NOTICE

In-Person Meeting of the Nebraska Olmstead Advisory Committee

Tuesday, November 10th, 2026

9:00 a.m. Central Time

PLEASE TAKE NOTICE that on Tuesday, November 10th, 2026, at 9:00 a.m. Central/8:00 a.m. Mountain, the Nebraska Olmstead Advisory Committee will hold an in-person meeting at the Nebraska Department of Education Building located at 500 South 84th Street, Lincoln, NE 68510—Board of Education Room. You may attend in person or join the meeting virtually through Zoom via computer, smart device, or telephone at https://us06web.zoom.us/j/89062141750?pwd=cneuqET9Fi9YDqb7Oa8ApL5KlAD0SI.1

An agenda of subjects known at this time is included with this notice, but the agenda shall be kept continually current and readily available for public inspection at 301 Centennial Mall South in Lincoln, Nebraska, during normal business hours. A notice of this meeting with the agenda and other materials is available on the Nebraska Department of Health and Human Services website https://dhhs.ne.gov/Pages/Olmstead.aspx.

On October 27th, 2026, a notice of this meeting with the agenda was sent to all Committee members and was published in the Omaha World-Herald, a newspaper of statewide distribution. Notice of this meeting with the agenda and other materials are available for public inspection at 301 Centennial Mall South in Lincoln, Nebraska, and posted with the following links kept continually current: an electronic copy of the agenda, all documents being considered at the meeting, with a link to the current version of the Open Meetings Act are on the website of the Nebraska Department of Health and Human Services – https://dhhs.ne.gov/Pages/Olmstead.aspx.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 853-1452. Individuals who are deaf or hard of hearing may call DHHS via the Nebraska Relay System at 711 or (800) 833-7352 TDD prior to the meeting.

Agenda

In-Person Meeting of the Nebraska Olmstead Advisory Committee

Tuesday, November 10th, 2026

9:00 a.m. Central Time

In accordance with the Open Meetings Act, Chapter 84, Article 14 of the Revised Statutes of the State of Nebraska 1943, as amended, one copy of all reproducible written materials to be discussed is available to the public at the meeting and at the link below for examination and copying.

Join the virtual meeting by Zoom via computer, smart device, or Telephone at
https://us06web.zoom.us/j/89062141750?pwd=cneuqET9Fi9YDqb7Oa8ApL5KlAD0SI.1

1. **Call meeting to order**
    - *Kathy Hoell & Mark Smith*
    - 9:00 a.m. CT– Mark Smith and Kathy Hoell, will call the meeting to order.
    - Roll call.
    - Indicate that on October 27th, 2026, a notice of this meeting with the agenda and other materials was provided to the public and all members of the Committee. Notice of this meeting with the agenda and other materials were available for public inspection at 301 Centennial Mall South in Lincoln, Nebraska, and also posted with the following link kept continually current: an electronic copy of the agenda and all documents being considered at the meeting, with a link to the current version of the Open Meetings Act are on the website of the Nebraska Department of Health and Human Services – https://dhhs.ne.gov/Pages/Olmstead.aspx.
    - Inform the public about the location of the Open Meetings Act, which is accessible to members of the public at https://dhhs.ne.gov/Pages/Olmstead.aspx. along with a copy of all reproducible written materials to be discussed at this meeting.
    - Public comment on any agenda item(s): Pursuant to the Open Meetings Act, the Chair of the Committee reserves the right to limit comments on agenda items. In accordance with the Open Meetings Act, there is no time limit on comments made by members of the Committee. Members of the Committee and members of the public may comment on agenda items or listen to the Committee Meeting; however, if the Committee votes to hold a closed session pursuant to the Open Meetings Act, members of the public may not comment or listen during that time. **The committee requires any member of the public desiring to address the body to identify their name, including the address and the name of any organization represented by such person in accordance with Neb. Rev. Stat. §84-1412. 2.**

2. **Consider a motion to approve the agenda**
    - *Kathy Hoell & Mark Smith*

3. **Consider a motion to approve the minutes of July 15, 2026**

- *Kathy Hoell & Mark Smith*
- **Pages 5-13**

4. **Public Comment**

5. **Membership Reporting**
    - *Colin Large*
    - Dianne DeLair has resigned from her position.
        i. DHHS is in the process of securing a replacement representative from Disability Rights Nebraska.
    - Tim Heller has resigned from his position.
        i. DHHS is in the process of securing a replacement representative to represent the Advisory Committee on Mental and Behavioral Health.
    - Committee Bylaws were published on the Olmstead website on October 26, 2026.

6. **Updates from DHHS-DDD regarding HCBS Waivers and Policies**
    - *Colin Large*
    - Updates regarding AD/TBI Waivers
        i. No updates.
    - Updates regarding CDD/DDAD Waivers
        i. An extension has been sought to extend the waivers through July 1, 2026. The state is awaiting formal approval for the extension.
            1. A July 1 effective date would require submission to CMS by no later than April 1, 2027, following a 30-day public comment period.

7. **Partners for Insightful Evaluation – Olmstead Evaluation**
    - *Liz Gebhart-Morgan & Dr. Catherine Humphries Brown*

8. **Olmstead Survey Results**
    - *Kathy Hoell & Brad Meurrens*
    - See attachments

9. **Update on LB 737 Joint Hearing between HHS and Urban Affairs Committees**
    - *Kathy Hoell*
    - Advisory Committee Activities regarding hearing
    - 404 Hearing Update

10. **Workgroup Reports**
    - Community Supports- Joni Thomas
    - Education- Mary Phillips and Stacy Bliss
    - Employment- Lindy Foley
    - Housing- Tobias Orr
    - Transportation-

i. Dianne DeLair has resigned from the Committee. Vote required for new Transportation Workgroup Chair.

11. Public Comment

12. Upcoming Meeting Dates

- Next Meeting- January 20, 2027, at 9:00 am (Hybrid)—Q1
- Vote on Future Meeting Dates-
    i. April 14, 2027, at 9:00 am (In-Person)—Q2
    ii. August 11, 2027, at 9:00 am (In-Person)—Q3
    iii. November 17, 2027, at 9:00 am (Hybrid)—Q4

13. Motion to Adjourn

Minutes

In-Person Meeting of the Nebraska Olmstead Advisory Committee

Wednesday, July 15, 2026

9:00 a.m. Central Time

1. **Call meeting to order:**
   Kathy Hoell called to order the regular meeting of the Olmstead Advisory Committee at 9:01 am on Wednesday, July 15, 2026

2. **Roll Call**
   The following people were present:
   Advisory Members Present:
   In Person- Trish Bergman, Dianne DeLair, Linda Foley, Kristen Larsen, Melissa Lemmer, Tobias Orr, Mary Phillips, Peggy Reisher, Carlos Sevan, Mark Shriver, Mark Smith, Joni Thomas, Joe Valenti
   Virtual- Kathy Hoell, Stacey Bliss, Jody Faltys, Lorie Regier
   Advisory Members Absent: Kim Davis, Timothy Heller, Patrica Jurjevich, Kierstin Reed, Susan Tatum

3. **Approval of Meeting Agenda**
   Jody Faltys made a motion to approve the agenda, motion 2nd by Joni Thomas. The agenda was approved.

4. **Approval of Meeting Minutes**
   Peggy Reisher made a motion to approve the minutes as corrected, a motion 2nd by Carlos Sevan. The minutes were approved as corrected.

5. **Behavioral Health Waivers in Nebraska (Dr. Tom Janousek)**
   - **SMI waiver and community-based service development**: The SMI waiver is currently on hold while the state evaluates how existing community-based programming can continue to expand and address identified gaps. The state had previously been exploring a 1915(i) waiver as a potentially appropriate mechanism for community-based services, but is first looking at how programming develops through Community Mental Health Centers (CMHCs), CCBHCs, Assertive Community Treatment (ACT), and other existing services before moving forward with an in-home support waiver. This evaluation will consider which gaps in care have been addressed through these programs and what unmet needs remain.
   - **Expansion of CCBHC and ACT models**: The CCBHC program has transitioned to a prospective payment model, with clinics receiving a daily rate rather than traditional fee-for-service reimbursement, allowing for a more holistic approach to serving individuals in the community. ACT is essentially a "hospital without walls," providing individuals who need extended support with medication management, peer support, community support workers, therapists, and multidisciplinary services. Previously, there were three CCBHCs; with the expansion of CCBHC and ACT programming, there are now

up to seven programs across the state. The state is also working to expand CCBHC access into western Nebraska, including work with a provider in Scottsbluff and clinics near North Platte.

- **Targeted Case Management and supports to reduce institutionalization**: There is a continued focus on Targeted Case Management (TCM) and developing the complementary services individuals need to successfully live in the community. This work is also responsive to DOJ expectations around using TCM, ACT, and CCBHC services to help individuals transition out of institutional settings. The CCBHC model includes services such as supported employment, and the state is meeting with CCBHC clinics to provide information about ACT and its effectiveness in helping individuals move out of institutions. Decisions about the appropriate level of support will continue to require consideration of individual circumstances, including clinical judgment, the individual's needs, and, in some cases, guardian preferences.
- **Coordination, education, and specialized supports**: The state is continuing outreach and coordination with institutions, providers, advocates, experts, and the Office of the Public Guardian, including quarterly meetings and training opportunities. Additional education may be helpful regarding the intersection of intellectual and developmental disabilities, substance use, and mental illness and the challenges these conditions can create in treatment and service delivery. CCBHCs are required to serve individuals of all ages, while regional behavioral health authorities also offer youth-focused programs such as high-fidelity RAP. Community Treatment Aid provides another home-based, youth- and family-focused support that helps reinforce skills developed through therapy in the individual's everyday environment.
- **Crisis response and behavioral health workforce development**: The state is using grants to build infrastructure for crisis response services and is working with the Behavioral Health Education Center in Nebraska to strengthen the behavioral health workforce. Additional initiatives include development of Critical Intervention Team (CIT) training to help law enforcement appropriately engage with individuals experiencing serious mental illness and development of co-responder programs in which law enforcement, including the State Patrol, can work alongside clinicians when individuals are experiencing a behavioral health crisis. VR is also conducting outreach to individuals in assisted living facilities to increase awareness of available services.

6. **Public comment**
    - **Tory Sorensen-** I just wanted to speak about the funding for the DD waiver, which is really challenging Olmstead's goal of keeping people at home. Because of the way that the research was structured. Hurting people continue to live in their homes. Individuals/families are being told that their individual could have advanced funding tomorrow. As long as they move out of their house today. I just received some of that documentation and writing not only from the hearing officer but also from the DHHS administration regarding whether they would drop the appeal. They must move out of the home, and that aligns with the Case Mix Index funding. I don't have specific guidance from the department, but I believe that is the only determinant being used. Is the case mix index the only determinant for funding for the DD waiver? And if that is so, I think we really need to look at the research, because the way the study was structured, it's biasing funding against people who are living in their homes, which is going to do the opposite of what we want. It's going to cost the state more money.

7. **Updates from DHHS-DDD regarding HCBS Waivers and Policies**

- **AD/TBI Waiver updates**: The AD waiver has been approved for five years, and the TBI waiver amendments took effect July 1. Supporting documents were issued with the changes, and the Division has identified some issues that may require updates and republication. The Division is also working toward greater alignment between waiver language, the policy manual, and regulations, recognizing that regulatory changes generally follow waiver changes due to the promulgation timeline.
- **CDD/DDAD/FSW Waiver renewals**: Amendments to the CDD, DDAD, and FSW waivers took effect July 1, and the Division is preparing the renewals, which are due to CMS in December and expire in March 2027. The renewal process will include at least 30 days of public comment, with comments reviewed to determine whether changes to the applications are warranted. Topics raised include concerns about documentation suggesting an individual must move out of the family home to qualify for an advanced tier and potential bias in the CMI related to parent caregiving. The Division has also completed work evaluating the reliability of InterRAI compared with the ICAP through a pilot involving several hundred individuals. The ICAP was outdated and was not used to determine level of care; the Disability Index was used for level of care, while the ICAP was associated with OAP and budgeting.
- **Olmstead evaluation and other policy work**: The Division is required to procure an independent evaluator for the Olmstead Plan every three years. An RFP has been issued, vendor questions have been addressed, and the contract is anticipated to begin in October, with the two-year evaluation period running through September 2029 and culminating in a report to the Legislature. The Legislature's Urban Affairs Committee and Health and Human Services Committee receive annual updates on the plan, with a hearing scheduled for September 18. The Division is also continuing work toward flat service rates.

8. **Discussion of Service Needs Assessment used on the AD & TBI Waivers: Dr. Jenn Clark, Deputy Director for Community Services**
    - **AD SNA changes and standardization:** The AD waiver SNA was previously being completed inconsistently, with significant variation in how hours were assigned and frequent use of an “other” category. Following an audit that identified concerns with this approach, the Division standardized the SNA so that all needs fall into defined categories and established maximum hours for each service category. The new SNA took effect July 1 and was developed with input from the Area Agencies on Aging (AAA), the League, and Division staff. The changes were intended to improve consistency and do not prevent individuals with significant or 24-hour care needs from receiving appropriate supports.
    - **Service hours, exceptions, and appeals:** The SNA now establishes a clearer relationship between assessed needs, authorized hours, and the AD waiver cap, which is set at 150% of the average nursing facility rate. Individuals who have documented medical or physical needs requiring services above the established limits can request an exception, with supporting documentation and an explanation of the additional need. Some participants have experienced reductions in hours under the new SNA, although most reductions have not been significant, and participants have the right to appeal. If an appeal is filed within the applicable 10-day period, existing hours remain in place while the

appeal is considered; exception decisions may also be appealed. The cap is being implemented based on the individual's budget year, so it did not apply to every participant beginning July 1.

- **Informal supports and service coordination:** The SNA continues to recognize an expectation that some needs may be met through informal supports when available, although this does not mean an individual must have informal supports available for every hour of the day. Concerns have also been raised about AD participants not seeing their Service Coordinator (SC); when this occurs, the concern should be directed to Jenn Clark for follow-up.

9. Discussion of Needed Olmstead Advisory Committee By-Laws Updates Colin Large

- The legislature did not appropriate funding for the committee's expenses, so we should strike section 5 in article 6. The state is not able to pay for expenses.
- There is a separate section in Article 9 about accommodations
- Carlos Sevan made a motion to approve the By-laws; Mary Phillips 2nd. Bylaws approved and posted to DHHS Olmstead website.

10. Workgroup Reports

- **Community Supports** -Joni Thomas
  - Discussed what connections we have made and what we haven't
  - Colin will be attending our August meeting
  - Voted to meet bi-monthly
  - One goal that has data due is in 2026
  - Another one is due in 2027

- **Education**-Stacy Bliss, Mary Phillips
  - We are planning to host an education leaders' roundtable to discuss the current challenges.
  - Sent draft invitation out to the workgroup to edit.
  - Mark got us White's Community Engagement Center for October 16th from 9-12
  - Gotten some good data from the Department of Ed on teacher vacancies: we know from 21-22, having 86 unfilled positions in special education. That jumped to 208 in 23 and 24, and it fell to 139, but that's still a 30% vacancy rate.

- **Employment-** Lindy Foley
  - Didn't meet in July but met in May and June
  - Discussed DD Council and Sean Roy from Transcend about some training that could be coming up related to employment.
  - Had a discussion on the literature on the evidence models of supported employment
  - Several of us on the work group ordered a new quality-supported employment services handbook from VCU
  - What's currently happening related to supported employment in Nebraska, and how that can be improved.
  - How can we learn from other evidence-based best practices
  - Shared some resources currently out on the Nebraska VR website, materials that we have for families, videos, and different types of media that we use to make sure

that we're getting the message out to young people about the services that we can provide
    - Looking for ways to help move the supported employment action plan that was created a few years back with Dr. Mill's help.
    -
- **Housing** -Tobias Orr
    - Goal number one -Really focused on NIFA and DED and NIFA's findhelp.org
        - Trainings regular
        - Added Tags to their properties
        - Discussed setting up for single landlords
    - Goal number -Still a lot with NIFA and BH; identify process gaps that impede individuals with SMI
        - They came back to us with a list of all the different parts of the processes that are really causing barriers for people.
    - Goal three- Touched base with Colin; not due until July 28th of next year
    - Goal four is ATP-focused- recruiting contractors, trying to increase our contractor pool to lower the length of time from start to finish on projects.

- **Transportation-**Dianne DeLair
    - Jody Gibson with NDOT provided an update on the goals
        - Goal 1: Improve physical accessibility at public facilities, under the jurisdiction of the Department of Transportation.
        - Goal 2: Advance the digital accessibility of the Nebraska Department of Transportation website content.
        - Goal 3, ensure accessible and public participation. Ensuring people with disabilities have what they need to participate in and learn about transit and transportation in Nebraska. Rural Transit organizations have been asked to cut their budgets by 30%. Lyft applied or was in the process of applying to be a Medicaid Transportation provider
        - It didn't go well with Lyft because other providers can protest
        - Lyft can be a provider, but they have to be the last resort
    - Consensus within our group that these goals are moving forward
    - We've got some serious issues that are percolating out there for getting participants from point A to point B
    - Budget cuts are affecting 49 transportation agencies across the state.
    - Transportation providers across the state are either raising fares, cutting service hours, or considering closing altogether.
    - Discussed the Office of Legal Counsel memo
    - The National Association of Nebraska Transit Providers is doing some contacting of Congressional representatives about these budget cuts and how they are affecting ridership and people across the state.

11. Discussion of Senator Roundtree's October Olmstead Hearing with Health and Human Services and Urban Affairs Committees

- Hearing on September 18 originally was in October

- Kathy and Mark have been asked to testify at the hearing. We may reach out to this group for feedback as it relates to the Olmstead group
- Testifying is by invitation
- DHHS will work with our Office of Legislative Services to respond to inquiries from Senators

12. Current DOJ Statements on Olmstead Decision Requirements- Advisory Committee

- There are discussions about whether we need to have a community imperative at the state level in Nebraska, which may impact Olmstead.
- Slip opinion- directive to federal agencies within the administration that the Supreme Court got it wrong with the decision at Olmstead, that the integration mandate has gone far beyond what the statute in Section 504 and Title II of the ADA says, with respect to the integration mandate
- The effect of that memo is that the DOJ or other agencies can decide we're not going to enforce that section of the law. There may be limited movement on any complaints or investigations involving Olmstead violations, similar to the one we had here in our state.
- Doesn't nullify the Olmstead Decision or Title II or section 504 or all of the cases
- National organizations anticipate that the next step will be to try to change the regulations through notice and comment under Section 504 of the Rehab Act and Title II of the ADA.

13. Public comment

Mary Lawson - I'm representing Nebraska absent from the Association of Persons Supporting 21st. How is this group addressing funding gaps for people who don't necessarily meet the VR requirements and want to go to work? Those people who have made their way through all those milestones but still need some additional support are denied funding at that point.

Sara Kline-Question about the SNA and about travel time, and some of the discrepancies. Will the new SNA be seen? Will that be compared to the last SNA? The other question is, what is the maximum amount of supervision hours you're going to be able to get with this new SNA? I've heard from other parents as well that, even with medical documentation, hours are not recorded correctly, so moving forward with this new SNA. How are families fairly treated with medical documentation and the appropriate true needs of the individual? We've been doing a lot of Zoom since December, and I'm wondering if there's any way, with these agendas, to help people be more prepared to answer these questions or share information. A lot of the committees, even the DD committees, have asked for information, and DHHS either refuses to provide it or backs away. Is there a way to structure the agenda so that the appropriate people from DHHS can be present and these questions can be answered more effectively? That's all I really wanted to say about that. It appears this is a constant, ongoing issue where no one is ever prepared for these meetings. Yeah, I just noticed that DHHS usually cannot answer the appropriate questions or come prepared. I think that's being seen in every single Zoom and committee meeting, so I just wanted to let them know that that's being seen, that questions just aren't being answered, and there really isn't a lot of transparency. But thank you so much.

Deborah Anderson- I'm calling from Oakland, Nebraska, and I could probably make comments for hours, but I'm also a Nebraska educator and have been following. We have a 43-year-old severe son who has faced everything. Yesterday, after 23 years of fighting for his integration into the community, we got a call from his day provider. They're dropping all of his programs that took him out into the community because they don't have enough funding. For health, he's to go for exercise at the hospital and physical therapy; he will only do that once a day, once a week, and the algorithm… I'm just going to make this comment. I've done a lot of research. I have worked with assessments. I have had statistics classes, and all the comments about, oh, if you look at the curve, you know, da-da-da. Educators do know what's in the algorithm. I've, for instance, researched and read all the reports on interRAI. The one thing that no one keeps bringing up is that, from a financial standpoint, they have now made families who have worked so hard to protect and provide safety, love, and community for their children the enemy. The comments last week from the governor- I mean, it's like we're all committing fraud, even though it costs less money. And the one thing that's in the algorithm that no one seems to be able to tell you is lifespan, and if you look at anything with group homes, we're on the advisory committee, which we've got a meeting at 1:30 with North Star. If you look at any organization like that, lifespan goes into the algorithm. It is in it, and we know that the lifespan decreases. Decreases if your child, adult child, or disabled child is in a group home or an institution. And when the interRAI is pointed at families that have given up a lot of their life to do this and to protect their child and turn them into an enemy with the general public with the message that is coming from our elected leaders and force them into saying that they will provide services if you institutionalize and not looking at that, they need to let the public know that in that algorithm, I know there is a lifespan. Australia had it in because the state of Nebraska actually controls what goes into the algorithm. So, that's what interRAI has said. And so you can read a thousand pages from interRAI, which was never meant to be used as the only means of providing services. And the last thing, if you're talking about Olmstead. I have talked to and left messages with every state senator and every agency. I've called national senators, talked to Fetterman's office last week, and, um, none of the Nebraska delegates have responded in the past year. I finally got a response from Adrian Smith after a very long process, but I have not had a response about what is happening. I have not heard DHHS make one comment about concerns. So, as an educator, when kids come into a school, you do everything possible to help that child, regardless of who they are. I teach music, so I'd see these special needs kids in music from, you know, kindergarten through 12, or until they graduate, and you do everything you can. I have never heard one word about what we need to do to help. How do we protect our kids? How do we protect the special needs? It has always been just their budget cuts. I wish we could have a conversation. And I will continue, but, um, if you look at it, I wake up every day knowing that the majority of leaders in our state would rather see my child dead than alive to get money, and that they don't care what services are provided and what happens. Seth has never once been left by himself because we know it would harm him, and they're saying he can go for hours, and we need to keep that in mind. I had a mom who was doing what it's doing to families. I had a mom call

and said she was considering. She really needed, you know, an older adult, and the daughter is in her 50s, taking their lives so as not to institutionalize her daughter if they would no longer support her. Because it's almost… we were told that if you appeal a decision, we can take more away from you. And that came from a DHSS employee. And this mom, the same thing. If you institutionalize, we will give full service. If you don't, no. They dropped from severe to intermediate. And tough luck, so… I don't know. You know that's in the algorithm, and that should be given to families, especially since that's who was attacked. So I know that's not a lot of honey with the vinegar, but I think we're past the honey time. This is a serious problem. Also, administrators, I talked to a past president of Nebraska school boards and of national school boards; they're very concerned about integration and what's going to happen in public schools, because where budgets are tight, they're not going to. If this goes through, and with Olmstead, they won't be able to provide services. You're going to see all these kids of all ages sitting in a room, and they won't be integrated. The least restrictive, and they won't have the money to do it, because it will be cut from the state of Nebraska. Especially for public schools. Okay, thank you so much. You've got a big job. Bye.

Randy Ross- My name's Randy Ross. I'm an agency, but I'm also a parent of a young adult. I want to put up a note. I'm the one who's constantly talking about the cost share. The share cost is bringing people down to $392 a month, many of them on the Aged and Disabled Waiver, which is about 25% of the poverty line. We're just making it so that people who can't stay in their homes for that kind of money won't be able to. That's going to pay for their home, their food, their rent. I guess I don't want to lose sight of this. The cost share needs to be revisited. It's the wrong amount. It's not being tracked correctly on the aged and disabled side. Mike Foley's team could not see this audit, this money flowing through the EVV system, and on the aged and disabled waiver, that's how it's supposed to be done. He did not see that happening in his report. I'm not sure what that means. Well, I'm a CPA too, by the way. That means he didn't see the money coming into the EVV system. So we've got a problem here. My concern is what happens when the providers aren't available. That person had to spend down. Now they can't access services because there are no providers, and they're stuck there trying to spend down their money; they're stuck in this EVV system trying to get personal care services. They can't spend the money on something else. So, this is not a good situation, I do not think, for our aged, disabled, and TBI people, especially. There's a share cost. It's the same regular Medicaid on the DD side, but I know it's handled differently. Like most other people, they are making a payment to the state first, like the first of the month, or maybe it's just taken out of the bank account- who knows- but they're not tying it into these services and making other people try to track it and providers. It's just that I don't think this is working well, and I think it's affecting a lot more people than maybe we realize, and I'd like not to lose sight of it. I hope to work with legislation to change the amount and, ultimately, the way we track it. That's it. Thank you.

14. Upcoming Meeting Dates

- Next Meeting- November 18, 2026, at 9:00 am (In-Person) – Q4
- Future Meeting Dates- January 20, 2027, at 9:00 am (Hybrid)—Q1
- April 14, 2027, at 9:00 am (In-Person)—Q2

- August 11, 2027, at 9:00 am (In-Person)—Q3
- November 17, 2027, at 9:00 am (Hybrid)—Q4
- Motion to approve meeting dates made by Mary Phillips, 2nd by Trish Bergman; meeting dates passed.

15. Meeting adjourned at 12:38 pm