

# **Participant-Directed Programs Policy Collaborative (PDPPC)**

## **Draft Stakeholder Minutes for Review**

**Wednesday, April 28, 2020 (1:59 – 4 p.m.)**

Executive Summary: We had a great discussion about PDPPC and improving it. We had updates from Consumer Direct and all of the committees. We heard about eligibility updates and where HCPF was getting home vaccines to those in need. We had a legislative update on federal and state legislation.

### **Discussion about the PDPPC:**

John explained that there is a small group that has been discussing how to improve this committee and asked [Linda Skaflen](#) as one of the members to summarize the discussions and then would like to hear from the members.

Linda Skaflen shared:

She has been involved with this from about 2011/2012 and this iteration started because of communication challenges between the community and HCPF. The goal was to create a policy collaborative that looked at what was working well and what needed to change. Some of the rules or processes we put in place were in response to challenges we had at the time to be sure there were protocols for everyone to be heard and to assure follow up. In the ten years since a lot of change has occurred as a result and for the most part PDPPC has lived up to the goals but lately it has been more department staff talking because we've had a lot of changes. I think that the goal for those of us that have been meeting is how we make certain people participate and know that they're welcome. Because we have limited time today there are a couple of questions that we had that will really help us try to craft proposals or look a little bit differently about maybe how to move forward.

We want to start with having people who participate in the CDASS or IHSS delivery system, or their authorized representatives or family members really give us some input. This is not the full discussion but just to get some very quick one sentence input from all of you. Those two questions are

- 1) What motivated you to come in the first place to PDPPC.
- 2) What you think needs to be different.

Curt as a co-chair was asked to go first. He said: I want to make my two cents for this is for all participants. We really need your input of why you're attending these meetings and what motivates you to join. So I'd really like to hear everyone speak up at least some version of why they're here., I joined after someone asked me to join, years ago. She was a very big advocate for years. Linda Andre was outstanding. I liked all the discussion and how passionate everyone was. And over time we realized we needed to add more decorum to the meeting and get to the organization to get things accomplished. That's really what my motivation is. This is person centered, and as a self-directed program. I'm making decisions and helping establish those policies as a collaborative. So I always look forward to those meetings to join him to hear what's going on, but also to have some input and making some true changes to benefit all was so that's kind of my motivation sorry it was a one sentence, but that's really why I joined and why I ended up as cochair all these years.

Nathan: So, first question what motivates me to come to the meeting. Well, early on I recognized that there were some flaws and things that kind of slipped through the cracks, and knew there had to be a way to help make a difference and those changes, sought it out found this meeting. Second question, what needs to be different. After about five meetings now, most of this one, I feel like, perhaps we can produce a participant side advocacy to categorize complaints and concerns on participant side. And maybe, produce that data to target existing problems for appropriate solutions.

Robin: The reason I came is that Bruce my husband and I were part of the group that initiated the enabling legislation. He was also on the pilot. So, it's kind of our baby and I'm really protective of it. I think I bring a good understanding of that history and what the underlying precepts of the program are. From time to time I feel like the program kind of veers off course from time to time and so I come, mostly to just keep an eye on things. And then I also do get a lot of these posts or calls from people who are having issues. And so I want to see if there are systemic issues, or just individual issues and if there are systemic I need, I would like a place to go, which is where this meeting has been to identify those systemic issues, and potential systemic issues so we can come up with solutions. And I've actually been really impressed that I think 90% of the time, we can come up with solutions that worked better and not everybody always has to agree with me, though I really like it when they do

Natalie: I was trying to figure out a way to use CDASS funds to pay for items related to a need or goal identified in the service, things like items like cleaning supplies and PPE for caregivers and office supplies needed access to maintain records and other items needed for us to stay living independently at home and not in a nursing home, and I was using Acumen and saw their forms in other states that they had all these forms for all these different options like

mileage reimbursement and stuff. I was looking into that and then I saw that there was this thing called PDPPC and you guys had previously voted to reinstate funds for additional services, on April 22, 2015, and I have just kind of forgotten about that. So that's why I joined and this is my fourth meeting and it's been really interesting, I think what Nathan said was spot on about some kind of site where the participants can you know talk to each other and get things grouped into categories, and speak to each other about what's going on or give helpful examples to each other.

Andrea: From the case manager perspective as a case manager, supervisor, I realized that case managers were not hearing everything that was affecting our clients. I am writing why service gap in community and inclusive care model, a lack of support built in for the socioeconomic and person-centered planning with disability that look at the other pillars of health, motivation, adding additional support outside of case management agencies. I add someone to fill it in to expand the understanding of have needs, outside of the medical model and the IDD community support that include parents, personal caregivers support training, an increase of intensive care and training in behaviors support etc. And finally, as motivation we need more options for different service support models, including Consumer Direct community service options involving potentially having agencies and fiscal support entities, and again from the case management side. I wanted to join this meeting to provide a voice for case managers in the perspective of situations from the case management.

Tim Thornton added some stuff in the chat that for a long-time independent living centers were voices for people receiving services and he participated in developing consumer direction services and he wanted to make certain it continued.

And then a couple of other comments to free up time for case managers.

Linda: This group is really about a policy collaborative to look at what's working and what's not working and what could be different when it comes to consumer directed support and that's both CDASS and IHSS. Also keep in mind, we really want to know what motivated us in the first place. We want to get that motivation shared throughout the whole state regarding this program. What change is what improvements you think we can make.

John: This won't be the last session we have about this we're just trying to get a sense about what direction we're going and what might make it better. What might get people more interested in it. Maybe it is two different kinds of options as Nathan suggested a little bit before we just really want to have a lot a lot more people involved and sometimes that's because they just don't have time in their schedule, sometimes it's because they look at the word policy, those policy really mean so we're just trying to get input from all of you about

what you think would make it better. And, and the question about motivation is just to get a sense about what motivates those of you that are participating and maybe that's what would motivate others.

Nathan: The comments I made earlier are pretty much on track with what I was proposing, specifically though the outcome of such advocacy, would be from a research based process to gather the information do that identify the themes of the province where the circumstances that lead to problems, categorize them and provide that resulting data to those other groups like the department who say, Well, we really need to know what they are, it, I think does more than just bring general comments, it brings evidence of existing circumstances that are continuing to cause you know whatever the identifiable problem is, and then with that, more defined data, they can actually target those circumstances for resolving the issues rather than still trying to discover what the issue is, it's just taking a little bit more responsibility. The next level. I mean if we're going to do this, and we're going to participate in it. The reason we're doing it is to make that change, at least for me, like I said in the beginning, and it was a little bit of an experiment to throw that out there and see how much connection and feedback I saw and it seemed there was quite a bit of reception to it. So, I would propose further discussion with a group of people who would like to, you know, kind of hash out that idea. It's really, in my mind fairly simplified to make a content point receive that information, identify the themes and categorize them and then provide bit outcoming data essentially maybe a new subcommittee for this specific purpose, to help streamline discovering the roots of the problems. And of course, with proper documentation, you know, to show that the information was legitimately received and exists, similar but not as well defined discussion and intended the definition you just didn't around that could be one thing that we could really do because that kind of group could really then feed into policy and then what needs to be changed in policy and this is the backup that we have for, it's an excellent, excellent, excellent recommendation.

Julie: I'd be interested to hear from people with disabilities who use the services. What would help you participate because I love Nathan's idea and I'm wondering if we should be doing something different in these meetings, because it feels like we get a lot of participation in these meetings and then we set up subcommittees and no one goes to the subcommittees, including me, just and so I don't know if it's just time or what but it, it feels like that's where I think some of the disconnect is. I think the subcommittee's end up being kind of the professionals and department staff and we need to be in charge of making these policies as people with disabilities. So I'm just curious to hear from folks why is that happening, what should we be maybe instead breaking up in these meetings and doing the work, is it just that the subcommittee's haven't worked timing wise, just just why and what should we be doing

differently to get some of this engagement, there's a really good ideas coming out here. But how can we get this to gel?

Renee: When I do subcommittees I think, I think I often do find it is fake. I'll just bring up as an example the EVV committee. The department found out that there wasn't that many more participants, kind of fell out numbered it was cutting out like it was kind of guided mostly and controlled by other entities, and was kind of left not knowing where to go. That's just one example.

Ron Heller: Yes, number one, quickly I think everybody's got some wonderful comments today. I was talking to people and we were thinking about if it was related to a lot of regressions and got no call back right away. It's gotten better over the last few weeks but before that, it was absolutely terrible. It was determined this was referring to the FMS agency.

Nathan: I think, a very quick patch and maybe a permanent solution to the first part of some common ideas. Somebody mentioned there seems to be a lot of introduction of new ideas and good questions and there's others that said Do we try to break down this meeting and address them directly. And somebody else might have mentioned subcommittees and how do you really get to them I think is one of the comments. If we had somebody just like we have somebody who takes regular comments and notes of the meeting for minutes and things like that. Somebody who can review. During the meeting, like I already made common notes when I discovered okay this is a major theme discussed. And when somebody brings a direct comment, then that connection to the proper gift can be a subcommittee, or specifically, a department but I think in many cases it may tend to be a subcommittee for plus a special kind of area, then we can directly get that conveyed to that location so that it can actually be directly addressed and handled. That may be an idea.

Curt offered his email and phone number in case anyone had something to add: 720-220-9020

## **Erin: Updates**

First she thanked everyone who was engaged in that last discussion about like re-envisioning PDPPC She said I haven't felt that this excited about this meeting in a long time and thinking about all of the potential things that we might be able to do to improve the member experience and really have this be a great meeting so thanks for all of you who participated in that. So, regarding subcommittees, Christine mentioned earlier the Agency as AR subcommittee that happens monthly, the last Monday of the month, and I think that due to the Memorial Day holiday we're holding it the week prior. Christine said as Erin mentioned, we

do have the agency as AR workgroup. Currently, I think we're in, maybe month three or four of work. That subcommittee or workgroup is put together to discuss changes to the current IHSS rule. The current procedure that allows for agencies to serve as a members' AR. In certain situations, right now we are in great need of hearing from members. We have a pretty good turnout in the meeting but we are really hoping to get some IHSS members and ARs as people who are affected personally by any changes that would need to be made in policy. That meeting is on the fourth Thursday of every month from 10:30am to 12pm.

Erin said there is a new stakeholder engagement calendar which John and his team have put together and so most of these meetings will be on there. But we do have a couple of ways to get that information.

Jessica Corral: The background check work group just completed a nice meeting. We have really good representation from FMS vendors and we have mostly worked through our second goal. The second goal was really to focus on reviewing and updating the background process. We anticipate that we might be able to bring this workgroup to a close by June. The final goal, which is to explore and develop as needed and these protocols are fleshing out responsibilities, relating to the member AR role. And so we really were put in a lot of work so far, we've made a lot of great progress. And I think there's still that opportunity for anyone who is interested in this topic and providing your insight. Experience recommendations to hop on board for the last couple of meetings, and really support, finishing up this work. So, our meetings are an hour long, on the 3<sup>rd</sup> Thursday of the month, from 11 a.m. to 12:00 noon.

Training Workgroup: This is Alyson Weitzel from Consumer Direct. We are working on one on one training that we're working to provide later this year. So, in March 2021, PDPPC materials the external information regarding a survey that we develop in order to gauge members experiences and also to identify topics that members would like to have further training in your resources. So this really was available April 15. And we did receive some responses for that. Thank you for those who participated. Our next step is going to be to review those results of the work group and then to develop more of a timeline for that implementation of the training. We hold the workgroup, the first Tuesday of the month, the first meeting that we're actually going to have is going to be on June, 1, from 1:00 to 3pm, so it'll be two hours for the first meeting and then from there we can probably adjust to maybe an hour or so on depending on kind of those action steps and goals that we outlined in that first meeting, so there's definitely still room if anyone would like to join. We welcome all types of perspectives.

Katie McGuire has an amazing announcement, Katie: As you all are aware, electronic visit verification (EVV) was implemented last August, and is federally mandated on January 1 So now that the FMS transition is wrapped up, there's been time for employers and attendants to

use EVV. The department is planning to begin a pseudo subcommittee to discuss the policy and processes for the EVV compliance. This is after the member authorized representatives, or the employer level.

So, the initial focus will be around identifying thresholds and developing steps, so that we can best support the employers with being successful and ensuring compliance. We are currently looking at the first kickoff meeting occurring Tuesday, May 25, 10 – 11 a.m. We strongly encourage and hope for participation from members, case managers, and all of the CDASS vendors. This is specifically for CDASS so we can start diving in to supporting our members with EVV compliance, and what are those steps going to be. I'm excited for everyone to join in and provide your feedback. It's invaluable as we move forward, looking at improvements in compliance for the program.

## **Legislative Update: Candace Bailey**

Candace is the section manager for the community options benefits section. That section manages all of our 10 HCBS waivers benefits.

### Federal Legislation:

- 1) American rescue plan Act, also called ARPA, which is a 10% increase to FMAP which is the federal Medicaid participation. And that is for all home and community based programs, this is specific to actually enhancing HCBS services and not creating new things, this is not something that is meant to replace, how the state currently pays for items, it's meant to actually Supplement Not Supplant is actually the word that CMS the Centers for Medicare and Medicaid Services. So, this is something that we have this enhanced federal match for one year, it started on April 1 of 2021 and will extend through March 31 of 2022.
- 2) The American jobs plan. This is in the hopper, this is a \$400 billion plan designated that will solidify infrastructure for our care economy by creating jobs and raising wages. This is really to help create some federal minimum wages to increase those areas for a direct care workforce.
- 3) HCBS Access Act again this one is not approved yet either. This is the draft bill that would require coverage of home and community-based services under a state plan so this would essentially move HCBS out of a waiver from the 1815 C authority under the Social Security Act into a state plan option. So, we will be monitoring and watching those pieces of legislation as they move forward in the coming months.

## State Legislation

- 1) Supported Living Services (SLS) flexibility. We have requested additional funds to provide some services and supports to members who are on SLS waiver that demonstrate need. And so this funding is really to help individuals that are either at the max of their school there's service plan authorization limit or at the max of maybe a potential unit limit for a day habilitation or behavioral services if you will, just as an examples that really could utilize some additional services to remain independent in the community, rather than needing an emergency placement into the DD waiver. So, this flexibility actually provides us the option to enhance or provide some additional services funding higher unit limitations, things like that to specific individuals, when necessary, as demonstrated by the case manager agency and the member, a number of other qualifying factors there to bring have the individual remain on SLS, this is currently a budget request that has not been fully project as you all know the logo has not been sized, so we do not have the details of exactly what this will look like none of it is flushed out at this point in time, but we are hopeful that this does appear to be moving. This was a budget item.
- 2) Another piece of legislation that is department sponsored is the skilled nursing facility demonstration of need and what this bill does is it creates the framework for the department to develop criteria for authorizing expansion of new skilled Medicaid facilities, the criteria is meant to include the not necessarily limited to local demographic trends, some existing provider capacity and provider quality metrics, those are going to be the key areas that we focused on this is really so that we can establish a demonstrated need in statute, which will help us control sustainable growth for new Medicaid nursing facilities, it increases access to care for all Coloradans by promoting provider solvency and stability over competition. And so that's, you know, focusing on quality measurement metrics really helps us to get at that. The current status as of last week was the house Third Reading passed and it was introduced in the Senate and assigned to finance.
- 3) Another really exciting piece of legislation and also a budget request that is moving forward, the bill itself is actually with the governor right now for a signature. The bill is pretty minimal. We had to make one change to the elderly blind and disabled statute in order to add this service into electronic monitoring however the budget request encompasses the majority of our adult waivers. And so, what this does is this actually will allow us to expand our electronic monitoring service within the majority of our adult home community service waivers. It would allow remote support as part of that service so it's an expansion of that service. And so, this expansion of the electronic monitoring service will allow us the opportunity to support individuals in a way that they would like to be supported. So this is really exciting as well.



- 4) And then of course a really big huge bill that has been moving forward that we've been working on for literally years and years that the majority of you are well aware of as the case management redesign this bill actually repeals conflict free case management language that's current in current statute and adds the new language requirements, that would be applicable to all case management agencies. . This will create a cross disability system where case management agencies serve all populations. The idea is to have one system and not multiple bifurcated systems. This is going to help us achieve a high-performing case management system across the entire state of Colorado. It will streamline operations, increase administrative efficiencies and implement innovative initiatives that further the administration's goals, the current status of this one is that it passed this year on April 19 This bill I believe is on consent at the Senate maybe at this point in time.

Someone asked if they needed testimony on the case management legislation. This has already passed the Senate. However, they appreciate the support. Candace agreed to send John the slides which will go out with the minutes from today's meeting.

**Allyson Weitzel from Consumer Direct** gave her update: The latest member satisfaction surveys have been sent out. The FMS providers being surveyed for the 2020 year are PALCO and PPL. We mailed out 3853 surveys on March 31. And then those recipients have a return receipt of surveys by April 30 So that would be Friday.

**Eligibility Update:** Jennifer VanCleave: The public health emergency protections in terms of protecting eligibility and not terminating benefits is still in place, and we do still anticipate it to be extended through the end of the year. Obviously if we have a final end date of those protections, I will certainly be bringing this to this group as well as our standard communication channels, but we don't anticipate that until the end of this year. The other bit of information that I always share at the beginning of this update is that if you are receiving your annual redetermination packets. We still absolutely want you to complete those packets and send any verifications that might be requested to sort of keep it business as usual. Because if we're able to extend your eligibility determination out for another year certification. You won't be a part of the population that will need to be reassessed once the COVID protections are lifted at the end of the public health emergency.

Beverly Hirsekorn on my team wanted to let everybody know that the buy in premium abatement for the Buy-In program has again been extended through September, and they do anticipate that to be extended throughout the year. Obviously if there is a change to that, we'll let you know.

The most recent economic stimulus recovery payments will not be treated any differently than the past ones in that they're not considered countable income for our programs. They're also not considered a resource for 12 months after they are received. So, that comes directly from our partners at the Centers for Medicare and Medicaid.

Renee asked how much Medicaid is tied to Social Security and it was explained that for SSI Medicaid is automatically given and the systems connect with each other. However, one can have Medicaid without having Social Security. If someone has SSI they notify Social Security about any changes.

Someone else asked if the COVID protection is still in place for eligibility, does that mean there shouldn't be any breaks in services too. Jennifer said she really can only speak on behalf of the eligibility side of that but federally we are required to maintain that level of eligibility, except for those instances that would require a decrease or an end in eligibility. So if you're experiencing a break in services it's important that our eligibility team as well as the case management team is aware, so that we can find the cause of that issue, because sometimes it's on the ability side and sometimes there might be more on the services side but we want to make sure that we're not missing anything.

There was a question about how they verify income and Jennifer said that they do verify electronically through the Department of Labor, Social Security, etc. However, there is a federal requirement for Medicaid, we can accept what's called self-attestation, when somebody applies for Medicaid, meaning that you can tell us what your income is. And if it is a type of income that can be verified electronically, such as wages reported to the Department of Labor Social Security income that sort of stuff, then we don't have to request proof of that income before approving your Medicaid. If it's a different kind of income that we can't verify electronically, maybe like a private pension or self-employment, something like that we do have to request it. Part of being able to accept your, your statement, application is that we check income, electronic pleas through different electronic data sources available to the state. Right now, we are only able to access the Colorado Department of Labor, so it's really based on what the employers report to the Colorado Department of Labor. And then they total that quarterly and tell us. So that's not always the most efficient or closely related to what your current exact income is. But the good news is we are working closely with our federal partners to enhance which data sources that we can use, including some higher level, more national level data sources instead of just the Colorado Department of Labor, so we're hoping that that income verification comes closer to real time, meaning that it will also more closely match what you're reporting, when you're applying, because we're not waiting on that quarterly amount that could change in between the time that you've reported an income amount. And

when we actually get the information to make the comparison. So we're hoping that with that updated data. We're not going to need to send as many of those letters.

Curtis asked What about the annual redetermination of eligibility. Regarding bank accounts, things like inheritance could affect that. My biggest issue is being on the Buy-In because sometimes we are told we are not eligible when actually those assets technically don't have to be reported.

Jennifer said for the adult buying program and for the children's buy-in program that those are not an asset tested program. So, if you're not familiar with those programs, they're a little different than our long-term care and HCBS specific programs that do have an asset test. As part of the updates that we have, unfortunately had to kind of slow down because of COVID we are working to get better information for electronic verification of resources. And we're also working with CMS to improve our redetermination process. So it's a constant refinement and, and I am right there with you it's very frustrating for me to see those, the requests or those denials go out for assets that are either not needed or aren't appropriate, because we have the information we need in the system through our asset verification program, and it maybe wasn't picked up appropriately for, for those that aren't on an asset tested program, we don't want to have those letters go out because they're not accurate. Beverly and I worked very closely on those programs, because she's our huge Buy-In proponent and I'm on the long-term care side for eligibility. So, we definitely want to hear if there's problems because we're constantly working to refine that.

Louise asked if there was a reason one got the same letters from the PEAK site and in the mail Communication preference is controlled by the member. Any member is able to select if they would like to receive us mail notifications. Peek electronic notifications and text notifications, or a combination, and, and part of the privacy is that if you elect an electronic notification service, either email or text, we can't actually send you the official notice via those electronic methods because we can't control the confidentiality. So, we prompt you to log into your peak account and view the notices there. The default per regulation is US mail but if you don't like getting letters in the mail and you just want the electronic notices, you can, you can do that through peak or by contacting your county, in terms of multiple letters sent, I'm not sure if, if it's meaning that it's duplicated it seen in peak, and in your mailbox, or if it's several letter sent saying the same thing, or different dates. If there's several letters saying the same thing or different dates, I think that that would be something we would want to know about, and take a closer look on a case by case basis to see if there's updates, being made on the county side, or if there's maybe updates, being reported through peak and the system is automatically acting on those, so that could be a reason why.

## **Rhyann Lubitz was welcomed and gave an update on in-home vaccine administration.**

She has been working for a few months to determine with another group of individuals here at Healthcare Policy and Financing, to figure out how to identify and deploy vaccine assistance to those who can't leave their home to get a vaccination, who wants a vaccination. We identified a very large, broad net, to identify those who are unable to leave their home to get a vaccine that we have this very good net where we looked at. Does somebody have home health care are they scores on their 100.2 eligibility assessment. We looked at whether or not somebody gets private duty nursing, we cast it so wide that we actually had close to 30,000 HCBS members out of our 40,000 home and community-based service members that we put on our outreach list for our single entry points in our community center boards outreach, and then outside of that we had another list of close to 30,000 people that work with the regional accountable entities. For the past four or five weeks, case management agencies have been picking up the phone, calling people to find out: Do they need assistance getting a vaccination? Are they homebound and need to be on our list, to be able to get support, or do they need to be connected with resources like transportation or help with making an appointment?

We've been identifying those through those phone calls, who've already been vaccinated or had a future upcoming appointment to be vaccinated. So collectively, as of today, we have 29,505 members that we were able to reach out of our initial batch of close to 60,000. The one caveat I would say to that is if somebody doesn't answer their phone or return the phone call, we can't obviously put down their response because they're not returning our call. But of those 60,000 that got up, you know we did multiple phone calls, some agencies called several times. Some even more than that leaving messages, but we did have 29,500.

We had a Google form filled out then goes to a mainframe, that we have here and identified that 1033 people were not able to leave their homes to obtain a vaccine. Initially when we started this project the scope was, was only those who absolutely cannot leave their home, and then we enhanced it a little bit to say, if you're not comfortable leaving your home. We do know that there are people that are just not comfortable with being able to leave the home and be in public during this pandemic, which is completely understandable.

So right now, of those 1033 that needs support we connected, about half of those members through local solutions so different local public health agencies and various counties throughout Colorado have, you know, picked up the baton for example Denver has identified a solution and is deploying resources, you know, different counties are doing their own thing

and we're making sure that they have the list of members that need help. And then, we're working on also identifying a state vendor to be able to get out there and get shots in arms as well. So with that, I'll open it up and see if anybody has any questions for me

## **Summary from the stakeholder co-chair:**

Curt addressed future topics that can include:

- 1) Continue discussion about PDPPC and reimagining it.
- 2) Revisit the Funds for Additional Services
- 3) We will find out more about that sick time, I do know that there's other issues about that, again, Erin brought that up there are some processes that have to go there, and the clarification as well was that it's not just 30 hours per week and I'd have to acknowledge the accumulated sick time for every 30 hours that they work. So it's not just a one time thing there. Julie mentioned the use of FAS for sick time and Robin suggested also that we be allowed to have a pool

Curt reiterated his invitation for people to reach out to him directly

## **Open Forum #2:**

Renee: Can we have documents sent to us ahead of time in PDF format? John, yes that should be possible.

Michelle Mondragon: I just wanted to basically say that I applied for the disability commission in the City and County of Denver, appointed by the mayor. I've applied to it, I interviewed, I don't know if I've got the position, but I'm hoping that things will go forward so that I can share some of the information that we have on our discussions with this commission as well.

Several people shared that they had been vaccinated and it went well.

John said that next month, the PDPPC meeting is happening on Wednesday, May 26, which is the Wednesday before Memorial Day.

The meeting ended at approximately 3:30 p.m.

Notes taken from 2:00 p.m. forward by Julie Reiskin.