody from the State is here tonight to listen to these
333 comments. They're going to push this rewind button, and then they'll listen, they're going to push this rewind
334 button, and maybe listen to a fourth of them, and then fast forward through a few of them, and still make their
335 decision not based on what we need and what we're asking for. I would hope that the State would have enough
336 strength or courage to come forward and listen to us in person, and take into consideration many comments
337 that were said today, to take into consideration that they could base it on what our child needs, and if one child
338 needs more than the other, that one shouldn't have to pay more than the other. Just like, just take some basic
339 knowledge and some basic skills and use it for good, and use it for our kids, and use this for the kids that need
340 the help the most. My last statement? I didn't get in line for a special needs kid. It's a line I'm thankful that
341 I'm in, now that he's here and a part of our family, absolutely I'm thankful that I'm in that line, but I'd just ask
342 that you don't punish me because I have a special needs kid. Thank you.

343

344 *KELLY KEELE*: Hello, my name is Kelly Keele. I'm going to break the pattern here. I'm not a parent
345 of a special needs child, but I do have the privilege of serving many children of special needs through my
346 Developmental Disability Agency. My comments are related to docket 16-0303-0902, which is a fee rule.
347 This docket of rule states as its purpose or justification that it is necessary to meet legislative intent. The actual
348 legislative intent from the House Appropriations Bill #322 reads, Section 8, Cost Containment Measures
349 "Within this Medicaid appropriation, the Department of Health & Welfare has requested to proceed with
350 implementing the necessary policy and operational changes to contain and reduce costs in order to provide for
351 a sustainable Medicaid program. Key cost containment strategy should include, but are not limited to, the
352 following: 1) Established cost sharing requirements based on ability to pay, for families whose children are
353 eligible for home care for certain disabled children, commonly known as the Katie Beckett program. The Bill
354 does not require that families be subjected to premiums which could be financially crippling to the family or
355 result in the loss of Medicaid and, thereby, the loss of essential services for their child with a medical condition
356 which qualifies him or her for long-term care. This docket of rule is only looking at premiums and is also
357 possibly ignoring that portion of the Bill which requires that the cost sharing requirement be based on ability to
358 pay. Just because the Department has decided any responsible adult of a disabled child who has family income
359 above 150% of the Federal Poverty Guidelines should pay a premium, does not mean that family has the ability
360 to pay, particularly in these severe economic times. Families with children who are eligible for Medicaid under
361 the Katie Beckett program were sent a letter on 06/29/09 informing them that monthly premiums will start with
362 their child's next eligibility determination. These amounts could be up to 4.5% of the family's income. How
363 many families have an additional 4.5% in their monthly budget. As an example, a family of six with income
364 above 300% of poverty level guidelines would be required to pay a premium of at least $3,985.55 per year. If
365 their income were more, the premium could be much higher. Please remember, this program was initiate to
366 protect working families from catastrophic medical expenses which could easily exceed their ability to pay. Is
367 the Department of Health & Welfare honoring their stated goal of "Promoting and Protecting the Safety of All

368 Idahoans" when they remove this protection from children and their families rather than waiting for our
369 legislators, such as ones locally who will oppose this rule in the next session I believe, such as Representative
370 Lurcher, Representative McGeachin, and Senator Mortimer. I would ask that the Department of Health &
371 Welfare reject these rules now, they can vacate the rule as allowed in the Idaho Administrative Procedures Act,
372 rather than waiting for the legislature to do this when they come back in session. Thank you.
373
374 *JAMES HOLLOWAY:* My name is James Holloway. I, too, am one of the parents who's going to get hit twice
375 with this. I've got a daughter with Down syndrome and a son with autism spectrum disorder, as well as a
376 seizure disorder. Most of what I was going to say has already been said and much more eloquently than I
377 could say it, so I'd like to just go to the numbers. I calculated what it would cost for my family. I have four
378 kids, so we're a family of six. If we make 184% of poverty level, that equate to about $54,300. 186% which
379 bumps us up into the higher bracket, is $54,900. So somehow with that extra $600, I am, therefore, able to pay
380 over $3,000 a year. I don't understand that. This seems specifically aimed at forcing us out of the program,
381 and I question the integrity and the courage of those people who are forcing those rules on us. Thanks.
382
383 *CEECEE SAXTON*: Well, like James just said, a lot of things were said here tonight that I'm going to
384 kind of reiterate. One of the things that I do want to mention is the idea that when you have a budget,
385 household income, and you have something else come in, you look at your household income, you look at what
386 you're spending, and you go "Okay, where can I cut?". I don't know if I can cut my *(the tape ended here and*
387 *began again with the next speaker)*.
388
389 *LISA COFFMAN*: My name is Lisa Coffman. I don't have anything different to say than anybody
390 else. I'm kind of on both sides of the docket. I am a professional service coordinator and have several children
391 on my caseload whose families have Katie Beckett, and then I'm also the parent with a child with autism, and
392 we benefit also from Katie Beckett. My husband and I have had several long talks about this cost sharing, and

393 you know, the percentages just, to us, seem way, way, way too high. I question also, where do they, who do
394 they just sit around and go "Let's throw a dart at the board and 4.5% sounds good"? I just don't understand
395 how they can make laws and rules when they have never asked, surveyed, questionnaired, even attempted to
396 talk to families, providers, anything, that go through this on a daily basis? My husband and I truly have no
397 issues with a cost sharing program. The issues we have are the numbers. The amount that we would have to
398 pay out, and where they came up with that. That's the issue we have, and I highly doubt that any of us could
399 ever put our child in any type of institution and that they would get quality care, and that they would be loved
400 and that they would make any progress in their lives with their disabilities, diseases, whatever, in an institution.
401 I don't understand how they think that either families that would have to not be able to utilize Katie Beckett
402 because of this cost sharing or would have to actually have to try to pay these premiums, how it's not going to
403 affect the rest of our economy, and how it's not going to negatively affect it, I guess I should say. I don't
404 understand that rationale either. I guess my hope is that, at the very least, they will look at their numbers again
405 and their percentages, and greatly lower them, because for a certain set of families to have to only have to pay
406 $15 and then other sets of families having to pay $400-$500 a month, that seems a very broad category to that,
407 I don't understand that at all, and like I said, I guess I hope at the very least, they at least look at their
408 percentages and their numbers. Thank you.
409
410 *JAMES BAKER*: My name is James Baker. Regarding House Bill 322, docket 16-0318-0901. This is
411 a point of reference. I am from the other side. I'm not a parent, but I am the Director for Intensive Behavioral
412 Intervention for one agency in Idaho. I provide oversight and supervision for staff who provide services to
413 about 50 children that receive Intensive Behavioral Intervention. I certainly can identify and understand, you
414 know, fiscal responsibility and the State wanting to contain their budget, etc., and so forth. I would invite the
415 State legislators to consider the unintended consequences of the intent to save $210,000. All it is going to do is
416 rob Peter to pay Paul about ten times more. We're going to have an increase in costs in a variety of different
417 ways. You're going to have other institutions, other State agencies are going to have to pay more. If you have

418 someone that can't afford to pay the premium, they have a choice not to pay the premium, get sent to
419 collections, have their financial history ruined and what does that gain us? You have people who pay taxes.
420 I'll give you an example of a participant that we have. He makes a lot of money. He's a professional, okay?
421 He pays $170,000 a year, just in taxes. I know you guys were saying $400-$500 a month. We estimate his to
422 be about $1,700 a month. So he either chooses $1,700 a month or no services. There is no choice. So what
423 are the unintended consequences? I would contend that there's going to be a rise in unemployment, not only in
424 the parents of children with disabilities, because they're going to have to stop working to stay home and take
425 care of their kid because they can't get the services that the children benefit from in the first place. The other
426 one is that you're going to have a rise in unemployment of the people who provide the services. If I don't have
427 hours for my staff, they're not going to be able to go work anywhere else, because this is what they do.
428 They've made their life's occupation to provide services to your children with developmental disabilities, and
429 if they can't work for me, they're not going to be able to find a job anywhere else. There's going to be an
430 increase in regular Medicaid. There's a lady that spoke, you know, that was right there on the border. My
431 suggestion? Quit your job, go get welfare, and let the State take care of it. Now, I know you parents don't
432 want to do this and I have to remember that I'm speaking to the Committee here. I think Idahoans are a proud
433 people and they want to provide for their children. We've heard over and over again, they don't want a hand-
434 out, but they do need some help. So I want to mention one more unintended consequence. I don't think that
435 the legislature has identified how much this is going to cost public schools. I work with a lot of kids with
436 disabilities. They all go to school. All of them are on Katie Beckett, well not all of them, but the vast majority
437 of them are on Katie Beckett. You can't get school services through Medicaid if they're on Katie Beckett,
438 unless you pay your premium. So once again, you've got to choose services. No granted, through IDEA, the
439 school is required to provide the service, whether they bill Medicaid or not. I don't know many schools that
440 can go out and say "Oh yeah, I've got another $40,000-$50,000 a year in my budget" for, you know, the 10%
441 of the population in the school. They can't afford it. We work with a small charter school, 17% of their
442 population is special education. They don't have $50,000 a kid extra. They don't have $500 a kid extra. So I

443 would ask for the benefit, once again, I would ask the legislature to consider this. Ask the people of Idaho for a
444 solution, and we will provide you one. Don't shove something down our throat and then ask for our comments
445 later, and lastly and then I'll shut up, you're going to have a loss of private insurance. If you have to choose
446 between making a premium to Medicaid that's going to cost you $500 a month, you've got your kid on private
447 insurance that costs you $300 or $400 a month, there goes the private insurance. They've been footing the bill
448 for, I don't know, 80-90% of it, and now they're not going to pay anything, so I think this is going to cost the
449 State of Idaho in the millions, and it's not going to save them anything. So thank you.
450
451 *JENNIFER HINCKLEY:* My name is Jennifer Hinckley. As you can see, I walked up here with a
452 letter, but I'm not going to read it because so many things in my letter have already been stated. Instead, I
453 would like to speak from my heart, so I'll be emotional about it. I have a 13-year-old daughter. We adopted
454 her from China and brought her home and at a very young age, we could tell that she had some very severe
455 developmental problems and also to let you know, we're new to the Katie Beckett program. We were accepted
456 about six months ago, so we're still in the intake process and she hasn't received a lot of therapy. We're trying
457 to work through that and I look forward to that for her, but I have watched her struggle for a long time. I've
458 watched her struggle and not be able to make friends because she's cognitive and receptive language delayed,
459 is one of the issues she deals with. If you can't speak, you can't have relationships and as we've struggled and
460 become aware of this program that's available to us, how I have looked forward to her being able to get some
461 help, to be able to receive some therapy and to receive some services and, most importantly, that someday she
462 will be a healthy adult that can contribute to the community. Maybe not like a normal adult can, she is
463 handicapped, but she will be able to reach her full potential and contribute. So I, along with so many other
464 people in Idaho, join my voice with you and say "Please don't change the Katie Beckett program as it has been
465 stated". Thank you.
466

467 *ANGELA BUCHANAN*: I am both a parent of a child accessing Katie Beckett services, and a special
468 education teacher in the State of Idaho for the past twelve years. So I'm seeing this from two different
469 perspectives. My son has only had Katie Beckett for about a year because as a special education teacher, I felt
470 like I could provide for my child and make those things available and do the right programming decisions. I
471 uncovered his celiac disease, his sensory integration issues, I tried to structure his life, treat his seizure disorder
472 naturally in ways that would not require me to have extra financial help to do that. One thing that teenagers
473 with severe disabilities do not miss out on is, teenagers with severe disabilities do not believe their parents
474 know anything either, so with all my knowledge of skills that he needed and ways to motivate and help him, I
475 couldn't do the job by myself. I have many contacts in special ed service coordination, outside agencies, for
476 years I've been trying to find a way to create developmental therapy, IBI, PSR, for people who aren't on
477 Medicaid. You can't get them. The only way to get these services is to be on Katie Beckett Medicaid. So
478 finally, I decided to lean on the State and get Katie Beckett. So that's one aspect of it. Now, I'm looking at
479 possibly losing those therapies I've just barely gained because of that, because there's no way I can afford to do
480 this. The other side is the school's. I work with severe needs children. For the past three years, I've worked
481 with almost exclusively severe needs children, and there's no way that lots of these little rural school districts
482 in the State of Idaho are going to be able to provide the level of services without reimbursement of some kind.
483 They're already declaring financial states of emergency. I do not want to have to sit down with the parent and
484 tell them, "You know all those things your kid needed last year? Well, they don't need them anymore, sorry"
485 because it's fundamentally dishonest and the schools won't get away with it. IDEA requires us to give the
486 students what they need and, not only that, the maintenance of effort policy that we are held to requires that we
487 spend the same amount of money, that the money we will be getting in will be drastically cut. Already,
488 estimates I've heard are that up to 25% of the Special Ed teachers in the State of Idaho are non-Special Ed
489 teachers. They're misassigned, working in that capacity, without proper certification, and I anticipate that a lot
490 more Special Educators and educators in general, will flee the field. As much as I don't want to sit down with
491 a parent and tell them "Sorry, your kid doesn't need all the help we've been giving them", my administrators

492 who have been very supportive of Special Ed, they would like to still provide those services, they aren't going
493 to be able to. The school board is not going to be able to find the money to do this, and already I've heard of
494 parents who are being told "Well, if most of the services you're accessing are school based anyway, go ahead
495 and drop Katie Beckett Medicaid because if you bail, the school will still have to provide it". How is the
496 school going to provide that. I'd like you to look down the road. If it creates an adversarial relationship
497 between the schools and the parents, then the schools are going to stop, they're going to hesitate, they're going
498 to think of maintenance and effort policy every time they write an IEP, and they're going to get every kid the
499 bare minimum that I can because I don't want to be held to the fire and have to get these services again and
500 then have the funding that's allowing me to do this taken away, and it will create a very poor working
501 environment for teachers who want to do what's right, for administrators who want to do what's right, and for
502 parents of students with disabilities, and I'm with all of you, short of institutionalization, I'm sure that there
503 will be people out there dropping their private insurance and the costs to Katie Beckett and to Medicaid are
504 going to skyrocket, and so it also leaves me to think, "hey are they trying to get people to drop Katie Beckett
505 Medicaid, or are they trying to make everybody more dependent on the State, so that their only option is to
506 come to the State for what they need?", so there is no price shopping, no comparison, you pay what the State
507 premiums are going to be, or else. Just thoughts that I have.
508
509 *REBECCA KOTTER*: I'm Rebecca Kotter. Because the reason for this new cost sharing is financial, I
510 wanted to just talk about financial reasons that it does not make good fiscal sense for the State to make this cost
511 sharing measure. Our son has autism and he's covered under our family's insurance policy, which costs our
512 family $7,000 per year. He receives his medical care through our private insurance, including neurologist
513 appointments, EEGs, seizure medications, dental care, lab tests, our private insurance pays thousands of dollars
514 each year for his medical care. If this premium for Medicaid coverage renders us unable to pay for his private
515 coverage, a lot of costs will shift to Medicaid. That will cost the State more money. In addition, I haven't
516 heard anyone say this, but our district bills Medicaid for my son's behavior therapy in school. He hurts other

517 people, he hurts himself at school, unless he's closely supervised, and the cost for this therapy is thousands of
518 dollars per month, paid entirely by Federal dollars. I don't know if you understand that, but my child's
519 Medicaid that's billed through the school, is entirely Federal dollars. So if I drop my Medicaid coverage
520 because I can't afford it, my school loses Federal dollars and has to cover that through State dollars, and I
521 haven't heard anyone mention that, but it's Federal funding and, therefore, doesn't save the State any money to
522 not have that cost. We believe also that the cost sharing proposal is excessive, especially because, and it
523 sounds like many families here carry private insurance. I believe we are already participating in cost sharing
524 by purchasing private insurance for our children. So if we have to drop our private insurance, it will shift
525 medical costs to the State. If we have to drop our Medicaid, it will shift costs from Federal dollars into State
526 dollars, so either way, that doesn't make any fiscal sense for the State. Thank you.
527
528 *DARLA NESSHOEFER*: If I get emotional, I'm sorry, I'm pregnant and I just, this is a sore subject.
529 My name is Darla Nesshoefer. I am a proud parent of a five-year-old little girl with Down syndrome. My
530 vision, I have full hope, Down syndrome has a wide spectrum from very low functioning to very high
531 functioning, those kids that are high functioning adults, it's because of therapy, which my private insurance
532 tells me they don't cover developmental delays, so is that my responsibility to cover that money for her
533 therapies? There's no way we could afford it. Absolutely, she wouldn't get it. If she doesn't get her therapy
534 now, she's going to be institutionalized, because we cannot afford it, and you know what? As a parent, that
535 would break my heart, to have someone else care for her and don't care, let her sit in a chair in a park. That is
536 not my dream. I want her to have a job. I don't even care if it's at Petsmart caring for animals, working in a
537 grocery store. She has every right to live in society and be able to talk and communicate. But instead, you're
538 forcing the cost on families that, you know what? We understand. When we and my husband are gone, she's
539 going to need money to live, because I don't want her to go to the State and not have money. If you don't have
540 money now for these kids, you're sure not going to have it in twenty years. I have to tell you, Katie Beckett is
541 the best thing that ever happened to me and my husband. Therapy, I mean I cannot begin to tell you, you

542 know, she can walk. She's starting to talk. The day that your disabled daughter can say "I love you", let me
543 tell you, that's a big deal, and most parents don't get that. But when your disabled daughter puts her arms
544 around you and says "I love you", doesn't she deserve to have these services now instead of later. I mean, I
545 understand, and you know what? We have private insurance. We have been responsible, as me and my
546 husband thought, for provided you know, the health care needs of our child, but when I call my insurance, they
547 don't cover disability delays, unfortunately, like everybody else. So Katie Beckett is a lifesaver. But putting
548 this cost on our family, we may not be able to afford her in the future, and that cost is going to come back on
549 the government. Thank you very much for your time.
550
551 *KAY SAXTON*: Good evening, I'm Kay Saxton. I'm not a mother of a disability child, but I'm a
552 grandmother. When this little girl said "Grandma Kay", she's nine years old. It took years to get that way, but
553 she can say "Grandma Kay, I love you". How does the State put a price on an angel? There is no price, and to
554 take her away from our family, that's unheard of. Nobody would love her like we love her. Nobody would
555 understand her like we understand her. How can you pay someone else to take care of her, when we know how
556 to take care of her? Katie Beckett, we looked for years, trying to get a diagnosis on this little girl. Seven years
557 it took us. Her mother and I just kept overturning stones and we finally got a diagnosis when she was seven.
558 The heartache and the struggles and everything that we did to get there, it was worth it, because now we know
559 what we're up against, and this Smith-McGinnis syndrome has only been recognized for twelve years as a
560 medical problem, and the legislature is saying that they can come down and put fingers on, and you pay this
561 and you pay that, you can't put a price on an angel. I am an American, I'm proud to be an American, but I'm
562 beginning to wonder "What is America?".
563
564 *JAN SIBBETT*: I'm very emotional over this, not only for my son, Jaden, but for every one of your
565 children, how the State can dictate what we do with our children and what our children have to do through their
566 lives. My boy, Jaden, was born with cerebral palsy. When he was young, he required extensive therapy to

567 where he could sit up, to roll over, to learn how to crawl, how to feed himself. If you see him today, he walked
568 in here with his crutch sticks, where a year ago, he was wheelchair bound. His therapists are awesome. Mark
569 Taylor is here tonight, who works extensively with his physical therapy and what a great man he is, and I just
570 want you to know that a lot of my comments have already been mentioned in previous statements, but some of
571 the things I want to reiterate is, I feel the Katie Beckett program is changing just to resemble the normal
572 Medicaid system of depending on what your income status is, is what the benefits you get, and that's not what
573 the Katie Beckett system was set up as, and for. If these changes are allowed to take place, many people will
574 lose the benefits, because the costs will be prohibitive for them. They will not be able to participate in
575 therapies that their kids so desperately need. I envision my child to be self reliant when he's an adult, to hold
576 down a job, to even have a family one day, but without the proper therapy, when he turns 18 years old, he's
577 going to be dependent completely upon the State and their welfare system. Another thing that was mentioned
578 before was insurances. I carry insurance on my family, for my kids, and all my kids have grown and basically
579 left the home except for Jaden. So he's kind of like an only child for us. I know he's always going to be taken
580 care of, either by us as parents, or his brothers and sisters. Again, I hope that he is able to take care of himself.
581 The health insurance I pay for in order to provide therapy for my son to accomplish these goals, for me
582 dropping that insurance to pay the premiums, would be a great increase in cost to the State. He has a Baclofen
583 pump in that helps keep his muscles from being spastic and it costs $2,000 every three months to fill that
584 pump. Right now, my personal insurance pretty well takes care of most of that, except for like $120, and if my
585 personal insurance is gone to make these premiums, that's $2,000 every three months for that service. The
586 other thing I feel with them trying to change this, is that it encourages people not to work, to not hold jobs. It
587 encourages people to not be productive, and that's wrong. This country needs more people to be productive.
588 I'd just like to encourage the legislators to rethink this bill and they need to do some evaluation of it.
589 *KRISTA LEAVITT*: My name is Krista Leavitt. My daughter was diagnosed with spina bifida in utero.
590 Excuse me, I'm sorry. We were told that she would never walk, that she would never live a normal, healthy
591 life, and thanks to Katie Beckett and her therapists, Melissa Edwards and Mark Taylor, she now walks with

592 crutches which were provided completely by Katie Beckett. She wears AFOs. We also have private insurance.
593 We would not be able to afford her therapies at all. She has weekly occupational and physical therapy. She
594 also had speech therapy for a while. She has made leaps and bounds, thanks to the Katie Beckett program.
595 She would not be where she is today without it, and we would not be here. This program has been incredible
596 for our family. She is an incredible little girl, and a blessing to us everyday. We don't know how she gets
597 through what she gets through. She's had several surgeries. She has secondary hydrocephalus. She has a
598 shunt. She has been Life Flighted to Primary Children's, and she smiles all the time. All the time. Katie
599 Beckett is an incredible program, and our therapists are fantastic. A lot of our equipment has been hand-me-
600 downs. They don't bilk the system. We use walkers that were used by other children. We use crutches that
601 were used by other children. We donated our equipment back when we were done with it. It is not something
602 that we order brand new, state-of-the-art things. You get by with what you have. We don't use all of our
603 service hours either. Someone mentioned that this scale is ridiculous. We don't use all of our equipment
604 dollars. We use what she needs to get her through, and this is what this program was meant to do. I know that
605 a lot of people have said a lot of things, and I just want to reiterate the fact that it is a fantastic program and we
606 need it, and our kids need it. This is not, excuse the expression, "A football team going to State". These are
607 children who need these products, these therapies. This is not an option for these children. Thank you.
608
609 *ALISON CORBIT*: Okay, my name is Alison Corbit, and I just wanted to express today what the Katie
610 Beckett program has done for my little boy, and what would occur if he no longer qualified for services. Riley
611 was injured at birth and has, for unexpected reasons and unnecessary circumstances. Because of his injuries at
612 birth, several developmental issues have arose. He did not walk until after he was two, has vision and inner ear
613 problems due to brain injuries sustained shortly after he was born, he still is not talking and struggles to chew
614 foods. He is three. His physical strength and coordination is lacking, and he suffers from vestibular
615 dysfunction, which cripples his balance. He has many cognitive delays, he has social anxieties, and suffers
616 from sensory processing disorder. On top of all of this, he has a "tude", which could be a behavioral problem,

617 yet undetermined. We call him Godzilla. He's big. Because of the Katie Beckett program, after graduating
618 the much appreciated Infant & Toddler program, he's been able to keep therapy services that have significantly
619 enriched his development. He has a physical therapist that he sees once a week and they work on strength and
620 physical coordination. Riley loves him, and without Katie Beckett, we would not be able to afford physical
621 therapy. He also sees an occupational therapist once a week and lights up every time he sees her, because she
622 teaches him so much, and he's very eager to learn. He sees a speech therapist for two back-to-back sessions a
623 week for oral motor planning and for speech and language, because he's non verbal, and gets more frustrated
624 every day with his inability to speak. We pay all our insurance premiums through the nose to Blue Shield, who
625 has recently maxed out our therapy sessions for the year, so without Katie Beckett, we would be left to pay that
626 co-pay on our own. After insurance premiums are paid and our family of three, making less than $60,000 a
627 year, that adds on approximately $4,000 a month in therapy *(inaudible)*. He needs therapy desperately, but no
628 one can afford this. Even with Katie Beckett, we struggle every month to make ends meet, and would be by no
629 means, able to afford to pay out any kind of co-pay to Medicaid. And also because of our income, which has
630 absolutely nothing to do with the child's developmental delays, we will no longer be able to benefit or get the
631 help he needs, that it will be up to the school district to facilitate to a child that has special needs that may have
632 been much milder if they had received private services outside the classroom because they qualify, not because
633 of how much money a parent makes. This is not fair to the child, to make them live with the ever so frustrating
634 aspects of getting by with a delay, or other inability because of an income. What's the alternative for parents?
635 Divorce? Second mortgages? Third jobs? What? Then we'll all be back in the "good ship", I guess, where
636 we'll be low income, non tax paying, low class citizens who, now in addition to Medicaid, will need Idaho
637 housing, food stamps, WIC, etc. I guess I just don't understand why of all of the State programs, this one goes
638 on the chopping block. These children need help because they have special needs, not because somebody
639 made a bad decision, somebody won't look for a job, somebody won't take birth control, somebody sends their
640 child to daycare and doesn't have a job, somebody gets housing assistance and lets additional people move in,
641 and the list could go on and on and on, and because of these issues, the State of Idaho has to rob Peter to pay

642 Paul, and *(inaudible)* our special kids. The poor offspring of us middle folk, and how they suffer because of it.
643 I know I'm not the only Katie Beckett parent that works her butt off and pushes for progress. The services are
644 appreciated and absolutely not taken advantage of. I'm very grateful that such a program exists and for all the
645 leaps and bounds Riley has made because of it, and would be heartbroken if he had to lose the therapist
646 because of my income. If this does come to pass, I guess we will all see you again down at the Medicaid office
647 with our divorce papers and our hands out.
648
649 *UNKNOWN SPEAKER*: I came prepared to not speak tonight, because it was highly encouraged that,
650 as an owner of a company that provides developmental disability services, it would seem to be self serving if I
651 made a comment publicly on behalf of my Katie Beckett families and on behalf of all of you. As I sat here
652 tonight, listening to you share your facts, your heart, as you exude your energy in sharing what you do for your
653 children, I could not sit there and say something in support of you. So, as a service coordinator myself, as an
654 owner of a company that provides many disability services for children and adults, and I hope as a
655 representative for other agency providers here, I want to read my notes to you, and I will get emotional,
656 because I am passionate about serving you. I am passionate about serving children who have disabilities, and
657 that's where my emotion comes from. I want to tell you that we, as providers, are proud of each one of you
658 tonight. I am so proud of my families represented here that have shown up and I look at you throughout this
659 group. We have talked, we have commiserated, we have brainstormed, and you have proven yourself tonight
660 that you are such awesome parents. I'm proud of you. We are proud to work beside you as advocates to meet
661 the needs of your child. We are humbled to be a part of your lives, as you work so hard to maintain your child
662 and your family home, and we are proud at your demonstration tonight and your boldness and tenacity of spirit
663 that you have brought to this meeting tonight. I have not seen one ounce of entitlement from this group. I have
664 not heard from one person that our agency works with that a co-pay would not be appropriate, and you have
665 demonstrated that tonight as well. What needs to happen is that a co-pay needs to be fair, it needs to be
666 consistent, and it needs to be administered with integrity by the State of Idaho. I expect that as a taxpayer, I

667 expect that as an advocate for you and your children. So I just want to tell you I'm very proud of you. You
668 have demonstrated great character tonight and that may not change the results, but you can know that you did
669 what you could to make a change. Thank you.
670
671 *TIFFANY STOLWORTHY:* My name is Tiffany Stolworthy. It's just a cell phone, but as most of you
672 know, when you're the parent of a disabled child, you are on call 24/7. I'm sure for most of us that weren't
673 able to bring our children here tonight, it's pretty dang hard to find somebody that was qualified to take care of
674 them, even for two hours. I guess I would just like to first express my dismay that I am speaking to a tape
675 recorder instead of actual individuals. I feel like everybody in this room understands what I'm about to say and
676 I'm pretty much preaching to the choir, so I would pretty much encourage whoever takes this tape to those that
677 be, that they would make sure that it's listened to. I just want to remind the legislature that just the old adages,
678 the old Indian adage, "Never judge a person until you've walked a mile in their moccasins". I would like each
679 and every one of you to go home tonight, look at your income and calculate what your portion would be if you
680 were in our shoes. Because if you're not in our shoes, facts are that your child will be, or your grandchild, or
681 your niece, or your nephew, and if none of this concurs to you, then you will probably have one of our children
682 in your children's class and behaviors will be apparent, readily apparent, without those that have helped us.
683 Second of all, I would like to remind them of the Golden Rule "Don't do things to others that you wouldn't
684 have done to you", and finally I would like to remind them of my favorite movie, "Lilo and Stitch". My little
685 girl, Elise, is a lot like Stitch. She's the sweetest little thing alive, but she just can't help but get into trouble,
686 and I've got to watch her every second of every day. She's the happiest kid alive. Our family motto is just like
687 Lilo and Stitch's motto: "Ohana. Ohana means family, and family means nobody left behind", and we are a
688 family. Everybody here is part of my family. We all know each other, we're close and we support each other.
689 As far as a request that we pay our portion, I would like to remind them that most of us have primary insurance
690 and already pay hundreds of dollars a month to insure our child. We're also at home providing an institutional
691 level of care to our child. Like I said, it's 24/7, it's extremely draining, it's difficult, we love our children, and

692 nobody is left behind, no matter how tough it gets. I would like to remind you what it does to the siblings.
693 When my daughter was three years old and just about to qualify for developmental therapy, I was at the brink.
694 It was so difficult to care for her. Every time I took her out, it was so difficult, and I didn't realize until she
695 qualified for developmental therapy, what a toll it was taking on her siblings, because every time we went out,
696 all the attention went to her. Her siblings got very little attention and it was, at some times, embarrassing for
697 them. They understand Elise, they love her with all their hearts, they have the patience of Job with Elise, but
698 it's tough. It's real tough, and we're doing our part. Gosh dang, you better bet we're doing our part, and those
699 angels that care for our kids and help us with our kids, it's not an easy job, and I would encourage you to go
700 spend a week with the developmental therapists, with IBI workers, with the Physical, Occupational, and
701 Speech therapists, and see what they're doing for our kids, and ask yourself if you'd be able to do that. Thank
702 you.
703
704 *ROBERT DEVINE*: I don't know how you can say anything new. I did not plan to say anything this
705 evening. My name is Robert Devine. I have a little boy who has spina bifida and the doctors said he would
706 probably never walk. The opening is so far up on his spine. He's had about nine surgeries and has a massive
707 amount of physical therapy, and he walks with crutches. I don't know how. He doesn't feel his legs. He can't
708 control his bowel or bladder functions. He's amazing. Thank God for disabled children. Thank God for
709 disabled children's parents. I work with many parents in my job and they are very special. You have a
710 compassion, you have an understanding about life, of what really matters. Most people can't come close to
711 understand. I don't understand $210,000. To a legislature, it is not even a cough. It's not even a hiccup. My
712 guess is that if the State at large was surveyed, or if there was a vote, which of course there never will be, this
713 act would be massively unpopular if people really knew what the Katie Beckett program really does. Now, I'm
714 not naive. I know that costs for health care are going up and budget revenues, especially of late, are going
715 down and so it's reality. So I would just like to suggest in my mind, a more fair approach, instead of having
716 this irrational amount of money, I would suggest that there be a percentage of co-pay. It might start off based

717 on income level of 100% that Katie Beckett takes care of and then goes to 90%, and then 80%, and then 70%,
718 60%, 50%, 40%, 30%, 20%, 10%, 0%, with a maximum out of pocket for any one family per year. This is
719 much like what the real world does when it comes to insurance plans. It tries to be fair. That way, for
720 example, I might have a massive amount of physical therapy after my own personal insurance pays, I pay
721 about $700 a month just for the medical end of that, and Katie Beckett takes care of that extra portion for
722 physical therapy. However, if a surgery comes along in any given year, or several surgeries, you know, it's just
723 unpredictable, and that's the way being a parent with children with disabilities is. So if there's something
724 that's fair, but flexible, that represents the true cost to any individual, I might not have that big of a cost in any
725 given year if I don't have surgeries. You see what I'm saying? It just depends on the year. Some of you have
726 some ongoing costs that are enormous all the time, but I would just like the legislature, I hope they hear this, to
727 re-examine the scale to where, first of all they take a look at the whole idea of trying to save $210,000 by
728 ignoring those that need the help most. It's my belief that you can measure any nation, state or any
729 organization, the truest measure is how well they take care of those who cannot take care of themselves.
730 Nevertheless, I'm a budget realist, so I would suggest that they look at a graduated scale from 100% coverage
731 up to 0% based on income, with a maximum out of pocket in any one year. Thank you.
732
733 *AMY WRIGHT*: My name's Amy Wright. I, too, am a care provider and I had debated, oh sorry the
734 speaker, I've been a teacher for years, so I'm used to just projecting myself. I wasn't going to speak, but we
735 did drive all the way over from Boise and I think I owe it to the parents there to kind of express what their
736 feelings have been from that end. I also am in a unique position that my nephew is Asperger's also and has
737 also started seizures the last couple years, so we also deal with it on the family end also, so I am also seeing
738 both sides of this. Part of why we came here tonight was we had received, as you can imagine, many, many
739 phone calls from our parents. We've had parents walking in the door saying "Can you help me?", "Can you
740 tell me what this is?", "Can you tell me what it means to my child?", and since we do have someone in the
741 family, it does touch home, and we walked out as my parents, my sister, and myself, and we started this

742 company three years ago, it took everything we had to start it, and we have made a lot of sacrifices to start it, so
743 I do know some look at it from the care providers point, that we're in it for one reason. Trust me, we're not in
744 it for one reason. There is no money there. We have made huge sacrifices along the way to help our families.
745 Part of my biggest frustration is, I constantly see parents go through one battle, then the next battle, then the
746 next battle. We've worked with several parents that have battled in the schools to get their child the services
747 they need, they have battled when they tried to take away services provided during the day, we've battled when
748 they tried to go from 30 hours down to 22, and it seems every 3-6 months, these parents have had to go through
749 another battle on top of the daily battle that you live with every single day of your lives, that you're going to
750 live with to the rest of your child's lives, and I can say I'm tired of seeing you guys having to battle, and I'm
751 sure you're extremely tired, and I don't understand why this continues to happen every single time you think
752 things are going great for your child. A couple of things that I've put down: Research has proven that early
753 intervention is the most effective in order to provide your child with a life that fully includes him in the
754 classrooms and a productive member of society, so why are they taking away the services of children, when
755 this is the best time to have intervention for them? Also, there's already been thousands and thousands of
756 dollars spent on therapy for these kids, so you're going to drop it? Where's all that money go that's already
757 been spent to get them to the level that they're at and the regression that's going to take place, and the
758 intervention that's going to be needed down the road. You're looking at multiple, multiple times more amount
759 of money than what they could be using right now. Another thing is the children in the schools that are having
760 a therapist, they're being able to be inclusive in the regular classroom? That's not going to happen anymore. I
761 know several kids that are only in the classroom because they have a one-on-one, and they're going to be now
762 taken back out in the resource rooms and not being allowed to be in the classroom with the other kids that they
763 should be allowed to be with. Another thing is, just so you have an idea, I know everyone keeps bringing up
764 the money amount. We have talked to three of our parents, just those three parents alone will bring in over
765 $50,000 a year, just in their three payments. They need $210,000. That's three parents at $50,000, that's a
766 fourth of the money they need. Tell me that this is not going to make more than $210,000, and I don't, as

767 others have said, where they're getting their numbers? I have no clue, but to take it off of people's gross
768 money too, I don't know if people have caught that, it's off your gross income, not your net, and most of you
769 know, yeah, "It's nice, I make $30,000", "I make $50,000", whatever you make a year, you don't go home
770 with that, and by the time you take out your insurance and your premiums, and your retirements, and so forth,
771 that money is not there, so to be pulling the money off of that, it's not fair also. I could go on and on and on,
772 but like I said, the reason I wanted to get up here is just to be able to express that I know how our parents are
773 feeling from our agency, and I know what you guys are going through, and I know what my own sister is going
774 through with my nephews, and I apologize for you that once again you're being put through another battle to
775 get services for your child, and it's an unnecessary battle, because things are working right now. Kids are
776 making progress. We have kids that would hide under tables, wouldn't speak to you, and they'll come up to
777 you, "Hi Miss Amy, how you doin' today?", you know, and it makes your day to see those kids have come this
778 far in progress and it might have taken them a year or two to get there, but they can speak. You know, I love
779 that. You know, "I love you, Grandma". I love that, that's great. These kids that couldn't communicate
780 before and now they're just going to take all that away, and when I say take it away, they are going to take it
781 away, because parents can't afford to pay those premiums and there's not going to be an option, and again one
782 last thing, I am not against, and most of the parents I've talked to, are not against paying some kind of a co-pay,
783 but a $15, a $30, maybe a cap at a $50 co-pay, if you do the math, they'd get their $210,000 that they need
784 without having to impact every other system within the State.
785
786 *DENTON WILDE*: My name's Denton Wilde. I'm here on behalf of my six-year-old daughter,
787 Courtney. She was diagnosed at birth with a chromosomal disorder, tetrasomy 9p, which is extremely rare.
788 There's only 36 documented cases that Genetics have ever found worldwide. A lot of the statements already
789 made tonight are kind of covered in my letter as well. The costs involved are unbelievable, based off the
790 percentages and came up with their numbers, you know, I'm not going to say the same thing everybody else
791 has. I just hope they review the information provided by people with their letters, and this voice, this forum,

792 and elsewhere within the State and understand what they're doing to the families and the children that are
793 involved with the Katie Beckett program. But anyway, I just wanted to say "Thank you", "Please listen and
794 look at the letters provided".
795
796 *BILL MANGAN*: I had absolutely no intention of speaking today. My name's Bill Mangan. I am very
797 fortunate to have a child with special needs. I provide very well for my family and benefit from Katie Beckett.
798 Katie Beckett is designed and directly benefits a very unique and broad group of persons, families, and the
799 State. I choose to live and work in Idaho for many reasons: Quality of life is one of those reasons. I would
800 request that the State of Idaho legislators carefully review, consider, and reconsider their position. Their
801 position today is very, very pennywise and pound foolish. Thank you.
802
803 *ELISA RUBIO*: Good evening, my name is Elisa Rubio. I also have a letter all written out, but
804 everything seems to have already been gone over and over and over again. It's very obvious that the benefit
805 does not, it's not worth what you're asking these families to do, myself included. I just wanted to just add to
806 everything that has been said, um, a quote by Mahatma Gandhi: "A nation's greatness is measured by how it
807 treats its weakest members", and since everything else that I wanted to say has already been said, I just wanted
808 to leave you with that thought.
809
810 *MATTHEW TOWER*: My name's Matthew Tower. I, too, didn't have really any intent in speaking. In
811 fact, when I showed up about 40 minutes late this evening, I might add also that was because I was at work,
812 working very hard for my current employer whom I already pay healthy-sized premiums for health insurance
813 to cover both my own child with special needs and developmental delays, as well as other members of my
814 family. I even put on the list, "If time permits", so I guess I'll maybe say a few things, but those things that
815 were on my mind to share with the panel, the legislators, those masterminds behind this dubious plan that
816 makes no financial sense whatsoever, who by the way didn't have the fortitude themselves to show up and face

817 those individuals who are impacted by this, all that I had on my mind to say, really, actually has already been
818 expressed time and time again. But one thing I did want to reiterate is, I guess my displeasure and disgust that
819 we all have to show up and talk into this microphone. Words are powerful. You know, the hope is, they listen
820 to this. I believe that they're obligated to do so, but nothing compares to being here, and I think seeing all of
821 our faces, and the emotional reactions I believe we all have to share to a plan, again, that obviously makes little
822 sense if all. I, too, am budget-wise and budget-conscious, understand the need for special and rough economic
823 times like this, the principle of cost sharing, but this graded scale, three grades if you will, of this cost sharing
824 benefit based on ability to pay, which is someone's gross income and not necessarily which should be based on
825 need of those particular children, makes absolutely no sense at all. There have been many ideas that have been
826 brought forth before this group already this evening, whether it be a cost sharing plan on a graded scale with
827 co-pays, all are tremendous ideas if we do need to go down that road, and definitely I would encourage the
828 individuals that are listening to this to re-look at that plan and actually the financial cost and benefits that will
829 actually impact our kids, and that's what's most important. So thank you.
830
831 *RUSSELL REED*: My name's Russell Reed. This is my wonderful daughter, Kira. She's three years
832 old. She has Down syndrome, and we're fortunate enough that I think she's on the higher functioning side of
833 that, but that's due in large part, if not solely, to the therapies that she's been receiving since she was born. I'm
834 an engineer and I'm fortunate to be able to provide for my family too, but uh, I didn't think I'd cry, but there
835 you go. Um, I'm not very knowledgeable about what goes on in Kira's life, my wife deals with that and I work
836 thirteen hours a day out on the desert, five days a week, and my wife deals with most of the therapy issues that
837 we deal with and, because I work so much, we're able that she can work not quite full time and deal with the
838 five therapies a week, because even though we have Katie Beckett and they help pay for these programs, it
839 comes at an opportunity cost for her working. So there's the cost that we already bear by the lack of gainful
840 employment on one member of the family. The other thing as an engineer, well to reiterate, my wife is more
841 involved. She couldn't make it here tonight and I said, "Well I'll come and bring Kira" so you can look right

842 in her eyes and see this is one of the people that you're going to be adversely affecting by denying her the
843 ability to go to therapies, but I just learned that this whole thing was about $200,000. Raise the cost of a
844 speeding ticket $10 for crying out loud, and you'll pay for all that and then some! I mean, I don't understand.
845 As an engineer, I came prepared to talk about cost benefit analysis and rates of return, and talk about how
846 many times have we seen the Federal Government make a poor decision in the short term because they were
847 too busy looking at the end of their nose to not see how far the benefit was going to take them, but I've just got
848 nothing to say to $200,000. <applause> I'm going to get fired for saying this, but I work out on the IWTU
849 Project, which is a project that we're building to help protect the aquifer, we piss away $200,000 out there
850 without even batting an eye about it and nobody says anything. I mean, guys in the State, I mean, I don't want
851 to be disrespectful, but this is not difficult to come up with, $200,000. I'm also an avid outdoorsman. Charge
852 me a couple of bucks to go on a biking trail. We can come up with $200,000 without adversely affecting
853 thousands of people! I just, I've got nothing else for you. Thank you for your time.
854
855 *MELANIE BELNAP*: Is there anyone else? We've, now we've been through the list. Mr. Lurcher?
856
857 *TOM LURCHER*: If my wife saw me here now, she would faint, because as I left the house this
858 morning to haul hay, that's what I've been doing, I've been doing farm work all day and I didn't have time to
859 drive back to Bone and then back, before coming. But my name is Tom Lurcher in case you don't know. I am
860 a State Representative. You said some awful things about my colleagues for not being here tonight, but,
861 everybody's busy and I'm not going to make excuses for them, but the thing that I would like to say, not
862 defending the legislature's action by any means, and I can't even remember how I voted on this legislation, I
863 typically vote against it, but sadly I cannot recall how I did that. In fact, I talked an employee here into getting
864 me on the internet to see if I could see it. I couldn't find the bill even. I couldn't remember the number. But
865 I'm not going to defend the actions of the legislature. This was brought to us, I believe, by the Department as a
866 means of saving money. As you know, we have a tremendous problem in the State. Our general revenues are

867 still falling, and we are not sure at this juncture where that's going to lead us. I'm not sure if the $200,000 is
868 the State's share of that, or if that's the total cost. If it's the State's share, then there's another $800,000 that
869 would go with that, which the Feds would take. But then I was standing... what I would really like to say is to
870 recommend to the Department that they revisit the methodology used in determining the co-pays. From the
871 folks that I've been hearing from, and believe me, I've been hearing, even during the legislative session, we are
872 willing to do co-pays, but that has to be structured in a way that it's affordable because what you do is people
873 will gravitate to the thing that they think is in their financial best interest, whether that's to move entirely to
874 their private insurance which has ramifications for the school districts. The school districts have no choice but
875 to provide the services under Federal law. If Medicaid is not there, they have to bear that burden themselves
876 and so that's one unintended consequence, but the methodology about the size of the co-pays, I think really
877 needs to be looked at, and as the legislature looks at these rules the first of the year, they will be scrutinized, I
878 can promise you that. We take that responsibility very seriously, and I came here tonight because I was called
879 several times, wanting to hear what you all had to say. Some of you said the exactly the things that I've been
880 hearing from others as well. I just wanted to make sure that you know there is one legislator that's here
881 tonight.
882
883 *MELANIE BELNAP*: We're out of time, but I don't want to keep anyone from speaking who wants to,
884 so is there anybody else that maybe indicated "no" that has decided they want to?
885
886 *MELISSA EDWARDS*: Melissa Edwards, Occupational Therapist. I just want to say these are the
887 families that make it easy to do my job, because I can go to these families' houses one time a week, they do the
888 activities I provide, and they follow through, and that way I'm helping them and they're helping me, and I'm
889 not having to come to these houses 5-6 times a week and see no progress at all. I go one time, they follow
890 through, and that's money saved. Thank you.
891

892 *KAMI JENKINS*: My name is Kami Jenkins. I had absolutely no intentions of coming tonight, let
893 alone standing up and speaking, but now that you're here, and I hope they will actually listen to this. My son
894 not only is autistic and NVLD, he has a primary immunodeficiency (PIM), it's an autoimmune disorder. He
895 has to have weekly blood infusions. Our private insurance costs us a fortune. His blood infusions cost us
896 upwards of between $20,000 and $30,000 a month. If this passes and we end up having to pay these huge
897 premiums, we will be canceling our private insurance and the State will get to pay that entire $20,000-$30,000
898 a month, plus we have an average of five surgeries per year to keep his sinuses and lungs and bronchial tubes
899 clear, and that will also be taken care of by Medicaid.
900
901 *MELANIE BELNAP*: Anyone else?
902
903 **CLOSING STATEMENT**
904 This hearing, having been called, commenced at *6:00 p.m.*, and it is now *8:05 p.m.*, and is now closed. The
905 record, together with the exhibits, will be transmitted by me to the Administrative Procedures Section of the
906 Department of Health and Welfare. Anyone wishing to submit further comments should address them in
907 writing to: *Tamara Prisock, Department of Health and Welfare, Administrative Procedures Section, 450 West*
908 *State Street – 10th Floor, P.O. Box 83720, Boise, Idaho 83720-0036.* All written comments must be received or
909 personally delivered to the Administrative Procedure Section by *July 22nd, 2009.* And that concludes the
910 hearing.
911

911 **CERTIFICATE OF TRANSCRIPTION**

912

913 The undersigned does hereby certify that she correctly and accurately transcribed and typed the above
914 transcription from the recording of the public hearing to the best of her ability as provided in two (2) cassette
915 tape audio recordings. Said hearing took place in Idaho Falls, Idaho.

916 There were places on the recording that were not clear, due to individuals talking over each other,
917 coughing, or what was said could not be understood. The places that were not clear enough to accurately
918 transcribe were marked on this transcript as "*inaudible*".

919

920 Dated and certified this __4__ day of August, 2009.

921

922 _____

923 E. Kaliko Young

924