



## State Medicaid Advisory Committee (SMAC)

Special Meeting

Tuesday, May 12, 2020

**AHCCCS**

(To Join by Phone) 602-666-0783 Access ID: 800 229 217 (VIRTUAL MEETING)

(To Join by Web)

<https://azgov.webex.com/azgov/onstage/g.php?MTID=e83356309a6b0b03cd922f0471de623f9>

Event # 800 229 217

4:00 PM - 5:00 PM

### Agenda

<b>I. Welcome</b>	<b>Director Jami Snyder</b>
<b>II. Introductions of Members</b>	ALL
<b>Agency Updates</b>	
<b>III. AHCCCS Updates on COVID-19</b>	<b>Director Jami Snyder</b>
<b>IV. Delivering Services in Health Care through Telephonic/Telehealth Platforms</b>	<b>Tara McCollum Plese- Arizona Alliance for Community Health Centers (AACHC)</b>
<b>V. Telehealth/Telephonic Committee Discussion</b>	ALL
<b>VI. Call to Public</b>	<b>Director Jami Snyder</b>
<b>VII. Adjourn</b>	ALL

### 2020 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October.

\*\*\*Please note the change for the October meeting date, due to conflicts.\*\*\*

All meetings will be held from 1 p.m.- 3 p.m. unless otherwise deemed necessary by the Director.

**January 8 , 2020**

**April 8, 2020**

**July 8, 2020**

**October 21, 2020**

**Two Special Meetings are scheduled to address COVID-19 AHCCCS Efforts:**

**May 12, 2020 - 4 p.m. - 5 p.m.**

**June 3, 2020 - 10 a.m. - 11 a.m.**

For information or assistance, please contact Fredreaka Graham at (602) 417-4496 or

[fredreaka.graham@azahcccs.gov](mailto:fredreaka.graham@azahcccs.gov)

# Good afternoon!

**We will begin shortly. All lines have been automatically muted.**

Please mute your phone AND computer microphone to avoid feedback.

Please do not put us on hold during today's meeting.

Please hold questions until the Q & A portion of the meeting.

If you are joining via web, there are two ways to ask questions:

1. Utilizing the chat feature
2. Raise your hand to be unmuted



# COVID-19 Response Effort State Medicaid Advisory Committee

May 12, 2020

# Where do I find the latest information about COVID-19?

- AHCCCS updates the FAQ document daily to reflect the latest guidance for providers, members and plans.
- Please find guidance at: <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>
- These are in English and Spanish.



# COVID-19 Information

AHCCCS is responding to an outbreak of respiratory illness, called COVID-19, caused by a novel (new) coronavirus. Health officials urge good hand washing hygiene, covering coughs, and staying home if you are sick.

On March 11, Governor Doug Ducey issued a [Declaration of Emergency](#)  and an [Executive Order](#)  regarding the COVID-19 outbreak in Arizona, and subsequent [Executive Orders](#)  with further administrative actions.

On March 17, 2020, AHCCCS [submitted a request](#) to the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements in order to ensure ongoing access to care over the course of the COVID-19 outbreak. As of March 23, AHCCCS has received federal approval to implement programmatic changes to help ensure access to health care for vulnerable Arizonans.

To address Medicaid-related questions from providers and contractors about COVID-19, AHCCCS has developed a list of Frequently Asked Questions Regarding Coronavirus Disease 2019 (COVID-19), updated regularly as more information becomes available.

[COVID-19 FAQs](#)

Learn how to protect yourself and stop the spread of COVID-19. Visit [azdhs.gov/COVID19](https://azdhs.gov/COVID19)  and [cdc.gov/COVID19](https://cdc.gov/COVID19) .

If you are an AHCCCS member who is experiencing flu-like symptoms, please call the 24-hour Nurse Line for your health plan (listed below):

## 24-Hour Nurse Line Numbers by Health Plan

Health Plan

Nurse Line Number



## Oversight of Health Plans

## Governmental Oversight

## Federal and State Requirements

## Legislative Sessions

## Waiver



## PCH SNCP Technical Amendment

## COVID-19 Federal Emergency Authorities Request

## IMD Waiver Amendment

## SB 1092 Legislative Directive Waiver Proposal

## American Indian Initiatives

## Mental Health Parity

## County Acute Care Contributions

## Grants

## Hospital Finance &amp; Utilization Information

## COVID-19 Federal Emergency Authorities Request

On March 17 and March 24, 2020, the Arizona Health Care Cost Containment System (AHCCCS) submitted requests to the Administrator for the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements to enable the State to combat the continued spread of 2019 novel coronavirus (COVID-19). AHCCCS is seeking a broad range of emergency authorities to:

- Strengthen the provider workforce and remove barriers to care for AHCCCS members
- Enhance Medicaid services and supports for vulnerable members for the duration of the emergency period
- Remove cost sharing and other administrative requirements to support continued access to services

Arizona's request to CMS is posted below:

- Letter To CMS Administrator on COVID-19 Flexibilities  (submitted March 17, 2020)
- Summary of Additional COVID-19 Flexibility Requests  (submitted March 24, 2020)
- Summary of Additional COVID-19 Flexibility Requests  (submitted April 17, 2020)
- Status of AHCCCS Emergency Authority Requests  (updated May 7, 2020)

CMS approved components of Arizona's request under the 1135 Waiver, Appendix K and State Plan:

- CMS 1135 Waiver Approval Letter for COVID-19 Flexibilities  (received March 23, 2020)
- CMS Medicaid Disaster Relief State Plan Amendment (SPA) Approval  (received April 1, 2020)
- CMS 1115 Waiver Appendix K Approval Letter  (received April 6, 2020)
- CMS 1115 Waiver Approved Appendix K Document  (received April 6, 2020)
- CMS Medicaid Disaster Relief State Plan Amendment (SPA) Approval, #2  (received April 9, 2020)
- CMS CHIP Disaster Relief State Plan Amendment (SPA) Approval  (received April 24, 2020)
- CMS 1135 Waiver Approval Letter for COVID-19 Flexibilities  (received May 6, 2020)

The allowances from CMS grant broad authority to Arizona to tailor changes to best serve its citizens. AHCCCS will make decisions about how and when these changes will be implemented in the coming days. The agency awaits direction from CMS regarding additional requested flexibilities.

# Status of AHCCCS Emergency Authority Requests (for the federally declared COVID-19 emergency)

*As of 5/6/2020*

	AHCCCS Requested Flexibilities	CMS Approval Status	Implementation Status
	<b>1135 Waiver</b>		
1	Permit providers located out-of-state to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees	Approved	Implemented
2	Streamline provider enrollment requirements for out of state providers	Approved	Implemented
3	Suspend revalidation of providers who are located in-state or otherwise directly impacted by the emergency.	Approved	Implemented
4	Waive the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent consistent with state law.	Approved	Implemented
5	Waive payment of the provider enrollment application fee	Approved	Implemented
6	Waive requirements for site visits to enroll a provider	Approved	Implemented
7	Suspend Medicaid Fee-for-Service prior authorization requirements.	Approved	Implemented
8	Require Fee-for-Service providers to extend existing prior authorizations for the duration of the emergency.	Approved	Implemented
9	Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II assessments.	Approved	Implemented
10	Waive requirements for written member consents and member signatures on plans of care. Verbal consents will be obtained telephonically, where identity will be reliably established, and will be documented in the member's record.	Approved	
11	Waive the face to face requirements applicable to Home Health Services including Medical supplies, equipment & appliances	Submitted, not yet approved.	

Disaster Relief SPAs (Medicaid & CHIP)			
12	<b>CHIP:</b> Under section 1135, modify the tribal consultation process by shortening the number of days before submission of the SPA and/or conducting consultation after submission of the SPA.	<b>Approved</b>	Implemented
13	<b>CHIP:</b> At State discretion, requirements related to timely processing of applications may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area.	<b>Approved</b>	Implemented
14	<b>CHIP:</b> At State discretion, it may temporarily provide continuous eligibility to CHIP enrollees who reside and/or work in a State or Federally declared disaster area	<b>Approved</b>	Implemented
15	<b>CHIP:</b> At State discretion, the State may temporarily delay acting on certain changes in circumstances affecting CHIP eligibility for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area. The state will continue to act on changes in circumstance related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid.	<b>Approved</b>	Implemented
16	<b>CHIP:</b> At State discretion, the requirement that a child is ineligible for CHIP for a period of three months from the date of the voluntary discontinuance of employer-sponsored group health insurance or individual insurance coverage may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area.	<b>Approved</b>	Not Implemented; will continue to assess need
17	<b>CHIP:</b> At State discretion, premiums or enrollment fees and co-payments may be temporarily waived for CHIP applicants and/or existing beneficiaries who reside and/or work in a State or Federally declared disaster area.	<b>Approved</b>	Implemented
18	<b>CHIP:</b> At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of time.	<b>Approved</b>	Implemented
19	<b>CHIP:</b> Exception to Disenrollment for Failure to Pay Premiums—At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of time. The premium balance will be waived if the family is determined to have been living or working in FEMA or Governor declared disaster areas based on self-declared application information or other documentation provided by the family.	<b>Approved</b>	Implemented

Disaster Relief SPAs (Medicaid & CHIP) continued			
20	<b>Medicaid:</b> Waiver from Tribal Consultation and public notice requirements	<b>Approved</b>	Implemented
21	<b>Medicaid:</b> The state will cover the new optional group pursuant to 1902(a)(10)(A)(ii)(XXIII). <i>(100% FMAP for uninsured)</i>	<b>Approved</b>	In Progress
22	<b>Medicaid:</b> 12 months of continuous eligibility for children up to 19 regardless of changes in circumstance.	<b>Approved</b>	Implemented
23	<b>Medicaid:</b> Suspend deductibles, copayments, coinsurance, and other cost sharing charges for all beneficiaries for the duration of the emergency.	<b>Approved</b>	Implemented
24	<b>Medicaid:</b> Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions	<b>Approved</b>	Implemented
25	<b>Medicaid:</b> The agency may make exceptions to published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.	<b>Approved</b>	Implemented
26	<b>Medicaid:</b> Flexibility allowing for other provider types to order Home Health services throughout the duration of the declared emergency.	<b>Approved</b>	In progress
27	<b>Medicaid:</b> Extending state plan paid “bed hold” days to a max of 30 days.	<b>Approved</b>	In progress

1115 Waiver & Appendix K			
1115 Waiver			
28	Expand the current limit for respite hours to 720 hours per benefit year (current limit: 600 hours per benefit year)	Approved	Implemented
29	Expand the provision of home delivered meals to all eligible populations	Submitted, not yet approved	
39	Provide temporary housing, not to exceed six months, if a beneficiary is homeless or is at imminent risk of homelessness and has tested positive for COVID-19.	Submitted, not yet approved	
31	Authority to make retainer payments to all providers types as appropriate, including but not limited to HCBS providers.	Submitted, not yet approved	
32	Allow Arizona to provide continuous coverage for CHIP beneficiaries, for the duration of the emergency period, regardless of any changes in circumstances or redeterminations at scheduled renewals that otherwise would result in termination.	Submitted, not yet approved	
33	Expenditure authority to pay for EPSDT covered services that were previously approved but postponed due to COVID-19 after a member turns 21.	Submitted, not yet approved	
34	Waiver of the IMD exclusion to cover inpatient services provided in IMDs regardless of the length of stay.	Submitted, not yet approved	

Appendix K			
35	Permit payment for home and community based services (HCBS) rendered by parents of minor children.	Approved	In Progress (MCO)
36	Remove the current hourly service limitation for the Spouse as Paid Caregiver Program for duration for the emergency period (currently, spouses can render no more than 40 hours of services in a 7-day period).	Approved	In Progress (MCO)
37	Authority to make retainer payments to habilitation and personal care providers	Approved	In Progress
38	Authority for long-term care services and supports for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings	Approved	In Progress
39	Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for: <ul style="list-style-type: none"> <li>○ Case managers</li> <li>○ Personal care services that only require verbal cueing</li> <li>○ In-home habilitation</li> </ul>	Approved	Implemented (MCO); In Progress (FFS)
40	Authority to expand the provision of home delivered meals to long term care members enrolled in the Arizona Long Term Care System (ALTCS) Department of Economic Security/Division of Developmental Disabilities (DES/DDD)	Approved	In Progress
41	Authority to modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers	Approved	In Progress
42	Allow case management entities to provide direct services in response to COVID-19	Approved	Not Implemented; will continue to assess need

Appendix K continued			
43	Extend reassessments and reevaluations for up to one year past the due date, if needed	Approved	In Progress
44	Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings	Approved	Implemented (MCO); In Progress (FFS)
45	Adjust prior approval/authorization elements approved in waiver	Approved	Implemented
46	Adjust assessment requirements	Approved	Not Implemented; will continue to assess need
47	Add an electronic method of signing off on required documents such as the person-centered service plan.	Approved	Implemented (MCO); In Progress (FFS)
48	Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches)	Approved	In Progress
49	Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.	Approved	In Progress (MCO)

# Status of AZ's Federal Emergency Authorities Requests as of May 6th, 2020

- CMS has approved components of Arizona's request:
  - 1135 Waiver - **March 23rd**
  - Expansion of ALTCS Respite Hours - **March 25th**
  - Medicaid Disaster Relief SPA - **April 1st**
  - 1115 Waiver Appendix K Request - **April 6th**
  - Medicaid Disaster Relief SPA (changes to home health authorization and bed-hold days) - **April 9th**
  - CHIP Disaster Relief SPA - **April 24th**
  - 1135 Waiver 4/17 request - **partial May 6th**
- Items still pending with CMS:
  - 1115 Waiver Request
  - April 17th Submissions for 1135 (partial) and 1115

# AHCCCS Receives \$2 Million for Mental Health Services

- Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a \$2 million grant to AHCCCS on April 16, 2020
  - Increase mental health services infrastructure in response to the COVID-19 national emergency
    - Add treatment services and/or infrastructure to address the increased need for services
    - Assess the adequacy of telehealth/teleconference software to address the needs of the target populations
    - Deliver recovery support services, including rapid re-housing
    - Improve access to and retention in services
- Will be used to serve individuals with co-occurring living with a Serious Mental Illness (SMI) designations and a Substance Use Disorder (SUD), healthcare workers and others with behavioral health needs

# AHCCCS Financial Relief

- Offered \$5.3 million in additional payments to Critical Access Hospitals (CAHs)
- Accelerated \$50 million in payments to hospitals which participated in the Graduate Medical Education program in 2019
- Made \$6 million in additional supplemental payments to Nursing Facilities (NFs)
- Advanced supplemental payments to three hard-hit NFs facilities by one month
- Initiated the provision of retention payments to ALTCS providers who serve individuals who are elderly or have physical disabilities and offer attendant care and/or personal care services
- Advanced over \$41M in scheduled payments to Targeted Investments Program providers, including hospitals, primary care, behavioral health outpatient and justice clinic providers

# Transfer of RBHA Services Competitive Contract Expansion

## Major Decisions

# MAJOR DECISIONS Issued on 05/06/20

- Postponement of Competitive Contract Expansion
  - RFP anticipated to be released August 4, 2020 and implemented October 1, 2021
  - Activities will resume next year for an anticipated implementation date of October 1, 2022

# MAJOR DECISIONS Issued on 05/06/20

- Greater Arizona and Maricopa County RBHA contracts will be extended through September 30, 2022
- ACC contracts will be extended through September 30, 2027
- Will postpone requirement that MCOs jointly select, contract with, and oversee a single, statewide crisis phone vendor
- Will move forward with Request for Proposal (RFP) for a single statewide Housing Administrator contracted directly with AHCCCS effective October 1, 2021
- Will move forward with having AHCCCS retain portion of the SABG prevention funding allocated to RBHAs (\$2M) effective July 1, 2021

# Resources

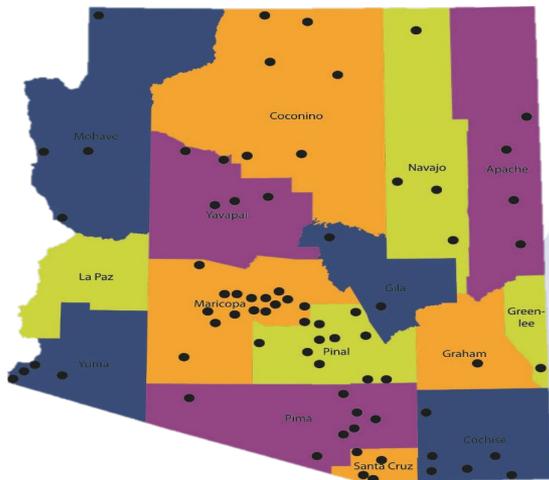
# AHCCCS COVID-19

- AHCCCS COVID-19 Information:  
<https://azahcccs.gov/AHCCCS/AboutUs/covid19.html>
- AHCCCS FAQs Regarding COVID-19:  
<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>
- AHCCCS Federal Authorities Request:  
<https://www.azahcccs.gov/Resources/Federal/PendingWaivers/1135.html>

Thank You.

# **The Telehealth Paradigm Shift for Arizona's FQHCs**

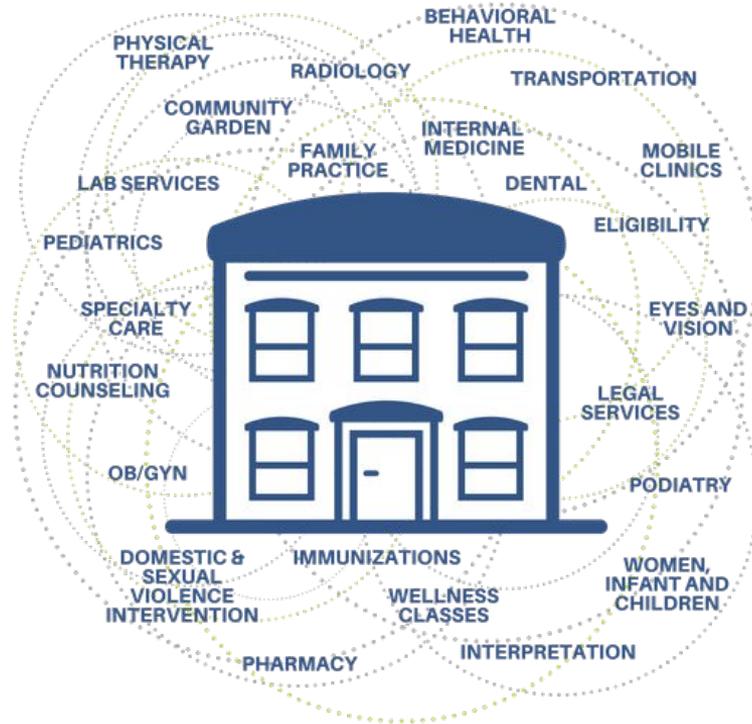
**Presentation to  
AHCCCS State Medicaid Advisory Committee  
5/12/20**



## Provides comprehensive primary and preventative healthcare

- 23 Federally Qualified Health Centers (FQHCs)
  - Serving over 700,000 Arizonans
  - At 176 sites statewide, in 14 of the 15 counties
- FQHCs are Certified Person Centered Medical Homes
  - A team approach including all types of primary care providers
  - Focus on “wellness” and chronic disease management to reduce health disparities

# Services provided by CHCs



## Community Health Centers take a tailored approach to meet the unique healthcare needs of the people in the communities they serve.

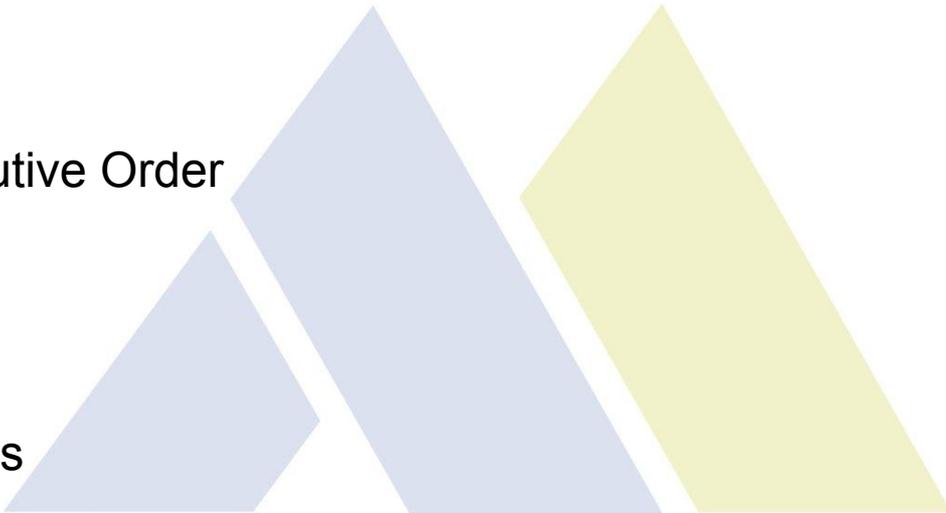
- To keep a pulse on the health care needs of the community:
  - Health Centers are governed by community based boards with patients of the health center making up the majority of the board.
- Adjust services to fit needs and priorities of their communities- Community based boards are the key
- Provide service in a linguistically and culturally appropriate setting
- Strive to eliminate health disparities among patients, recognizing the socio-demographic factors
- Connect patients to a wide variety of other services to address other social determinants of health and continuity of care

# Technology and innovation improve delivery of healthcare AZ

Outcomes and measuring improvement in healthcare delivery is an essential delivery for health centers. Each year, health center grantees and look-alikes report on their performance using the measures defined in the Uniform Data System (UDS) to Health Resources Services Administration (HRSA). The UDS is a standardized reporting system that provides consistent information about health centers and look-alikes.

- Patient Centered Medical Home Recognition 71%
- Telehealth Use 90%
- Use of EHR 95.4%
- PRAPARE (Protocol for Responding to and Assessing Patients Assets, Risks and Experiences)

# COVID-19 changes driving greater use of telehealth

- AHCCCS broadening allowable telehealth services, codes and provider types
  - Governor's Executive Order
  - CARES ACT
  - CMS rule changes
  - HHS/ HRSA/ BPHC directives to FQHCs
- 
- Three overlapping triangles are positioned behind the list items. The first triangle is light blue and is partially behind the second. The second triangle is also light blue and is partially behind the third. The third triangle is light green and is the largest and most prominent.

# AHCCCS telehealth services and codes expanded

- Broadening allowable Place of Service allowable for distant and originating sites (10/1/19)
  - No restrictions on distant site (where provider is located)
  - Broadening of originating site (where member is located) to include home for many codes
  - Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous
- No restrictions on provider disciplines

# AMPM 320-I Telehealth

- Asynchronous (store and forward) coverage including:
    - Dermatology
    - Radiology
    - Ophthalmology
    - Pathology
    - Neurology
    - Cardiology
    - Behavioral Health
    - Infectious Disease
    - Allergy/Immunology
- 

# AHCCCS and telephonic codes-effective 3/17/20 until end of COVID-19 declared emergency

Temporary telephonic codes were expanded in response to stakeholder requests:

- Including:
  - Group psychotherapy
  - Family psychotherapy
  - Medical nutrition therapy
  - Evaluation and management codes
- Medical necessity standards still apply
- Documentation standards still apply

Regardless of whether a provider is specifically contracted to provide telehealth and/or telephonic services, AHCCCS Health Plans and AHCCCS Fee for Service Programs will reimburse for services.

There is no rate difference in the AHCCCS Fee Schedule between services provided “in-person” and services offered via telehealth and/or telephonically.

# Governor's Executive Order for telehealth- 3/19/20 and 3/25/20

Expansion of telemedicine- Executive order 2020-15

## **“Proactive messages to Protect Against COVID-19”**

- Requires that insurers require a lower co-pay for telemedicine visits than in person visits in order to encourage the use of telemedicine visits.
- Refers to SB1089, which broadened covered services to include services that were in person services
- Telehealth parameters cannot be more restrictive than in person parameters
- Enforces telehealth payment parity
- Includes telephonic services as a telehealth modality
- Patient's home now recognized and covered as an originating site

# CARES Act- H.R. 728

- Secretary of HHS has authority to temporarily expand Medicare flexibility and uses for telehealth
- **FQHCs and RHCs can be distant sites for telehealth**
- Telehealth services paid by Medicare (as defined in section 1834(m) of the Social Security Act) that would otherwise be furnished in person can now be furnished via real-time, interactive telehealth technology.
- Expanded grants from the Telehealth Resource Center
- High deductible health plans may include telehealth services before the patient's deductible is met
- IHS funding to include mobile units (Tuba City!)
- VA Telehealth funding for services, mental health services and broadband expansion
- FCC allocated \$200 million to support funding for telehealth

# CMS Rule Changes

- Waivers not restricted to COVID-19 telehealth visits
- Patient location not restricted to rural residents for telehealth services
- Patient facility no longer restricted for telehealth and includes their home
- Added over 80 new telehealth codes
- Allows phones with A/V for visits
- **FQHCs and RHCs can serve as distant sites**
- **ALL Healthcare providers** eligible to bill Medicare can be reimbursed for telehealth services (PTs, OTs, SLPs)
- Telehealth must still be live two-way A/V, not audio only, may be waived for audio only E & M codes, Behavioral health counseling and education services.
- Payments for telephonic visits are the same as for similar office and outpatient visits.

# HHS changes- during the COVID-19 Crisis

- No penalties for non compliance with HIPAA rules for good faith provision of telehealth
- Can use any non-facing-public audio or video communications product (Face-time, goggle- hangouts, Zoom or Skype
- Must notify the patient of potential privacy risk of using these platforms. Must use all possible encryption and privacy models.
- May be used for any medical service, not just COVID-19 related
- HHS has released a number of telehealth funding grants

# Additional telehealth funding and grants

- **FCC – COVID-19 telehealth funding** program for non-profit healthcare providers at \$200 million
  - Competitive funding on a rolling basis until amount is exhausted
  - AZ Cap at \$1 million each
  - Reimbursable for incurred telehealth expenses
- **Connected Care**
  - Limited to healthcare providers
  - \$100 million/ 3 year program
  - Would be managed under the Universal Service Fund and target low-income veterans

## **USDA- for distant learning and telemedicine**

For state, local, tribal, non-profit & for profit entities

Eligibility limited to 90% + uninsured

\$25 million in competitive grants through 7/1/20

# Barriers Identified by Health Centers converting to telehealth services

- Providers and health center staff
  - Limited use and knowledge of broad use of telemedicine for some providers and patients
  - Shifting technology and equipment
  - Staff training
  - Protocol for contacting and inform patients
  - FTCA malpractice/ liability
  - Provider licensure questions
  - Connectivity



**Tara McCollum Plese**

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**602-739-1830**



A blue-tinted background image showing the silhouette of a person standing in a field with their arms raised in a 'V' shape, symbolizing triumph or success. The person is centered in the frame. The background consists of a bright sky with a few birds flying and some tall grasses in the foreground.

# Public Comment

Please remember to raise your hand  
or use the chat function.



***Please take the survey.***

Surveys help us better  
tailor meetings to  
your needs.