MARYLAND DEPARTMENT OF HEALTH (MDH)/DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
RATE REVIEW ADVISORY GROUP

DATE: Friday, June 17, 2022
TIME: 12:30 to 2:30 p.m.
LOCATION: GoToWebinar

Due to COVID-19, this meeting was held through GoToWebinar only.

Registration for the Rate Review Advisory Group Meeting on Friday, June 17, 2022 12:30 p.m. EST was available at: Maryland Department of Health DDA Rate Review Advisory Group (constantcontact.com)

After registering, participants received a confirmation email containing information about joining the webinar.

AGENDA

1. **Welcome**
   Jennifer McIlvaine, Director of Finance, Medicaid, MDH

2. **Approval of Meeting Minutes**
   Jennifer McIlvaine, Director of Finance, Medicaid, MDH

3. **Summary of Requests and Updates**
   a. **By-laws,** *Jennifer McIlvaine, Director of Finance, Medicaid, MDH*
   b. **Fiscal Impact Analysis,** *CBIZ Optumas*
   c. **Employment Services,** *DDA*

4. **FY24 Focus Areas**
   CBIZ Optumas

5. **Next Steps and Adjournment**
   Jennifer McIlvaine, Director of Finance, Medicaid, MDH

Next meeting is Friday, July 29, 2022 12:30 pm to 2:30 pm. Members of the public who would like to observe the meetings, can register through the DDA Training Calendar at Constant Contact Events. Register once and get reminders for each meeting via GoToMeeting

Meeting connection links will be sent one day and one hour prior to the meeting. Meeting minutes will be made available following the meeting. If you have any questions or would like to request accommodations, please contact Donna Will at donna.will@maryland.gov.

Next Meeting: Friday, July 29, 2022, 12:30 to 2:30 p.m.
Staff Contact: Ms. Donna Will
Donna.Will@maryland.gov

MDH/DDA RATE REVIEW ADVISORY GROUP MINUTES

June 17, 2022

Co-Chairs

1. Jennifer McIlvaine, Director of Finance, Medicaid, MDH
2. Robert White, Director of Administrative Services, DDA (invited)

Advisory Group Members Present

1. Donna Retzlaff, Spring Dell Center
2. Shauna Mulcahy, The Arc Frederick County
3. Scott Hollingsworth, Appalachian Crossroads
4. Gregory Miller, Penn-Mar
5. Karen Adams-Gilchrist, Providence Center
6. Laura Howell, MACS
    a. Sharon Lewis, MACS (Support attended)
    b. Maria Dominiak, MACS (Support invited)
7. Christian Parks, Somerset Community Services
8. Karen Lee, SEEC/EAG (invited)
9. Carol Custer, SDAN
10. Mat Rice, People on the Go (invited)

DDA Panelists

1. Patricia Sastoque, Director of Programs, DDA
2. Rhonda Workman, Director of Federal Programs, DDA

State Medicaid Panelists

1. Steve Schuh, MDH Deputy Secretary of Health Care Financing and Medicaid

The Hilltop Institute and CBIZ Optumas Panelists

1. Steve Schramm, CBIZ Optumas
2. Lesley Le, CBIZ Optumas
3. Christin Diehl, The Hilltop Institute
4. Todd Switzer, The Hilltop Institute
5. Kris Welch, CBIZ Optumas

DDA Office of Change Management Panelist

1. Kerri Zanchi, Consultant, DDA

Rate Review Advisory Group

June 17, 2022

Welcome

Ms. Jennifer McIlvaine, Director of Finance, Medicaid, MDH called the meeting to order at 12:30 p.m. As part of the welcome address, Ms. McIlvaine shared that co-chair, Mr. Robert White, will not be in attendance for today's meeting.

She thanked members for using the Google Form to suggest agenda topics and reminded the group that the FY23 budget will adjust rates by the 4% COLA and the 4% supplemental budget. The RRAG work around Day Habilitation is continuing to inform the FY24 budget at the end of this rate setting cycle.

Approval of Meeting Minutes

Members voted to approve the May 20, 2022 meeting minutes with the correction of the spelling of Ms. Karen Adams-Gilchrist's last name on page 10.

Summary of Requests and Updates

Ms. Jennifer McIlvaine acknowledged the good feedback from both RRAG members and other stakeholders. She shared that MDH reviewed all feedback.
Following the last meeting, there was a specific request from a RRAG member around an individual briefing on self-directed services and how they relate to the DDA rates. A member of the DDA team will engage directly with this member to follow-through on this request for an overview.

Also, there was a request from MACS to present a rate analysis conducted by their actuaries. Rate setting consultants, Optumas, will engage directly on this analysis while the RRAG moves forward with the focus on data collection to inform the Day Habilitation rates in this rate setting cycle.

a. Bylaws

The title of bylaws will change to policies. This is a technical change and the substance of what RRAG members have reviewed will remain the same.

b. Employment Services

Specific to employment services, during this meeting, Patricia Sastoque, Director of Programs, Developmental Disabilities Administration, will update on the confirmed approach for the assessment and engagement on the employment services in LTSSMaryland.

c. **<u>Fiscal Impact Analysis</u>**

Regarding the FIAT, during this meeting Optumas will share additional analysis as a follow-up to the good discussion and requests last month. In addition, following this meeting, the DDA will share with the provider network two versions of the FIAT tool as requested – one will be a locked version with the FY23 rate update and a second version which will be unlocked that can be used by providers for their internal planning and use. Should fiscal impact data be shared with the State, it will be requested on the locked version to ensure consistency across the network.

Employment Services

Ms. Sastoque shared that following discussion from the last meeting around employment, the State team would like to work directly with the EAGs and those pilot providers currently offering Employment Services in LTSSMaryland-DDA Module. This targeted engagement will best help the State team to review the policy assumptions and their experience to provide baseline recommendations. Ms. Sastoque continued that the plan is to engage with these providers this summer and to start with collecting qualitative information around both their rate and their policy experience. This effort will be shared back with the Rate Review Advisory Group to provide direction and inform future rate review recommendations.

Ms. Laura Howell, MACS, asked if the State is working with the original five EAG's around employment. Ms. Sastoque replied that the plan is to engage with the original five and any other providers who have transitioned to LTSSMaryland in order to get a robust understanding of experiences. Also to understand the interpretation of service definitions and policies. Ms. Howell wanted to ensure this includes providers who provide employment supports to people with significant support needs. Ms. Sastoque said the provider group includes any provider already billing within LTSS. Ms. Howell shared there may be some employment providers who have not transitioned into LTSS who provide supports to people with significant support needs. Ms. Sastoque shared that the team will take that feedback into consideration.

Fiscal Impact Analysis

Mr. Kris Welch, CBIZ Optumas, shared that at the last RRAG Meeting, there were requests for more analysis of the data from the FIAT. Optumas did additional reviews on:

1. Providers by service categories (i.e. only meaningful day revenue)
2. Comparison of the variances of net positive/negative changes in revenue based on the distribution of staffing for services (2:1, 1:1, large group, etc.)
3. Comparison of the variances of net positive/negative changes in revenue based on categories within day such as Community Development Services (CDS) or Day Habilitation

Mr. Welch recommended that members keep in mind that rates applied in the FIAT are blended and the projected revenues will vary based on utilization and mix assumptions. Therefore there may need to be some adjustments to those assumptions to match policy and allow for a more comparable review.

Further, the FIAT compares PCIS2 revenue to expected revenue based on utilization forecast assumptions but does not reflect changes to profitability. Considerations are necessary for the varying assumptions made by different providers when completing the tool. Mr. Welch offered the example that some providers filled out the FIATs based on current PCIS2 services and their interpretation of how those services map to LTSS (or future business changes), while others completed the FIATs based on assumed/authorized utilization of services by members under the new system. A final key concept shared was that changes to the rates have been made since the release of the FIAT and generally have resulted in increased rates. All information shared was using the FY2023 rates.

Mr. Welch continued with looking at the providers by service categories. For the remainder of the FIAT discussion, the Optumas team will focus on meaningful day utilization and revenue only, to remove any impacts from including residential services.

This first scatter plot demonstrated the estimated change in Meaningful Day revenue from PCIS2 to LTSS based on the FIAT data as input by providers, based on the average number of hours provided by an agency per person per day. This did not take into account providers offering monthly or milestone services as there was no way to understand the time spent for those services. This plot only captures services offered in 15-minute increments. The values going from left to right indicate the average number of hours per person per day providers indicated in expected utilization. Mr. Welch noted that the reported utilization was unadjusted from what was shared in the FIAT, but the LTSS revenues have been updated with the latest published rates. The first scatter plot illustrated a generally positive correlation between the hours and change in revenue. Meaning that in general, as the expected number of hours per individual per day increases, so does the expected revenue increase.

Mr. Scott Hollingsworth, Appalachian Crossroads, asked if there are concerns regarding not comparing the same income regarding using PCIS2 and LTSS rates. Mr. Welch shared that this is historic PCIS2 revenue against projected/future LTSS revenue based on the most updated information available. Ms. Howell asked for clarification on what was being compared in the first scatter plot. Mr. Welch said that the FIAT tool asked for what the revenue was in PCIS2 and then the expected utilization for the new services. It then calculated the projected/anticipated future revenue in LTSS. Optumas tried to account for some of the rate changes by replacing the FIAT tool rates with FY23 rates. Ms. Howell said this is also comparing FY22 which has very different utilization in light of the public health emergency and Appendix K. This was echoed by Ms. Donna Retzlaff, Spring Dell Center.

Mr. Steve Schramm, CBIZ Optumas, stated that this represents a standard analysis of taking historical revenue and comparing it to projected future revenue. Mr. Chris Parks, Somerset Community Services, said that if the comparison is using FY23 LTSS numbers, there are also FY23 PCIS2 numbers available as well. He suggested that FY23 should be compared to FY23. Mr. Welch shared that this information was not available at the time of this analysis, however if the State is interested in looking into this Optumas could assist. Mr. Parks clarified that there are FY23 PCIS2 rates available. He continued that if you bump the LTSS rates 8% and this is compared to last year’s PCIS2 rates that are not including the 8%, then the chart will be shifted up 8%.

Ms. Howell stated that this baseline data is not going to tell the real impact as a comparison for the new rates due to this public health emergency. She continued that most providers used utilization projections that did not factor in the public health emergency, only a reduction in what would be billable. Mr. Schramm said that historical information does need to be utilized for projections. Ms. Howell shared that the providers she spoke with did not factor in the effect of the public health emergency in utilization projections. She posited that this would inaccurately boost the revenue projections. Mr. Welch shared that the data builds in varied assumptions by providers when they fill out the FIAT, however it can be useful in generating ideas and context for results versus making nuanced rate changes.

Mr. Parks proposed that the utilization on the chart should be shifted more towards 4.0 or 4.5 hours and shift the whole chart down 8%. With this shift, he proposed that more than half the providers will face a loss. Mr. Parks asked for access to raw data.

Mr. Welch said that sharing raw data raises concerns about sharing provider level data publicly. Ms. McIlvaine said these considerations will be discussed. Ms. Sharon Lewis, MACS brought up the decisions individual providers make regarding serving only a minimum number of hours and what the policy considerations are if that is happening. She asked if the DDA will be providing guidance on keeping services person-centered. Mr. Welch acknowledged the comments and the recommendations to slide down the utilization assumptions that providers submitted. Mr. Welch said that the State could consider this recommendation but that the goal of this analysis was to reflect back how providers projected utilization, revenue, and how this compares to DDA policy goals and expectations. The meeting today included space for the discussion around expectations and impact for providers.

Mr. Parks asked to use the data from the original early adopter group. He asked to see the projected and current utilization of this group. He said this would be a good indicator of utilization. Mr. Welch stated that sharing this data is up to these providers and the State. There may be concerns about trying to generalize from a fairly small sample, there are pros and cons with this option. Mr. Parks recommended that the State consider this option.

Mr. Welch showed a scatter plot with the same information as the previous, however it reflects a utilization adjustment of a 4 hour minimum per person per day to providers that only provide quarter hour services. Again, there is a positive correlation, and more providers would show a net positive change in revenue. This does not capture adjustments for monthly or milestone services. To be conservative, the assumption was that the other hours in the days of the person supported would be utilized in those other services. Members did not express any comments or questions.

Mr. Welch shared the next scatter plot to compare the difference of the first two graphs. In this comparison, there is a noticeable shift in the trend line once the utilization is adjusted to an average of 4 hours per person per day. Members did not express any comments or questions. The same exercise was done with services provided for 6 hours to show the range of potential changes in revenue when the utilization reflects various average hours per individual. At 6 hours, almost all providers show a net positive change in revenue, except for those that have monthly/milestone services as those individuals were not adjusted. Ms. Howell expressed concern with the DDA having the expectation for people to have 6 hours of service.

The DDA Deputy Secretary Bernard Simons responded that the goal is 6 hours, but DDA supports the model based upon 4 to 6 hours per day. Deputy Secretary Simons shared that the system must look at supports people need based upon what they want to do in the community. To reinforce a person-centered approach, everyone needs to think about what the person wants within the context of the community settings rule. Providers can make business decisions internally and the State team with the RRAG can continue to assess the financial impact on providers. Deputy Secretary Simons emphasized that the DDA is committed to person-centered services.

Ms. Howell said that the old model of 6 hours of service may no longer apply to what people want. Deputy Secretary Simons agreed and clarified that providers need to get more creative in mixing and matching services. Best practices can be found by looking at providers engaging with people to do this braiding of services. The issue is to look at the increased service options and have conversations at the annual planning meeting with people. Case management is the lynchpin, but the provider implements. Ms. Karen Adams-Gilchrist, Providence Center, said that providers are engaging with people and encouraging flexibility. The charts shared concern her when it looks like a rate structure is not inline with the intent expressed by Deputy Secretary Simons. Mr. Gregory Miller, Penn-Mar, said that this is a complex issue, the question is how do providers bridge how to offer flexible hours and have this rate model work. He proposed exceptions for people who want only a few hours of support. He credited DDA for supporting providers to look at business models, but that providers have to align those models with the values shared with their communities. Providers are not asking for a full day of pay for only a few hours of service, but finding a person-centered approach to rates.

Mr. Welch stated that the FIAT tool asked for providers to share expected utilization per week which may have captured the outliers or exceptions of which Mr. Miller spoke. He noted that these models may not be appropriate for every situation.

Ms. Howell said there are a few charts that scale up to 6 hours, which reinforces the message that is the expectation for providers.

Mr. Schramm shared that the message is that there will be a blend of people supported and not 6 hours for each person.

Mr. Parks shared that it is important to think about a 6 hour day is 8 hours for a person supported because of the transportation component. Ms. Retzlaff shared that the concern is what people need medically. She said people in this group need to continue to have a choice of provider. Mr. Schramm said that Mr. Miller and Ms. Retzlaff's comments address the rate structure and if a blend is an appropriate approach or does it need to include adjustment factors.

Ms. Lesley Le, CBIZ Optumas, shared analyses which addressed the request to compare the changes in revenue by staffing distribution. Optumas looked to see if there is significant correlation between a provider's utilization in the various group sizes such as 2:1, 1:1, and large group, and their projected change in revenue. The first analysis showed the revenue change based on how much a provider's reported CDS utilization was estimated to be 1:1 or 2:1. An observation is that there is not a significant impact to a provider's revenue as the portion of 1:1 or 2:1 increases. Ms. Howell asked for an explanation around what the scatter plot represents in reference to the 1:1 and 2:1 staffing. Ms. Le walked through an example.

Ms. Le continued by sharing a similar analysis with Day Habilitation 1:1 and 2:1 staffing. Again, there is no significant change to total revenue by portion. Between 0 and 25%, there is a slight positive correlation, but there does not seem to be a correlation for the increase in proportion of 1:1 or 2:1 Day Habilitation settings. Ms. Howell asked if there is anything else that may have an impact on this analysis. For example, anecdotally providers noted that they had a financial shift when they had 1:1 staffing through dedicated hours. Ms. Le said that is why this analysis was conducted and the initial analysis of this current data does not reveal a significant impact. Ms. Howell asked if this controlled for the average hours per day. Ms. Welch shared there is no adjustment per utilization/hours of the service provided in this analysis. He continued that this graph does not include a Day Habilitation past and future comparison only Meaningful Day.

Mr. Scott Hollingsworth, Appalachian Crossroads, and Ms. Retzlaff shared concern with this analysis as it looks like providers are losing money with 2:1 and 1:1 staffing. Mr. Welch offered clarifications regarding the representations regarding which providers have 2:1 and 1:1 services. Ms. McIlvaine shared that this is revenue change not change in profitability. Mr. Welch also clarified that the chart demonstrates that providers doing 1:1 staffing exclusively show a revenue increase. Whereas, the negative revenue change is found more with the providers offering more utilization in the small or large group settings and limited in terms of 1:1 or 2:1. Ms. Howell and Ms. Karen Adams-Gilchrist asked for clarification of the chart. Ms. Le offered clarification that the revenue change is total Meaningful Day to total Meaningful Day as the analysis could not break out Day Habilitation. Ms. Le shared this is one observation, however there could be other factors in play such as a mix of services. Mr. Welch shared the intention of the analysis was to understand what factors tend to have a bigger or smaller impact and in which direction. Specifically around service type and staffing ratio. He reminded the group to keep in mind that there are other factors in play.

Ms. Howell asked if this is a little bit of a proxy for the number of hours used on average. Particularly for people who have 1:1 or 2:1 staffing who may more typically utilize a full day of supports. Mr. Welch reiterated that this is the raw data and it could be the case that hours of utilization overlaid onto this analysis would illustrate something different on the chart. Mr. Parks said that without the utilization embedded into this analysis, which is difficult to do, the chart looks like there is a 50-50 chance of gaining or losing revenue. The second observation he shared was that the chart looks like the more 1:1 staffing provided the bulk of providers are making money. He stated that this chart demonstrates the need for acuity. Ms. Le said that the CDS and Day Habilitation graphs indicate that currently, there is no strong evidence in the raw data to suggest that the proportion of 1:1 or 2:1 services is impactful to the overall revenue change in Meaningful Day.

Ms. Le talked through the last analysis on the revenue change based on the portion of Day Habilitation utilization that was a large group. There is a slightly negative correlation here based on the raw unadjusted data. This is something Optumas would like to further analyze once additional utilization/staffing data is collected. Mr. Parks said that this analysis with the previous seems to illustrate there is a pattern that the larger the group the less revenue. Mr. Welch reminded the group that the intent is for additional data from providers to tease this out further and get a better sense of how the different ways of providing the service may impact revenue. Mr. Parks proposed that the data includes the average pay rate per provider as well. Mr. Welch reiterated that the analysis demonstrates revenue change, however the general ledger in the past and for data requests in the future will assist with getting expense information.

Ms. Le continued with the final set of analyses looking at overall categories within Meaningful Day. The first scatter plot in this category was the correlation between the Meaningful Day revenue change and the portion of a provider's meaningful day business that is CDS. There is a positive correlation here, meaning that providers with more CDS, generally show a greater increase in revenue. Ms. Le shared the same analysis was done with Day Habilitation–meaning what portion of Meaningful Day services provided was Day Habilitation. There was no significant correlation in this analysis. Ms. Le continued that Optumas also looked at the other services in Meaningful Day. The next graph showed the results for Career Exploration as a portion of Meaningful Day Services. Again, not a significant correlation. Continuing, Ms. Le walked through the analysis for employment services. Also not revealing a significant correlation. Mr. Schramm talked about the analysis for monthly and milestone employment services as a portion of Meaningful Day services. He acknowledged the variations of assumptions that providers had when completing the FIAT. There is a need to standardize assumptions through further instruction for future data collection. This monthly/milestone service graph demonstrates the need to tease out more information due to the confounding factors.

<u>Focus Areas</u>

Mr. Schramm summarized the focus areas for the FY24 rate setting cycle. Emphasis is on data collection on the Day Habilitation service through the template provided by Optumas. The State is looking for feedback on data collection and the final template will be distributed to the provider community following this meeting. Mr. Parks asked if line one within the data collection tool can be clarified. Mr. Welch said this can be edited for clarity prior to distribution.

Mr. Welch walked the group through the Day Habilitation rate review timeline for the FY24 rates. A technical assistance webinar will be held on June 29th from 4 to 5PM to answer any questions providers may have on filling out the template. All responses are to be returned by July 15th where Optumas will aggregate that data. In order to offer the RRAG a preliminary analysis of the data received, the RRAG meeting is rescheduled from July 15th to July 29th.

After preliminary analysis is complete, internal discussions will take place on the results along with options for the Day Habilitation rates. Optumas is planning on presenting those options and having discussion in the August RRAG meeting. The State will then make final policy decisions after discussions and gathering feedback.

Mr. Welch shared updates to the data collection tool based on feedback received from RRAG members in April. The summary of changes included the following:

- Requested CY19 experience and projections for FY23 utilization
- Specified weekly schedules and monthly totals, or summarize if too detailed
- Allowed for flexibility in limitations of provider data
- Enhanced clarity of labels and categories
- Clarified intent, offering instructional session
- Described process with RRAG, will continue to update and respond based on data availability

Ms. Howell asked if a small number of providers could test this tool before broad dissemination. Also regarding the transportation template, Ms. Howell expressed concerns about providers having data for FY19. Mr. Welch responded that if there is an intent to pilot this template it would significantly push back the rate review timeline back. He shared that the team is asking providers to share the data as best as possible and there is a spot within the data collection tool for projections as providers may be adjusting to the pandemic and hiring or workforce changes. The data collection tool is soliciting data if available, and future expectations of providers, in order to help understand changes.

Ms. Howell stated that FY19 data may not be helpful. Mr. Schramm offered that providers have pushed back on using the pandemic data, so pre-pandemic (FY 2019) was the solution proposed. Ms. Howell asked why old data will be helpful to get to total non-billable hours related to transportation. As opposed to having a comparison. Mr. Welch shared that there are going to be changes in what happened in the past and future. However, the intent is to collect actual experience at some level and to account for changes as best as possible–and break down the comparison points. The data collection tool also has a space for qualitative data.

Mr. Hollingsworth asked about the impact if a provider does not offer 2019 data. Mr. Welch offered that the team will request as much information as is available, and then use that data to the best of their ability for analysis. Mr. Welch shared the intent is to ask for as much detailed data as possible and then make an informed decision. Mr. Hollingsworth shared that FY19 data may be difficult to gather, but does anticipate that he can enter projections. Mr. Welch shared that the request for FY19 date will move forward and then the team will make decisions based on the data received. Mr. Hollingsworth asked about the percentage of responses from providers that are needed to make the data statistically relevant. Mr. Welch responded that there is no set percentage only to analyze how representative the data is once received.

Ms. Adams-Gilchrist said that FY19 transportation data is very difficult for her agency at present. Mr. Welch responded that instructions will be clear including the qualitative data that may inform any significant challenges providers face with collecting data from FY19. He reminded the group that there is an instructional tab on the data collection tool and the planned instructional session.

Mr. Parks recommended breaking the fuel costs into a separate line. Mr. Welch shared that is a good point and can be considered to understand experience versus projection.

Mr. Welch walked through the remainder of the data collection tool for demonstration purposes. Mr. Parks shared that the timeline is difficult due to it being the end of the fiscal year. Ms. McIlvaine said the timeline factors in the rate setting timeline for the State. Ms. Retzlaff asked that communication is clear to providers around sharing data that is relevant. Ms. Howell shared that even if providers have FY19 data it may not be applicable to the current state of providing services. Ms. McIlvaine reinforced that the work is going to be data-driven and the State recognizes this work can be challenging. However, the data collection tool and plan to support providers to understand and complete the tool will address some of these concerns. She continued that there is a more comprehensive data collection effort planned which will assist providers with getting into more of a data collection rhythm. Further, this specific data collection effort was in direct response to provider requests to prioritize Day Habilitation service rates. Mr. Parks expressed concern around any changes to the cost report tool and communicating those changes to providers as soon as possible. Ms. McIlvaine was in agreement with this concern.

Next Steps and Adjournment

Ms. McIlvaine recapped the timeline Mr. Welch shared earlier in the meeting, the data collection tool will be distributed following this meeting. A technical assistance webinar will be held on June 29th from 4 to 5PM to answer any questions providers may have on filling out the template. Communication about that webinar is in-process and will be shared to the broader provider network.

Please have all data collection tools returned by July 15th where Optumas will aggregate that data. The webinar will include submission instructions.

In order to offer the RRAG a preliminary analysis of the data received, the RRAG meeting will be moved from July 15th to July 29th. The Deputy Secretary webinar is canceled for July to ensure the community has the opportunity to attend the RRAG.

Again, after preliminary analysis is complete, internal discussions will take place on the results along with options for the Day Habilitation rates. The plan is to present those options and have discussion in the August 19th RRAG meeting. The State will then make final policy decisions after discussions and gathering feedback.

Reminder that all meeting materials will be made available through the designated DDA webpage for this advisory group. The links to the updated FIATS, both the unlocked and locked versions will be available on this page.

Ms. McIlvaine thanked everyone for attending and commitment to this work.

The next meeting is **Friday, July 29th at 12:30 PM**. Members of the public can register through the DDA training calendar. Minutes will be made available following the meeting. Any requests/accomodations for the meeting will need to be made to Donna Will.