OLMSTEAD CONSUMER TASKFORCE MEETING

May 12, 2017 10am-3pm

Pleasant Hill Public Library
5151 Maple Drive
Pleasant Hill, IA 50327

Meeting Minutes

Taskforce Members Present:

Jenna Batten
Roxanne Cogil
Kevin Dalin
Randy Davis (phone)
Annie Gallagher (phone)
Frank Greise
Tracy Keninger
June Klein-Bacon
Kay Marcel
Gary McDermott (phone)
Kathleen O'Leary
Harry Olmstead
Mary Roberts
Len Sandler (phone)
Bruce Teague
Ingrid Wensel (phone)

Taskforce Members Absent: Dawn Francis; Kris Graves; Paul Kiburz; Ashlea Lantz; Reyma McCoy McDeid

State Agency Representatives Present:

Theresa Armstrong *Department of Human Services*
Kim Barber *Department for the Blind* (phone)
Katrina Carter *Iowa Workforce Development*
Page Eastin *Department of Human Rights*
Connie Fanselow *Department of Human Services*
Deb Johnson *Iowa Medicaid Enterprise*
Linda Kellen *Department of Inspections and Appeals*
Terri Rosonke *Iowa Finance Authority* (phone)

Guests:

Alex Bomhoff *Volunteer with NAMI DSM*
John McCalley *AmeriGroup*
Pam Heagle *Managed Care Ombudsman Office*
Teresa Bomhoff *NAMI Iowa*
Paula Connolly *ASK Resource Center*

Staff: Caitlin Owens

Welcome and Introductions

Kevin Dalin, vice-chair of the Olmstead Consumer Taskforce, called the meeting to order at 10:03am. A quorum was established.

Review, Additional Items, and Approval of the Agenda

Frank Greise proposed adding discussion of the CMS Bulletin extending the deadline for compliance with the HCBS settings rule to 2022. Harry Olmstead made a motion, Kay Marcel seconded. Motion passed as amended.

Review, Corrections and Approval of the Minutes of the March Meeting

Kay Marcel made a motion to approve the minutes from the March meeting, June Klein-Bacon seconded. Motion passed.

Department of Human Services Update – Theresa Armstrong and Deb Johnson

Iowa Medicaid Enterprise Update (Deb Johnson): Deb Johnson shared that the MCO quarterly reports have been posted and they reflect some improvement especially in the claims department.

HCBS Waivers: As requested by the Taskforce prior to the meeting, Deb walked through the process of applying for a waiver slot and answered Taskforce questions. Deb shared when applying the applicant must say they are choosing waiver services instead of institutional services. She said they have released 9,000 slots since last July which is quite a few.

Comments/Action Items:
Kay Marcel asked if there are any established timelines of when things should happen during the process that those responsible for processing and those applying must adhere to? Deb said there are none that are written in stone, but they do request that people respond to the notification of waiver slot availability within ten days, but that isn't rigid. People are notified 30 days in advance when their level of care plan is due. Kay said not having published timelines can be frustrating for consumers and it might not be clear to people that they need to prioritize responding as soon as possible. Kay encouraged the Department to consider establishing a timeline, even if it is just a suggested one, because if people understand why something is taking a long time they might be less critical of the process.

Kevin Dalin asked if there is an average wait time to begin waiver services once off the waitlist. Deb said there is not.

Harry Olmstead asked how people learn about the waivers. Deb said they work with regions, ADRCs, Iowa Compass, case managers, and others to get the information out there but they do not do direct marketing or mailings because people who are not already receiving services are not in their system. She said they are not typically marketing Medicaid, but they do hope the information they do share will be disseminated locally. She said she knows there are people who could use the services and do not know about them, and they welcome suggestions on how to reach them.

Bruce Teague said when members have Medicaid reviews due it is typically sent to the payee, who is often a family member, and if they don't respond in time and the Medicaid lapses it can take a few months to get it reinstated. He said providers are not being paid for those lapsed months because as he understands it there is no process to have that money reimbursed. He said this issue came up at a provider meeting he attended a few weeks ago and asked if there was anything a provider can do to get that reimbursed. Deb said this has always been an issue when people have to be reinstated because they did not do their reapplication soon enough. She said the information is sent to the managed care organizations and they are working on getting the case managers notified. The information is sent to whomever the member indicates in the system, which is something to pay attention to. She said if there is a member who was previously enrolled and they are able to get reinstated their Medicaid is backdated up to 90 days. She said the problem comes in when there is not a care plan in place during that gap.

Kay asked who manages the waitlist in Iowa. Deb responded that the state does, and it is managed the same way it was prior to the transition to managed care.

<u>Mental Health and Disability Services Update (Theresa Armstrong):</u> Theresa Armstrong shared that there were changes made to the MHDS levy in an attempt to provide some equalization to the counties. She said each region will be working with their counties to look at what each county can currently levy, add the totals up, and divide by the county levy population to get the new rate for each county within the region. She said it is the same amount of money, but it will equalize what each county puts towards revenues. The recently passed legislation has this starting in 2018, and currently there are 59 counties that need to reduce their levies, and 35 counties that might need to raise their levies. She said it is not clear what will happen as they are currently in the process of reviewing their budgets and have 30 days from when the bill was signed to get their budgets certified, which should be in early June. She said over the next three years counties will be looking at reducing their fund balances through services or other means, and after three years if they have fund balances they will have to reduce their levies. Counties where the population is 100,000 or more will be able to keep a fund balance of 20% and counties under 100,000 will be able to keep 25%. Cash flow is needed in the region in the first quarter so there is money to pay for services. Polk County had a little bit of a different outcome, they are not able to change their levy since they are a region of one county, but Broadlawns will be giving them $2.8 million over the next few years, and a little more than $3 million in services. Broadlawns levies funding in addition to billing services.

Theresa said another part of the bill is asking the regions to convene workgroups to focus on addressing the service needs of the most challenging individuals so they can avoid hospitalization, and if they do require hospitalization that they are able to return to the community quickly. Each region must submit a plan in the fall. Theresa said it will be about looking at braiding funding and services to make sure that the supports available are less fragmented. The state will be convening a workgroup at the same time with members from the regional workgroups and state agency representatives to try and address the issue from the state level. The community service plans are due to DHS on October 15, and DHS

will submit a report to the legislature in December. In December 2018 DHS will submit a second report on the progress of the community service plans.

Comments/Action Items:
Teresa Bomhoff said the county levy bill will require counties to lose their cash safety net and the ability for counties or regions to use excess cash to increase services has been taken out of the law, they are only allowed to use it for administrative costs. She said this means there is a timeline on the counties to build services—if they have excess funds in the next three years they have to build services they want to build, including those for hard to serve individuals, and use a portion of those funds to pay annual expenses. She said she does not think it is good that the counties will be restricted from building services. She said the same thing will happen in Polk County as they do not currently have much cash on hand and are $6.3 million short on their budget. By bringing Broadlawns into this they have compromised their ability to do the things they want to do like address workforce shortages, and with no more providers in the exchange there is going to be a significant increase in uninsured individuals and Broadlawns is going to see significant increases in their uncompensated care costs.

Olmstead Plan Walkthrough – Connie Fanselow
Handouts (LINK): Olmstead Plan Framework DRAFT
Connie Fanselow provided a detailed walkthrough of the Olmstead Plan. She said people are welcome to share feedback now or later if they think if anything after the meeting. She explained that the beginning of the document provides a detailed overview of the layout of the plan and its components. The plan has nine outcome goals, and each outcome goal has a priority area of focus; programs, activities, and policies; indicators of progress; and links to external data sources.

The "programs, activities, and policies" outline things that are being done to address the outcome goal. The "indicators of progress" section is meant to make it clear what information is being collected, and the "links to data sources" provides direct access to sources so people can review the data for themselves. Connie said there are a few data sources that are not yet online and links to those will be added when available. DHS also wants to add information from the personal experience survey results but are not currently able to link to that information.

Connie walked through several sections of the plan, outlined below with questions/comments for each section:

Access to Services: Connie shared xxx

- Teresa Bomhoff asked why monitoring the size of the direct care workforce wasn't included in the access to services priorities. Connie said she appreciates the suggestion and it may be something they can add if there are data sources that can track those outcomes. Teresa Bomhoff said data does exist and suggested incorporating it into the plan. Kay Marcel referenced a report about the lack of direct care workers and said the report notes that it is challenging to document the issue because states rarely collect this information. The report says that Wisconsin has some of the best data in the country and collected it by surveying providers over the course of the year. Kay suggested adding collecting stronger data as an activity in the plan.
- Teresa Bomhoff said Drake University started an ABA program with appropriations from the legislature and that could be added to the "training activities" under the "access to services" goal.
- Teresa Bomhoff noted that it is interesting that many of the services being measured are core plus services, which are in jeopardy because of the MHDS funding issue. Connie said the plan will be continually reviewed and updated as programs end or new ones begin. She said she does not expect the indicators of progress to change much, but it is possible there will be some changes. Theresa Armstrong said she does not want people to assume core plus services will go away in three years. She said she understands Teresa Bomhoff's concerns, but core plus services are very important and they must figure out how to pay for it. She said the regions and MCOs are working closely to figure out how to make it work.
- Teresa Bomhoff asked for the number of providers in the state to be added to what the plan is monitoring. She suggested starting with 2016 and going from there. Frank Greise agreed with that suggestion, particularly for HCBS providers and whether providers serving the various waivers are changing.
- Roxanne Cogil asked if there is something that can be added regarding children with disabilities for access to services, and also capacity for serving individuals with intellectual disabilities who aren't currently receiving

services. Harry suggested there could be data on children with disabilities available through the schools. Roxanne said the Department of Education collects information on the top chronic conditions experienced by school age children in the state.

- Teresa Bomhoff suggested adding the definition of community based setting to the plan and looking into how community based services and cuts to those services could be tracked. She said it is necessary for the plan to include the challenges as well as the successes. John McCalley suggested the definition of community based care used by the Department of Inspections and Appeals that doesn't include waiver homes is very helpful.

Life in the Community – Integration: There are fewer data sources this section because DHS wants to make sure anything in the plan is a reliable and useful data source. Suggestions are welcome.

- June asked if Section Q and discharge planning could be added to this section. Frank Greise said he would like to see action plans above and beyond Section Q so people in nursing homes receive not just information about their option to move into the community, but also what services might be available to them. Connie said there is some of that in the sections on person centered planning and quality of life.
- Kay Marcel said in terms of community integration it has been her experience that a lot of that is happening through entities not associated with the state. She said it's important for people to know about programs like Train to Inspire, the Courage League Gym, and others that provide valuable services for integration and quality of life. Connie said that might be added in the "family and natural supports" section.
- Harry Olmstead asked about addressing the issue of hospitals warehousing people with disabilities because they do not have other places to go. Connie said she thinks there is something in the plan about acute hospital beds but made a note to look into it in more detail.

Life in the Community – Employment: This section includes information about education and transition from childhood to adult for school age children, as well as workforce activities. Some of the indicators are number of people competitively employed, average earnings and hours worked, and others.

- Page Eastin suggested using US Department of Labor wage and hour data because they track the number of people employed at sub-minimum wage by facility. She said there are two VR agencies in Iowa, because services for Iowans who are blind are provided through Department for the Blind, and they are not referenced in the plan. She said there should also be mention of the four agency partners in WIOA. Connie said they are working on a companion document that includes basic overviews of the programs, activities, and policies that has more information for people to better understand the details of the programs and policies listed.

Life in the Community – Housing: Because DHS does not do much directly with housing, aside from a few programs that assist people experiencing homelessness, they will need to depend on IFA and other agencies for this section.

- Teresa Bomhoff said Polk County has a Rapid Rehousing program that may be able to provide data. Roxanne said the Anawim Housing program helps people with mental illness secure housing as well.

Life in the Community – Transportation: Similar to housing, DHS will be looking for additional information from the Department of Transportation and others for this section.

- Roxanne Cogil suggested presenting the plan at the Transportation Coordination Committee headed by Kristin Haar and running the plan by the Statewide Mobility Coordinator.
- Frank Greise said there should be information about volunteer transportation services included.
- Teresa Bomhoff suggested dividing transportation into urban and rural because they are so different.
- Harry Olmstead said access to transportation in rural areas as well as the cost of transportation are concerns.

Person Centeredness: This outcome area is focused on both people who can make their own decisions, making sure people who need assistance receive the appropriate level of help, and that people are able to manage their own supports if they want to.

- Teresa Bomhoff said the Managed Care Ombudsman puts out monthly reports that include a high number of complaints about decision making that could be a good measure to include under person centeredness.
- Page she and Frank Greise recently participated in a workgroup focused on a small section of 511 about the requirement that people working at sub-minimum wage are provided with education on decision making and

self-direction and found that a very small number of providers are actually providing that service. She said they are looking at a curriculum that could be provided statewide.
- Harry suggested broadening civic engagement to make sure it included voting.

Health and Wellness: Focuses on both the fact that people with disabilities need the same quality healthcare as everyone else, but also making sure their specific needs related to their disability are addressed. Connie said currently a lot of what is listed is related to the disability specific needs.
- Paula Connolly suggested adding recovery from general or chronic health crises in addition to recovery from mental health crisis.

Quality of Life and Safety: This includes things that allow people to acquire assets and improve their socioeconomic status, as well as emergency/disaster information, and abuse.
- Teresa Bomhoff said the managed care quarterly reports report on critical incidents within each waiver. She asked if there might be a way to include that.
- Harry suggested including abuse and bullying as well. Connie said that is a good point, and might be in the safety section.
- Page said there is data that exists on falls and falls prevention.

Family and Natural Support: Connie explained they need to balance how to give people information and the reality of not being able to list every local program that exists in the state. She said they will work on how to make that happen and welcome other thoughts on what should be included in this section.

Disability Rights Iowa Jail Report – Whitney Driscoll
Handouts (LINK): DRI Jail Report

Whitney Driscoll reported that DRI set out to examine the impact of deinstitutionalization on people with mental illness in jail. She said the purpose of the report was to educate the public and stakeholders who may not be aware of the issues outlined; and to get service providers, counties, MHDS regions, and sheriffs to review and change the way they are doing things. She said she sent the report to every sheriff, county, and MHDS region with tailored cover letters explaining the relevance of the report to their work.

For the report she visited 30 jails and spoke with staff, inspected areas within the facilities, and wrote a three part report titled “In Jail and Out of Options.” Whitney outlined the structure of the report, including the basic problems she found and the solutions proposed. The full report is linked above.

The first section of the report the focuses on the historical context of the issue. Specifically it looks at people moving from one institutional setting to another, often ending up in jail because community programming has not been built up at the rate required for the influx of people in the community, and how Iowa’s county jails are logistically and systemically responding. The section also looks into housing, how individuals with mental illness are treated in jails, correctional officer training, and the lack of resources in rural jails. The second part of the report focuses on mental health treatment and medications in Iowa jails, including the legal responsibility of jails to provide mental health treatment, the availability of psychiatric treatment, and access to prescribed medications. The final section of the report proposes systemic solutions which include prevention and intervention like mobile crisis response, crisis stabilization beds, and crisis intervention training; jail diversion programs and supports, including for those already in jail; and efforts to support people post-release.

Issues Identified:
- Some county jails are ill equipped to house individuals who are experiencing mental illness even temporarily. Several county jails in Iowa do not have the physical safety features or staffing levels to effectively serve inmates with mental illness.

- Jail staff at some facilities lack the training to properly serve individuals with mental illness and typical incident response tools such as restraint, use of force, and isolation may escalate a situation or cause further significant and lasting mental health deterioration for the individual.
- Some jails abruptly discontinue access to medications a person was taking in the community, whether the medication treats a heart condition, seizure condition, or mental illness, a practice that can result in death.
- Approximately 30% of county jails in Iowa do not provide mental health treatment beyond medication confirmation and management, indicating that hundreds of Iowans with mental illness who get incarcerated in these jails do not have access to basic mental health treatment.
- Some jails use practices that result in medical decisions being made by non-physicians, or medical decisions being made for non-medical reasons such as the inmate's ability to pre-pay for the treatment. Whitney noted this is a blatant violation of the law and encouraged anyone who hears about situations where this is taking place to contact her or DRI.
- In Iowa, diversion efforts are being led by individual counties stepping up to create jail diversion programs, multiple counties working together to pool resources, and MHDS Regions partnering to provide much needed funding and support. Jails that have most successfully treated inmates with mental illness are engaging with MHDS Regions and community mental health providers before, during, and after housing people with mental illness, but several Regions have no relationships with the county jails in their areas.

Recommendations made based on the information gathered:

- Sheriffs and jail administrators must take steps to prepare to house inmates with serious mental illness by creating relationships with mental health providers before they are needed, and by ensuring there is continuity of access to mental health treatments and medications between the jail and the community for inmates with mental illness.
- MHDS Regions should reach out to local jails to identify how they can work together to ensure current inmates, and individuals who are being released from the jail have access to available mental health services and resources.
- The state of Iowa must dedicate resources to increase the adequacy of the mental health service system by ensuring services and supports match the needs of Iowans with mental illness and by attracting qualified mental health professionals to work in all parts of our state.

Whitney said her impression after meeting with jail staff and sheriff's was that this is an issue they are aware of and want to address. She said it is complicated, but people seem committed to addressing it for the most part, and there is progress being made to update some of the dangerous features of outdated facilities. She encouraged people to contact their county jails and MHDS Regions if they have concerns or want more information.

Comments/Action Items: Harry Olmstead asked if jails have nurses on staff to address medical issues and medication administration. Whitney said some jails have access to nurses but others do not.

Kay Marcel asked why jails stop administering medication. Whitney said it can vary, but she heard from some jail staff that medications that are controlled substances or have high street value are sometimes discontinued.

Teresa Bomhoff said often when people are able to continue psychiatric mediations in jail it is usually the cheapest one available, despite the fact that not all medications work the same. Polk County changed their policy on that after the son of a friend of Teresa's stopped eating and almost died because he could not get access to the specific medication he needed, despite his mother's intervention. Whitney said there can also be issues of people experiencing withdrawal if a medication is abruptly stopped.

Harry Olmstead asked if DRI was going to make any efforts to visit the prisons. Whitney said she makes an effort to monitor at least four prisons a year, sometimes after she receives complaints from inmates. She said she receives letters from inmates of both prisons and jails with complaints of accessibility or other issues and responds to those on an individual basis.

Katrina Carter from the Department of Corrections said Iowa has nine institutions and has had to suspend services in three satellite locations, so about 450-500 people have been moved around as a result. She said she has read many articles about the criminalization of mental health, and the Department of Corrections is taking this on because it is the right thing to do. She said they are working on addressing issues like housing, aging, and others that are important and critical.

June Klein-Bacon said there are about 30 counties that have passed "stepping up" resolutions which is a nationwide model that encourages county based governments, mental health professionals, and others to come together to address the issue of incarceration and recidivism.

Social Media/Communication Strategy – Kevin Dalin
Handouts (LINK): Olmstead Consumer Taskforce Digital Presence Proposal
Kevin Dalin shared that some Taskforce members have been discussing how to do a better job of getting information from meetings out to the public. He shared a document outlining a social media and communications strategy that covers four main points with suggestions on how to address each point. The executive committee approved the proposal on May 3, 2017.

Comments/Action Items:
Frank Greise said his concern would be making sure the website is updated frequently and outdated information is removed.

Roxanne said she thinks the proposal looks great, and suggested adding a resources section to the website to help people with disabilities be independent. Kevin Dalin said he has always envisioned that being part of this project.

Roxanne asked about the cost of this initiative. Kevin Dalin said there will be a cost associated with choosing a new theme, which is in line with the expected costs the CDD incurs for the website annually.

Roxanne made a motion to approve the strategy and move forward, Harry seconded. Motion passed.

Taskforce Committee Reports
Medicaid Committee (Roxanne Cogil and Harry Olmstead): Roxanne shared that the Medicaid Committee has met a few time to work on the strategic action agenda. She said one thing they are working on is a talking point sheet that advocates can use to discuss some of the issues the committee is focusing on. She said there have been a few different drafts but it is not in a final form yet. The committee has also been reviewing the Managed Care Ombudsman reports each month.

Harry shared that the committee has been working on a document that consumers can use as a guide when deciding on a managed care organization, either when they first enroll or during open enrollment. He shared that he called each MCO with a list of questions and based on their answers was able to narrow down which MCO could best serve him pretty quickly. He said the document will be shared with the full Taskforce for additional suggestions. Harry said they are hoping to have it completed by July.

Roxanne Cogil said the committee has also discussed meeting with decision makers from each MCO, and currently have a meeting set up with AmeriGroup for the end of June.

Community Access Committee: Page Eastin shared on behalf of Ashlea Lantz. Ashlea represents the Taskforce on the State Workforce Development Board's Standing Committee for Disability Access. Page shared that currently the committee is evaluating the physical accessibility of one-stop workforce centers, and after that is complete they will be looking at program accessibility. After they have completed the program accessibility assessments they will provide recommendations on training for workforce staff.

Tracy Keninger noted that these surveys were originally conducted 15 years ago and the ADA should be something they are already complying with and asked why program and physical accessibility barriers haven't been addressed already.

Page said she thinks people are reluctant to report violations through formal channels, and while she understands the desire to resolve things at the lowest level possible, it is often through complaints made to the Department of Justice that accessibility issues get resolved. She said ADA.gov has a comprehensive checklist that looks at priority areas for accessibility and provides recommendations. She said some of the recommendations are very straightforward, while others are more creative.

Executive Committee: June shared that the committee met recently and discussed future meeting topics and speakers. She asked anyone with suggestions to reach out.

Olmstead Plan Committee: June shared that the committee had a productive meeting with Connie Fanselow, Theresa Armstrong, and Rick Shults to discuss the Olmstead Plan document ahead of the full Taskforce meeting. Current committee members include June, Dawn Francis, Annie Gallagher, Geoff Lauer, and Paula Connolly. She said one issue that has come up several times was the document functioning more as a report than a plan if there are not actual targets included. She said Rick communicated openness to reviewing some suggested targets that the committee is going to work to develop, and the committee understands that there might not be able to be targets for every objective.

CMS Bulletin Regarding HCBS Implementation

Frank Greise shared that CMS shared a memo on May 7th giving states the option to delay implementation of the settings rule an additional three years. Frank said in his opinion this allows agencies to stop their implementation that they anticipated being required to do and have been working towards. He said to delay the implementation is not recognizing the importance of that rule to begin with and will negatively impact people with disabilities. Frank recommended that the Taskforce look at taking preemptive action and request that the state not delay the implementation but proceed with the timeline that was originally established. Kay suggested including work already being done in the state as justification for not delaying the progress. Page Eastin noted that providers got that letter directly.

June suggested reaching out to Deb Johnson to ask what IME's response to this guidance is as a first step, and ask that IME communicate to providers that they should continue to work towards implementation the same way they were before this guidance was issued.

State Agency Reports

Iowa Finance Authority (Terri Rosonke): Terri Rosonke shared that a bill IFA was monitoring to put the HCBS rent subsidy program in Iowa Code passed and was signed by the Governor. She said there was a mistake in the language of the final bill that now puts the appropriation legislation in conflict with Iowa Code. IFA requested the Governor line item veto the problematic issue, which will allow IFA to go back and revise the problematic language in Iowa Code, and if it is not they will have to try and get it addressed next year.

Terri reported the HCBS rent subsidy program waitlist has about 58 people on it, which is half of what it had been operating at. Terri encouraged anyone who knows someone receiving 1915(c) services who are paying more than 30% of their income towards rent to consider applying. Harry asked where the application can be found. Terri said it can be found on the IFA website, or by contacting Terri.

Department of Corrections (Katrina Carter): Katrina Carter addressed a question brought up earlier in the meeting and said people with the most significant mental health issues tend to be housed at IMCC because the facility is set up to take care of the needs addressed in the DRI report. She said DOC does not have mental health beds per se, but rather it is a level of classification. They do know that around 60% of their inmates have mental health challenges

Katrina shared that the third round of Community Connections Supporting Reentry trainings finished up in April. She said the trainings were successful and a wonderful opportunity to learn about community providers and services, and the need to have more supports for people when they reenter the community after incarceration. Katrina said there is a

guide that was created for the training that is a good resource for a wide range of services and supports in the state. (**link to resource guide**)

Katrina also shared that through the Statewide Recidivism Reduction Strategy, NAMI has provided peer-to-peer training in eight of the nine prison facilities. She said the most exciting news coming from that is that DOC has 19 recognized apprentice programs and because of the positive feedback and interest in the peer-to-peer trainings they are hoping to start is peer support specialist apprenticeship program. She said all DOC psychologists will be taking a train-the-trainer course in mental health first aid, who will then able to provide that training to staff in the institutions.

Taskforce Member Reports
Harry Olmstead shared that he received notice that he has been appointed to the Mental Health Planning Council.

Public Comment
John McCalley shared that DRI, DD Council, and the Managed Care Ombudsman Office have collaborated to create a consumer's guide to managed care and are targeting the end of June to have that published.

Adjourn
Harry motioned to adjourn, June seconded. The meeting adjourned at 2:20pm.