OPTION 1 – ADMINISTRATION

	Group #
Option 1 Dislike: Make it more complicated	14
Option 1 Dislike: Administration procedure is scary.	10
Option 1 Dislike: Adding level of bureaucracy, interpretation.	3
Option 1 Dislike: Red Tape.	13
Option 1 Dislike: Repeated paperwork.	13
Option 1 Like: Easier to administer.	14
Option 1 Like: Money’s there?	13

OPTION 1 – ADVOCACY

	Group #
Option 1 Dislike: Lack of Advocacy.	6

OPTION 1 - APPEAL

OPTION 2 – ADMINISTRATION

	Group #
Option 2 Changes: We need to make sure that the resources are available. More administrative support.	5
Option 2 Changes: We want a more reliable system!!!	5
Option 2 Dislike: Concerned about too many hoops to go through.	18
Option 2 Dislike: More accountability in the writing.	6
Option 2 Dislike: Require more resources to administer.	5
Option 2 Dislike: Assumption – more difficult to assess.	3
Option 2 Dislike: Bureaucracy will be defining.	3
Option 2 Like: Structured.	1
Option 2: Flexibility/ease in applying for special needs.	2

OPTION 2 – ADVOCACY

	Group #
Option 2 Dislike: Stronger voice will receive more money.	5
Option 2 Dislike: without lawyer/advocate hard accessing system.	3

OPTION 2 - APPEAL

	Group #
Option 2 Changes: Would also like an appeal process.	5
Option 2 Like: Appeal to starting at equitable place.	16

OPTION 1 – ASSESSMENTS PANEL

	Group #
Option 1 - Dislike: Eliminate medical panel – Who would make decision, may lead to inconsistencies.	14
Option 1 - Dislike: Need definition of Assessor	14
Option 1 - Dislike: One person deciding the fate of others (are they culturally aware?)	14
Option 1 Dislike: Medical model?	10
Option 1 Dislike: More chance of a misdiagnosis.	5
Option 1 Dislike: Can a mental health worker be an assessor?	3
Option 1 Dislike: Not cut and dry.	13
Option 1 Dislike: What is the assessor's input and who else can contribute besides a doctor or medical professional?	1
Option 1 Like: 1 stop shop idea.	13
Option 1 Like: Administration procedure instead of medical panel.	6
Option 1 Like: Good physical needs.	13
Option 1 Like: Important to continue to test for financial need.	1
Option 1 Like: No medical panel (new process).	6
Option 1 Like: No medical panel.	18
Option 1 Like: People with expertise define the cost of disability.	16
Option 1 Like: Removal of the medical panel process.	5
Option 1 Like: Some recognition of moving away from medical model.	10
Option 1 Like: That it looks at function need.	18
Option 1 Like: The medical assessor is not limited to doctor's only.	1
Option 1 Like: Move away from medical panel.	3
Option 1: Too Medical Based – (unanimous)	4

OPTION 1 – CLARITY

	Group #
Option 1 Dislike: Too complex.	7
Option 1 Like: Seems simple.	1

OPTION 2 – ASSESSMENTS PANEL

	Group #
Option 2 Changes: Is there and eligibility issue?	7
Option 2 Changes: Should probably involve more than one assessor.	5
Option 2 Dislike: Increased lengths of time of disability screen out cyclical disabilities or invisible disability.	10
Option 2 Dislike: People don't have to be disabled. Put us back a few years.	8
Option 2 Dislike: Too subjective.	6
Option 2 Dislike: too vague (clarify) gaps = too much room for interpretation (accountability).	6
Option 2 Dislike: Unclear as to role of assessor if "nothing changes" in terms of supports.	15
Option 2 Dislike: Who makes the list?	13
Option 2 Dislike: Concerns around assessment not including other concerned individuals.	1
Option 2 Dislike: Determining financial needs through a test could adversely affect some people who receive inheritances.	1
Option 2 Like: Option 2 – more neutral, who would be the assessor? (In terms of outcome).	2
Option 2 Like: Recognize difference between diagnosis and assessment of need.	10

OPTION 2 – CLARITY

	Group #
Option 2 Dislike: Clarification on English.	13
Option 2 Dislike: Confusion – itemized vs. non-itemized.	13
Option 2 Dislike: is confusing and frustrating.	17
Option 2 Dislike: Need all support benefit categories clearly identified and process to obtain benefits.	18
Option 2: More information needed.	17

OPTION 1 – CONSUMER INVOLVEMENT

OPTION 1 – DEFINING DISABILITY

	Group #
Option 1 - Dislike: Needs to have definition of disability first.	14
Option 1 Dislike: Process in determining disability can have different standards for disability. Too complex, too grey.	7
Option 1 Dislike: Medical forms.	13
Option 1 Dislike: Guidelines in what a disability is can create conflict between medical practitioners.	7
Option 1 Dislike: Too cut and dry.	5
Option 1 Dislike: Too restrictive.	6
Option 1 Dislike: No objective criteria for disability.	3
Option 1 Dislike: Too many concerns status quos.	8

OPTION 2 – CONSUMER INVOLVEMENT

	Group #
Option 2 Dislike: not enough consumer involvement in the white paper.	1
Option 2 Like: Consumer focused.	1

OPTION 2 – DEFINING DISABILITY

	Group #
Option 2 Dislike: We have not come up with a definition of disability.	3
Option 2 Dislike: Decrease numbers on disability.	3
Option 2 Dislike: You need to meet disability definition and you don't have to be disabled.	10

OPTION 1 – DISABILITY SPECIFIC

	Group #
Option 1 Dislike: For FAS you must look at adaptive functioning and there is not a good test for this.	17
Option 1 Dislike: Need for recognition of learning disabilities.	11
Option 1 Dislike: Question needs for all the medical assessments as many of the disabled have had a lifetime of disability.	17
Option 1 Dislike: Sets up competitiveness to be in level two. Some disabilities fluctuate.	7
Option 1 Dislike: Deaf excluded.	13
Option 1 Dislike: Doesn't address disabilities that aren't consistent.	3
Option 1 Dislike: Doesn't take into account flux of some illnesses.	3
Option 1 Dislike: No reference to mental health issues in level one. Cuts out number of people with disabilities.	3
Option 1 Dislike: Single certification required (CNIB).	13
Option 1 Like: Accommodates reoccurring illness.	18
Option 1 Like: Does recognize short-term disability.	7
Option 1 Like: Extended and long-term need will be considered.	18

OPTION 1 – DISABILITY SUPPORTS

	Group #
Option 1 Dislike: Doesn't take prevention aspect into consideration.	16
Option 1 Dislike: Would need more Occupational Therapists.	14
Option 1 Dislike: Exercise is futility until supports are funded greatly.	3
Option 1 Dislike: Greater funding for disability supports/rates, then less costs down the road. Discussion Group Number 3	3
Option 1 Dislike: Nothing for social life (bus passes, phones).	3
Option 1 Dislike: Nothing for special needs.	3
Option 1 Dislike: Will EIA pay for new supports i.e. physic, vitamins, over counter meds?	3
Option 1 Dislike: Will welfare make division between wheelchair/scooter?	3
Option 1 Like: Continue other supports.	6
Option 1 Like: Need for support systems in home can be built in.	9
Option 1: Need a more "holistic" approach to programming for people with disabilities – coordination of services – broad spectrum of supports.	2
Option 1: Not tied to employability (one person)	15

OPTION 2 – DISABILITY SPECIFIC

	Group #
Option 2 Changes: Not relying on medical invisible disabilities. Less visible or notable contradictory itemize philosophy – why call it disability.	8
Option 2 Dislike: Don't like implication for short-term disability.	7
Option 2 Dislike: May have short-term disability.	7
Option 2 Dislike: re: medical practitioner – what about disabilities that aren't medical? FAS/FAE/LD/ADHD/Stuttering (Barriers).	6
Option 2 Dislike: What if it changes?	10
Option 2 Dislike: People with short-term disabilities are not included.	1
Option 2 Like: Extra supports provided by FIA.	6
Option 2 Like: Would like to add "Learning Disabilities"	15
Option 2: Communication disability should be included in definition.	2
Option 2: If condition is deemed ongoing, should not be reassessed.	2
Option 2: Is there a reassessment needed as needs change?	2

OPTION 2 – DISABILITY SUPPORTS

	Group #
Option 2 Dislike: Is it for work relation social transportation etc.	10
Option 2 Dislike: Still links disability to cost.	13
Option 2 Dislike: What about those people who require "extensive" supports, but who still require assistance?	15
Option 2 Dislike: Are community supports etc included.	1
Option 2 Like: Like #2 better looks like system will work faster disability supports.	6
Option 2: Need better definition of disability to cover things like itemized disability support.	2
Option 2: Option 2, disability supports should be kick in day 1.	7

OPTION 1 – EMPLOYMENT

	Group #
Option 1 Dislike: Level 1 appropriate for people hurt on job.	16
Option 1 Like: Eliminating employability – gone to functionality.	16
Option 1 Like: Not tied to employability.	1

OPTION 1 – EQUALITY

	Group #
Option 1: Denotes inequality.	2
Option 1 Dislike: creates two levels of disability, what is the reason for this?	1
Option 1 Like: All individuals are recognized as contributors.	1

OPTION 2 – EMPLOYMENT

	Group #
Option 2 Dislike: For a person who is not working and then injured (less than one year) this option is unclear as to how long they would have to wait for disability supports.	15
Option 2 Dislike: Under option 2 is there going to be a disincentive or incentive to work? Will this reduce desire to seek work?	7
Option 2 Like: Opportunity to work.	13
Option 2 Like: Talks about employment – rapid. Re: enrolment – proper employment supports for psychiatric disabilities.	16
Option 2 Like: Everyone able to participate in employment programs.	11
Option 2 Like: Will support people to work or receive training if wanted.	1

OPTION 2 – EQUALITY

	Group #
Option 2 - Like: Everyone starts at the same level	14
Option 2 - dislike: Amount may be discretionary – needs to be really clearly defined.	14
Option 2 Changes: We're worried about consistency.	5
Option 2 Changes: Like flexibility but concerned that the louder voices will receive more money.	5
Option 2 Like: Same basic assistance – treat everyone the same.	6
Option 2 Like: Temporary consistency.	8
Option 2 Like: Same starting place good idea – basic leading to top up money.	16
Option 2 Like: Treats people fairly.	16
Option 2 Like: Seeking equality direction is right direction-seeking equality not tied equal treatment.	7
Option 2 Like: Equality in eligibility.	13

OPTION 1 – GOVERNMENT

	Group #
Option 1 Dislike: Looks simple but no information is provided – need more information.	17
Option 1 Dislike: Political acceptance vs. FHS acceptance (deaf community).	13
Option 1 Like: Good first attempt.	10
Option 1 Like: Positive move.	6

OPTION 1 – INCLUSION

OPTION 1 – INDIVIDUALIZATION

	Group #
Option 1 Dislike: Not individualized enough.	6
Option 1 Dislike: Not consumer focused, not individualized.	1

OPTION 2 – GOVERNMENT

	Group #
Option 2 Dislike: Government doesn't like independent advocacy programs.	3

OPTION 2 – INCLUSION

	Group #
Option 2 Dislike: Full inclusion – no poverty.	3
Option 2 Like: Good attempt at inclusion.	10
Option 2 Like: Inclusion aspect.	18
Option 2 Like: Inclusive.	1
Option 2: Emphasis on getting people off the system but supports still needed.	4
Option 2: Reflects integration not segregation	4

OPTION 2 – INDIVIDUALIZATION

	Group #
Option 2 Like: Support is individualized.	15
Option 2 Like: More flexibility.	5
Option 2 Like: More inclusive and individualized than option 1.	5
Option 2 Like: Much better option – based on needs instead of category.	6
Option 2 Like: Option 2 is good, deals with the individuals need.	18
Option 2 Like: Recognizes needs, does not categorize.	7
Option 2 Like: Extenuating circumstances are included, more feasible.	1
Option 2 Like: good to establish financial need.	1
Option 2 Like: That people's needs are more important than disability.	1

OPTION 1 – LINKING TO OTHER PROGRAMS

	Group #
Option 1 Dislike: Benefits already paid are not taken into account.	5
Option 1 Dislike: Why can't we have continuity between federal and provincial government – if you have a disability credit certificate, could you use this?	17
Option 1 Dislike: Intersectional. All level government.	13

OPTION 1 – LABEL

	Group #
Option 1 Dislike: What is "severe" and who decides who gets that label?	1
Option 1 Dislike: Still Labels people according to their disability.	5
Option 1 Dislike: Emphasis still on disability vs. ability.	10
Option 1 Dislike: Labels.	7
Option 1 Dislike: Still segregating people – labels. (x2).	6

OPTION 1 – LAST RESORT

OPTION 2 – LINKING TO OTHER PROGRAMS

	Group #
Option 2 Dislike: People might not have info or energy to apply for other benefits.	18
Option 2 Dislike: Role definition between VR and EIA.	10
Option 2 Dislike: Stop people from going on CPP, greater burden for the Province.	8
Option 2: Gap in waiting for CPP to accept or reject takes too long to be eligible for provincial support.	4

OPTION 2 – LABEL

	Group #
Option 2 Like: Less stigmatizing.	5
Option 2 Like: Like better – less labelling.	6
Option 2 Like: Does not categorize a person as disabled.	1
Option 2 - Like: No labelling	15
Option 2 Like: Not labelling.	3

OPTION 2 – LAST RESORT

	Group #
Option 2 Dislike: Continues to be a last resort option.	1

OPTION 1 – LEVEL

	Group #
Option 1 Dislike: Based on B.C. model – Isn't it scrapping level 1 (why dumping?)	16
Option 1 Dislike: BC has abandoned level 1.	10
Option 1 Dislike: Distinction between levels is unnecessary.	9
Option 1 Dislike: Everyone put in level 1 – will people individually think level 2 (stuck in level 1).	16
Option 1 Dislike: How will functionality level of support be assessed and qualified?	17
Option 1 Dislike: Two level systems cause a divide and conquer mentality.	17
Option 1 Dislike: two levels = two cracks i.e. time structure.	6
Option 1 Dislike: Two levels allow people to fall between the cracks.	17
Option 1 Dislike: Two-levelled system is discriminatory – looking at equality and inclusion – how do we develop a bureaucratic process that works?	17
Option 1 Dislike: Two-tiered definition is already segregated system.	10
Option 1 Dislike: Why need levels?	6
Option 1 Dislike: 2 tiered funding.	11
Option 1 Dislike: Complication between levels.	13
Option 1 Dislike: If BC is eliminating the two-level model, why is it a good idea for MB?	1
Option 1 Dislike: The two levels seem similar.	1
Option 1 Dislike: Two level systems could create a hierarchy system.	1
Option 1 Dislike: Why make the distinction?	3
Option 1 Like: May not have to evaluate so frequently with two levels.	9
Option 1: Cuts down on need to reassess between levels.	2
Option 1: Two-tired, more moderate needs, shorter term and more long term, intensive needs.	

OPTION 2 – LEVEL

	Group #
Option 2 Dislike: Still two levels.	10

OPTION 1 – LOSS OF INCOME

	Group #
Option 1 Dislike: Two level systems makes it easier for the system to keep people in the lower level where rates are lower. Only those with strong advocates would gain level 2.	17
Option 1 Dislike: Doesn't' address secondary info related to maintaining base needs.	3
Option 1 Dislike: Money issues.	13
Option 1 Dislike: Need to invest in people.	3
Option 1 Dislike: Nominal amount.	3
Option 1: Can drop a level with two-tiered system.	4

OPTION 2 – LOSS OF INCOME

	Group #
Option 2 Changes: Make sure no one gets a smaller piece of the pie.	5
Option 2 Dislike: Is there a cap?	10
Option 2 Dislike: Rate structure is wrong.	7
Option 2 Dislike: This change must not affect current levels of support ($80 must stay)	1
Option 2 Dislike: 1991 rates.	3
Option 2 Dislike: back to lower rate then fight way up.	3
Option 2 Dislike: Basic assistance is not enough.	1
Option 2 Dislike: Disabled people are not protected or supported when they receive financial lump sums.	1
Option 2 Dislike: EIA rates need to be reassessed.	3
Option 2 Dislike: Need to address the issue of lump sum inheritance.	1
Option 2 Dislike: Still well below poverty level.	3
Option 2 Dislike: What happens when restructuring is over will benefits be reduced after that?	3
Option 2 Dislike: Will amounts be capped?	1
Option 2 Dislike: Will disabled people still be allowed to hold assets?	11
Option 2 Like: it is income based.	7
Option 2 Like: same base: rate structure is good.	7
Option 2: Losing support by "receiving same basic assistance" would be a hardship ($80/month loss) because many won't fit "severe" criteria	4

OPTION – 1 MEDICAL

	Group #
Option 1 Dislike: A medical practitioner – all who are active with client should be involved.	9
Option 1 Dislike: Is it realistic to put a medical practitioner to determine disability?	17
Option 1 Dislike: Medical practitioner may not have required experience/familiarity with applicant.	9
Option 1 Dislike: Medicare practitioner diagnosis inconsistency.	18
Option 1 Dislike: Personal physician decisions should override a medical panel.	7
Option 1 Dislike: Who is medical practitioner? Who assigns?	16
Option 1 Dislike: Lack of clarity re: medical practitioner.	3
Option 1 Dislike: Medical form requirements.	13
Option 1 Dislike: Medical Practitioner.	13
Option 1 Dislike: Negative to link severity of disability to money allowed. People may try to link higher needs for more money. Different doctors will disagree on levels – unfair.	13
Option 1 Like: Not relying solely on doctor's recommendations.	1
Option 1 Like: Removal of medical panel, use of your doctor.	13
Option 1: Don't care for it, except for the move to an admin procedure (one person)	15

OPTION 1 – MENTAL HEALTH

	Group #
Option 1 Dislike: Coping – where is it?	13
Option 1 Dislike: For mental health hard to quantify severity for cyclical illnesses (relapses).	10
Option 1 Dislike: Difficult to determine the disability; may leave out person's with mental disabilities.	1

OPTION 2 – MEDICAL

	Group #
Option 2 Dislike: Subjective (doctor)	15
Option 2 Dislike: Concern with medical term.	16
Option 2 Dislike: Medical.	13
Option 2 Dislike: Need for support to claim. Disability office should have doctors available to aid here.	16
Option 2 Like: Doctors not create a 2 tired system.	1

OPTION 2 – MENTAL HEALTH

	Group #
Option 2 Like: How do they do a financial needs test for a person with a mental disability?	1

OPTION 1 – NO CHANGE

	Group #
Option 1 Dislike: A lot of effort for little change.	10
Option 1 Dislike: Difference is not useful - does it matter?	10
Option 1 Dislike: Very little change.	10

OPTION 1 - OPTION

	Group #
Option 1 Dislike: Not happy with.	8
Option 1 Dislike: Not on same page, Not using same process.	13
Option 1: Prefer second option (one person)	15
Option 1: Needs to have some type of benchmarks.	7

OPTION 1 - PROGRAM REVIEW

	Group #
Option 1 Like: Like attempting to have an independent body outside of government to assess.	10

OPTION 2 – NO CHANGE

	Group #
Option 2 Dislike: Same money?	10
Option 2 Dislike: Benefits haven't changed – nothing has changed.	11

OPTION 2 - OPTION

	Group #
Option 2 Like: It is the lesser of the two evils.	1
Option 2 Dislike: Even more repressive than option 1.	3
Option 2 Like: Superior to option 1.	6
Option 2 Like: Option 2 we have come a long way since white paper – going in the right direction.	7
Option 2 Like: Like option 2, but it is incomplete/ tweaked.	7
Option 2 Like: Well written.	1
Option 2 Dislike: impression didn't like option 1; FHS is leaning to 2 as preferential option.	3
Option 2 Dislike: new process.	3
Option 2 Dislike: Shouldn't be either or.	8
Option 2 Dislike: Need to re-assess.	13
Option 2 Like: Moving away from 2 tiered system model.	1

OPTION 2 – PROGRAM REVIEW

OPTION 1 – QUALIFYING TIME

	Group #
Option 1 Dislike: 6 months, 1 year, not that much difference.	10
Option 1 Dislike: More information needed re: people who have disability less than 1 year.	17
Option 1 Dislike: Shouldn't be a time frame.	6
Option 1 Dislike: Time frame limited.	6
Option 1 Dislike: Time structure e.g. months.	6
Option 1 Dislike: Waiting for assessment.	10
Option 1 Dislike: Who pays? How is this person qualified to assess what supports are required?	10
Option 1 Dislike: 6 month rule – hard to assess in some cases.	11
Option 1 Like: Could be ongoing – not limited to 6 months.	9
Option 1 Like: Does not eliminate anyone based on time duration of need.	1
Option 1 Like: Entry point – 6 months	6
Option 1 Like: Short term availability.	9
Option 1: Old definition went from a minimum of 90 days to six months. Why?	15
Option 1: What happens to those less than six months?	15
Option 1: Six months time is better than the one year required by current system	4

OPTION 2 – QUALIFYING TIME

	Group #
Option 2 Dslike: Requires clarification less than one year.	15
Option 2 Dislike: Years – length of disability still attached to eligibility.	13

OPTION 1 – QUESTION

	Group #
Option 1 Dislike: Why are we diagnosing a social construct?	10
Option 1 Dislike: How do you get access especially if in a rural area?	10
General Concerns: Who makes the list?	13
Option 1 Dislike: Will benefits be different for the two levels?	1
Option 1 Dislike: Wonder what people will be getting in the 3 months (6 months).	3

OPTION 1 – RURAL ISSUES

	Group #
Option 1: What about efficiency of a panel – based process in rural areas that has less human resources to draw on.	4

OPTION 2 - QUESTIONS

What does " itemized supports" mean? E.g. IL? Home support? Support workers for individual living? Coaches? Special Diet? Service animal costs? Phone? Transportation? Counselling?
What if my need/support is on it?
What about those people who require "extensive" supports, but who still require assistance?
Would it be fair for all to receive the same amount regardless of need?
Is there and eligibility issue?
How is it determined what assistance people need?
Who decides what items?
Re: medical practitioner – what about disabilities that aren't medical?
What if the disability changes?
Points 1, 4, and 6 seem to be the same – need clarification
Is there a cap? (Income)
Who decides what is an acceptable need and attached rate?
What is the basic assistance – need numbers
Who administers or what is the process to access extra funds
Who makes the list?
Is there a reassessment needed as needs change?
How do they do a financial needs test for a person with a mental disability?
Will support people to work or receive training if wanted.
Will disabled people still be allowed to hold assets?
What happens when restructuring is over will benefits be reduced after that?
Who would be the assessor?
Under option 2 is there going to be a disincentive or incentive to work?
Will this reduce desire to seek work?

OPTION 2 – RURAL ISSUES

	Group #
Option 2 Dislike: Would like to see extra an expense paid on a need basis (clarity) e.g. varies by location – rural.	6

OPTION 1 – SELF-REPRESENTATION

	Group #
Option 1 Like: Might be fairer for those unable to advocate for themselves.	5
Option 1: Does this process mean an enhancement of self-representation?	4

OPTION 1 - SERVICE PROVISION

OPTION 2 – SELF-REPRESENTATION

OPTION 2 – SERVICE PROVISION

	Group #
Option 2 Concern: More specific on accepted higher costs – what is included?	9
Option 2 Concern: What is the basic assistance – need numbers.	9
Option 2 Concerns: Who decides what is an acceptable need and attached rate?	7
Option 2 Dislike: Additions/deletions to "the list".	13
Option 2 Dislike: Discretion unclear subject to bad help and worker.	16
Option 2 Dislike: Itemized supports.	13
Option 2 Dislike: Listen to person with disability regarding what needs are (reduce EIA worker prejudice).	6
Option 2 Dislike: Transparency is missing provide info about what they are eligible for in writing.	10
Option 2 Dislike: Who decides what items?	10
Option 2 Dislike: additional benefits not adequate. Discussion Group Number 3	3
Option 2 Dislike: Itemized disability supports can confine how a person spends their money.	1
Option 2 Dislike: Itemized will never lead to increase in support.	3
Option 2 Like: Action – let's see it happen!	16
Option 2 Like: Allows movement in system.	16
Option 2 Like: Could receive extra assistance.	9
Option 2 Like: Re-jiggling what is there.	10
Option 2 Like: Supports for all people.	13

OPTION 1 – TERMINOLOGY

	Group #
Option 1 Dislike: Confusing, not in plain language.	14
Option 1 Dislike: The word supervision is not liked or appreciated.	1
Option 1 Dislike: Wording oriented to physical disabilities.	11
Option 1 Dislike: impairments supports, what are they?	3
Option 1 Dislike: Level one wording is not clear "medical condition" could mean anything.	1
Option 1 Dislike: Not broad enough definitions.	1
Option 1 Dislike: Vague wording around "ongoing" assistance.	1
Option 1: "Diagnosis" reflects an orientation that locates disability in the individual rather than a set of social relations (too biomedical)	4
Option 1: "Diagnosis" should be replaced with "eligibility"	4
Option 1: Good that it talks about "medical Practitioners" rather than "doctor".	14
Option 1: Need to define "Medical Practitioner" (better not to place emphasis on "medical")	4

OPTION 1 – TRAINING

	Group #
Option 1 Like: training program assessable.	8

OPTION – 1 TWO TIER QUESTIONS

	Group #
Option 1 - dislike: Two levels might pit people against each other	14
Option 1: Why bother with two tiers? Subjective?	15

OPTION 2 – TERMINOLOGY

	Group #
Option 2 Dislike: needs clear definitions	4
Option 2 Dislike: Don't have to have disability, just need assistant. Why need the term disability?	6
Option 2 Dislike: Need clarity.	13
Option 2 Dislike: Option 2 "Inclusion" terminology.	7
Option 2 Dislike: Terminology – severe impairment "likely" to continue 1 – 2 years.	9
Option 2 Dislike: Wordy – hard to understand.	16
Option 2 Like: Terminology – inclusion. Discussion Group Number 9	9
Option 2: "Severe" Should be removed from definition	4
Option 2: What does " itemized supports" mean? E.g. IL? Home support? Support workers for individual living? Coaches? Special Diet? Service animal costs? Phone? Transportation? Counselling?	4

OPTION 2 – TRAINING

OPTION 2 – TWO TIER QUESTIONS