Division of Public and Behavioral Health
Substance Abuse Prevention and Treatment Agency (SAPTA)
Advisory Board (SAB)

DRAFT MINUTES

DATE: August 20, 2014
TIME: 9:30am
LOCATION: Truckee Meadows Community College
Redfield Campus
18600 Wedge Parkway
HTC Room 103
Reno, Nevada

Video-Conference
University of Nevada, Las Vegas
3200 E. Cheyenne Ave., Room 2638
Las Vegas, Nevada

Great Basin College
1500 College Parkway
HTC 137
Elko, Nevada

BOARD MEMBERS PRESENT

Reno Site	
Ed Sampson*	Frontier Community Coalition
Diaz Dixon	Step 2
Michele Watkins	Central Lyon Youth Connection
Jennifer Snyder	Join Together Northern Nevada
Christopher Croft*	Tahoe Youth and Family Services
Lana Robards	New Frontier Treatment Center
Michelle Berry	CASAT
Steve Burt (Chair)	The Ridge House
Tammra Pearce	Bristlecone Family Resources
Las Vegas Site	
Debra Reed	Las Vegas Indian Center
Ron Lawrence	Community Counseling Center
Elko Site	
Ester Quilici	Vitality Unlimited

BOARD MEMBERS ABSENT

Kevin Morss / Richard Jimenez	WestCare
Jamie Ross	PACT Coalition
Yolanda Correa	Bridge Counseling

STATE OF NEVADA STAFF

Betsy Fedor	DPBH/SAPTA
Kendra Furlong	DPBH/SAPTA
Kevin Quint	DPBH/SAPTA
Meg Matta (recorder)	DPBH/SAPTA
Stephanie Woodard	DPBH/RCHS
Theresa Patrick	DPBH/SAPTA

OTHERS PRESENT

Agata Gawronski	Board of Examiners
Barry Lovgren	Public
Debra Ridenour	New Frontier Treatment Center
Denise Everett	Quest Counseling and Consulting
Janeva Tucker	New Frontier Treatment Center
Michelle Padden*	CASAT
Stuart Gordon	Family Counseling Service

* Attended telephonically

#1 – Welcome and Introductions
Chairperson Steve Burt opened the meeting in due form at 9:35 am with introductions.

#2 – Public Comment
Ester Quilici asked SAPTA to make reimbursements to providers a top priority. Her opinion, based on an email she received outlining problems, is that other internal functions such as budgets and Avatar problems are given priority. She would welcome a keener sense of urgency with regards to paying the providers. She reminded the group that the providers are overwhelmed not only by the most difficult group of clients seeking treatment now, but also with changing regulations and declining support from the state. She referred again to the email giving a vague time for when they could expect their draws to be processed, and she feels that isn't adequate. Steve Burt replied that some of Ester's concerns would be addressed in agenda item number 4.

Debra Reed said she agreed completely with Ester Quilici. She said it was frustrating for the providers to cope with not only the changes in Medicaid regulations, but also constant changes in the SAPTA procedures. She said that concerns have not been addressed by SAPTA or the State Legislature, and proposed expressing concerns to the federal government, as that is the source of most of the funding. She thinks the issues have gone on too long. Steve Burt thanked Debra and reiterated that these concerns would be covered later in the meeting.

Denise Everett commented on the reimbursement schedule where SAPTA pays the providers the remaining percentage of what a client is unable to pay according to the sliding fee scale. However, they often can't collect the client's portion for varying reasons, and the SAPTA portion of the rate doesn't cover the actual costs of providing the service. This is especially true with the addition highly credentialed staff hired to meet requirements for co-occurring disorders. She said if this policy continues, it will cause financial hardship for the providers and a threat to the ability to keep their doors open. She asked the other providers in the room that if they agreed, to make it an agenda item for the next meeting.

Barry Lovgren commented on the positive things that he saw were happening in SAPTA. The first was SAPTA's partnering with Maternal and Child Health to develop a statewide public education campaign to publicize the availability of substance abuse treatment and admission priority for pregnant women. He praised SAPTA's sliding fee scale based on the federal poverty level. He also mentioned the pilot project for funding a for-profit provider in southern Nevada using state money rather than federal money to cut through red-tape and allow the provider to make their program eligible for Medicaid reimbursements. He expressed hope that this pilot project is successful in extending treatment availability to a wider community, especially substance-abusing pregnant women. He also stated that the only SAPTA funded methadone program is Adelson Clinic in Las Vegas, and adding another provider will help in the fight against the heroin epidemic. He said if this works, SAPTA can extend the availability of methadone treatment to northern Nevada as well. He finished by commending SAPTA for thinking out of the box.

#3 – Approval of Minutes from the June 18 and June 27, 2014, Meetings
Ester Quilici moved, and Lana Robards seconded to approve both the minutes as edited. The motion carried.

#4 – Standing Informational Items: Chair person's Report, SAPTA Reports, and CASAT Report

- Chair Report – there was no report
- SAPTA Report – Kevin Quint discussed personnel vacancies in SAPTA. The Office Manager (Admin 4) position remains vacant and will need to be re-opened for applications. Nan Kreher's position in epidemiology moved to OPHIE upon her retirement, because it makes more sense to house the position in the agency responsible for epidemiology. SAPTA has a memorandum of understanding with OPHIE to provide value to SAPTA. That new person will still be involved in the Statewide Epidemiology Workgroup, and will continue to collect data and provide special reports to SAPTA. Charlene Herst is retiring on

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October 10, and Kendra Furlong who is on the data team will move to the treatment team because of her expertise in Medicaid billing.

Theresa Patrick, on SAPTA's Grant Management Unit named the members of the unit and described their responsibilities. They do everything with relation to the grants beginning with the application process, to working with the DPBH fiscal people, payment processing, and required reporting to USAspending.gov. They are also working on the assurances and Theresa encouraged the providers to read the assurances carefully as they contain the federal requirements and modifications on the grants. She said they are putting tracking tools in place to hit all targets and avoid new audit findings. She reminded the providers that the Grants Management Unit people are new to the process and hope to work in conjunction with all the providers to create a system that functions accurately and smoothly.

Ester Quilici asked if payment to service providers could be made a priority, and Theresa replied that it is a priority. Ester said since the division reorganized there has been a string of excuses and the providers no longer know what to expect and when to expect it. Theresa pointed out that the providers had changes in their scopes of work and inconsistencies with their input in the NHIPPS(for example, asking for reimbursement for service levels they did not provide) which have caused many delays. She asked the providers to clean up their data and SAPTA will have one less hurdle to overcome to get the payments processed. In the state regulations, there is a specified time limit for the reimbursement to sit on each desk. Ester asked how many levels of personnel and signatures the reimbursements had to go through to get processed. Theresa described the process beginning with downloading the information from NHIPPS by the SAPTA Accounting Assistant, who reviews the information for correctness and returns it to the provider for signature, then to the Health Program Specialist for review, then to the Grants Project Manager for signature, then to the Agency Chief for signature, then across the parking lot to the fiscal group in the other building to the Accounting Technician, and on to her supervisors for the third and fourth signatures. The process is lengthy but SAPTA tries to push it through as fast as possible. An effort is made to ensure that the process proceeds.

Ron Lawrence had a comment about streamlining the process. He said that the entire burden for correctness is falling on the agencies in a system that has undergone massive change. He recommended that the providers check their work for correctness before they submit to avoid the extra time it takes to catch the mistakes and amend the documents. He recommended that the providers get the requests for reimbursements in as soon as possible, that SAPTA pay as quickly as possible and then rely on the mechanisms that are in place to make adjustments later. He emphasized that none of the providers are out to cheat the state in any way; they want to get people treated and staff paid. He feels the burden for correctness has to be shared between the providers and the state.

Kevin Quint commented that he recognizes that an 8-step process is onerous. He will be finding out how the process grew so long, and what can be done to correct it. Ester asked what the 8 steps ensure that the more expedient former system did not ensure. She said they used to submit on the first, it processed on the third, and the providers were paid very quickly thereafter. She questioned if the Division really believes that all the added signatures are examining the minutia of the reimbursements. She does not believe that the extra scrutiny adds anything to the quality of the draw. Theresa agreed that it was overkill and it is a system that she inherited and has to work with. She agreed that all the extra eyes are probably not drilling down into program detail, and it is excessive. Kevin agreed that his signature was not necessary. He looks quickly at a program's request and what the draw-down for the year is for his own internal information. However, his situation only delays it by an hour as he handles them immediately and walks them to the next step. He thinks the system is clogged and is a result of the two divisions coming together and two processes coming together. He said the provider is getting the short end of the stick and the big task will be in getting it fixed. He wants to get the process back on track so it works as well as it used to.

Steve Burt said his agency is also in a pinch from not getting reimbursed quickly. However, he examined each one of the progress notes as SAPTA returned the billing and confirmed that his staff submitted inaccurately. He has clinicians in charge of trying to do math on the federal requirements and that is not what they are trained to do. He is thankful that SAPTA provided a grace period that will enable him to identify what each of the clinicians need to learn when they enter the data into NHIPPS. He also thanked SAPTA for taking the leap of faith to process the claims without the documentation so that he could work on it later.

Theresa agreed that more than one provider made similar mistakes and that this is perhaps a good training opportunity, and a better attempt made to make the information more clear to clinicians. Steve Burt agreed with Denise Everett that a formal training on this billing event for the clinicians is necessary to maximize billing opportunities to SAPTA, and SAPTA's billing opportunities to SAMHSA. He stated that it will be tough as some of the providers have un-bundled and now there is Medicaid to consider. Theresa said the Chuck Bailey, supervisor of the data team, is aware of this. He prepared a power point presentation and hoped that providers would call when they had questions. She also said the notice of grant award (NOGA) was awarded late, the awards were delayed, and there were just a myriad of obstacles. Kevin said that the Health Program Specialists for treatment are calling and doing their best to help answer questions. He asked the providers to call when they are unsure of a process.

Ester Quilici asked if the co-pay that they are unable to collect from the client can be billed back to SAPTA so that the provider is not impugned. Kevin said that there has been so much change that the rules are difficult to figure out. He thinks it cannot be done at this time but he will continue to research it. Ester replied that they can bill Medicaid for the impugned copayment; and wondered who in SAPTA changed the rules so that SAPTA cannot reimburse for unpaid co-pays. Kevin said that it was written in the Sliding Fee Scale Policy that they all voted to pass in the last meeting, and asked if it needed to be revisited. Steve Burt said that when they were asked to write the Sliding Fee Scale policy, it was intended to be uniform and applicable to all clients across the state. At the time it made sense to base it on the federal poverty level guidelines, but now that all the providers are seeing how it plays out, perhaps everyone is rethinking. The Medicaid rule is that the providers bill the contract rate and Medicaid pays what they will pay, and the client may not be charged anything additional. He asked if that was what the providers want from SAPTA as well.

Kendra Furlong's comment was that the sliding fee scale applies to self-pay clients only. Steve Burt said that the self-pay clients are not SAPTA clients and there is no obligation to enter them into NHIPPS; but Kendra replied that the scale still only applies to the self-paying client. Stu Gordon said it sounded to him like the providers no longer have grants; they have another insurance company with a lot of paperwork -- and a poorly-paying one at that. He said it is absolutely not a grant, it is a contract; and while he sits in training he is not seeing clients and is losing money. He has not been paid for the last two weeks, and is closing his 2.1 program. Medicaid doesn't pay and SAPTA doesn't pay.

Debra Reed agreed with Stu Gordon that it isn't a grant, it is a fee for service which is not based on need. She would like to hear from the federal government stating that this is the way they are now directing states to manage SAMHSA funding. She asked for it to be in writing that federal funding is now fee for service, not needs-based grants. She feels that SAPTA staff understands this and is trying to help the providers, but that SAPTA is being blocked as well. She suggested sending a letter to the congressmen to ask for assistance.

Diaz Dixon advocated working on a solution within the Advisory Board before taking it to a congressman or assemblyman. He emphasized that it is very important for the providers to do the problem-solving; and develop good, strong potential solutions rather than just handing the power over to others. If they gave it to others, changes could be made by people who do not have a full understanding of how the providers work, or the difference between receiving a grant vs. a contract; possibly resulting in unwelcome changes. He agreed that the way things are currently is like fitting a square peg in a round hole; it has changed from the

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time when SAPTA could be more accommodating. With all the pressures now on SAPTA to conform to the changes, SAPTA can no longer help the providers get their accounting straight and expedite service to the population. Diaz affirmed the opinion that they are now operating under a contract rather than a grant, but emphasized that all the providers have to come together to work with SAPTA towards a solution. He called on the providers to define how they wanted to present the issue; why it is important to make the changes; what the benefits will be to the state of Nevada; and most importantly, how it will benefit more clients efficiently and effectively.

Diaz revisited the previous conversation about co-pays and said that it is important to be sure that it does not become a barrier to treatment. Not only do the providers have to write off bad debt, but the bigger picture is that it is detrimental to the provider when they are in a capital campaign and have to show their bad books to the foundations from which they seek funding. Uncollected co-pays ultimately become a barrier to the ability to expand treatment facilities. The people who may be able to provide funding for treatment will see a poor infrastructure because they do not understand the population being served.

Lana confirmed that New Frontier had experienced the same troubles pertaining to financing, and agreed with the comments expressed. Getting back to the Sliding Fee Scale, she proposed that it be an agenda item so that the discussions can be continued. She said it was initially pushed through because it was holding up contract agreements and reimbursements. The concern about delayed reimbursements and the ability to make payroll outweighed other questions at the time, and as a result New Frontier has taken a substantial financial hit. She said that formerly, the Sliding Fee Scale worked in addition to the reimbursement from SAPTA. Now it is the Sliding Fee Scale discounted from the reimbursement. The combination of the two working together was what enabled the providers to exist. Now, it has become a gamble if there will be any reimbursement for provided treatment, and the stress on the providers is far greater than ever before. She emphasized that if she takes another hit on the reimbursements as happened last year, it will affect her bottom line and Hawthorne and Tonopah sites will have to close. She said that all providers have their own business model so that none are really alike, but all have the same set of problems. She wants to keep the dialogue open so that this can improve. For the record, Lana added that there may need to be other people from Public and Behavioral Health who have decision-making power, to join the conversation.

Kevin explained that the turn-over in SAPTA staff is adding to the confusion, it is not only a Divisional problem. In the past the Sliding Fee Scale Committee met as a separate committee, and Kevin suggested it could be more robust if other SAPTA staff were involved. He promised that any comments made to him would be carried up the chain of command and that everything is transparent.

Diaz Dixon said he wanted the Board to unite and for each agency to gain an understanding of the common difficulties all are experiencing. He asks the Board to come up with solutions to present to SAPTA. It will be more expedient in the long run if, by the time the people higher than SAPTA see the proposals, everyone in SAPTA and the providers are united in their recommendation.

Steve Burt asked if the group wanted to reconvene the Rates Subcommittee to include Kendra Furlong, Kevin Quint, someone from the Grants Management Unit, and someone from the treatment team.

Kevin said the problem is with the business model. Many changes are coming together to create complexity. Money is no longer in one pot as it was in simpler times, Medicaid is forcing a medical model in terms of billing which gets passed down to the clients, and there are additional utilization management issues. Kevin expressed the opinion that the business models that the providers are under from the perspective of SAPTA is not coming not from the grant but from the contract. The providers are being asked to do work for less than what is costs them to do it, and they are losing money. He wants to see a robust business model developed. Lana commented that SAPTA had not completely transitioned to the new system and everyone is trying to cope with two methods at once. The old thinking is that the providers should get 1/12th of their award per month regardless of the utilization; but a new standard has been created for utilization which

requires reimbursements based on encounter data generated through the NHIPPS record. Yet it isn't a true fee-for-service method either. Lana added that she does not think enough forethought was given to the project as it was being rolled out. Initial calls were directed to her, when if she had had a SAPTA-prepared webinar or some other form of presentation that her clinical team could receive, they would have been better equipped and more accurate in their reporting. To SAPTA's credit, Lana continued, the utilization issues did not hold up reimbursements. The utilization reports were sent out after-the-fact and the providers could go back to make changes.

Steve Burt asked if anyone else, including non-board members would like to join the Rates Subcommittee. Denise Everett's name was put forward, together with SAPTA staff. The next meeting of the Rates Subcommittee was established for the following week.

Kendra Furlong added that her team in SAPTA is working on a flow chart for each of the providers to show the reimbursements compared to the activities that will bring in revenues, and show where money will be lost. It is important to accomplish this in order to build a billing system that will work for the providers. There are too many variables specific to each provider to expect everyone to bill the same way. She is planning a meeting with each provider on the Sliding Fee Scale to get specific and targeted input.

Lana Robards responded that Kendra's efforts will definitely help when working with MyAvatar; but the problems for the Rates Subcommittee go beyond issues with My Avatar and are an emergent need. Steve Burt added that it is an issue of a client's access to care. Kevin Quint commented that while the client's access to care is the larger issue, if the providers don't tackle their business models, it will have an adverse affect on access to care. The providers need to develop a robust business model that adds to their bottom line. Additionally, SAPTA needs to do all possible to ensure that the agency is not adding to the impediments. It is important that the providers make it a priority to work with SAPTA to define their reimbursement flow charts.

Denise Everett said it feels as though the providers are being encouraged to do business like the for-profit entities. She said the whole purpose of government subsidies to non-profits is so that the government would not have to provide the treatment. She does not want the purpose for non-profits to get lost in the discussion.

Kevin briefly discussed July and August draws, and solving problems to get them out in as timely a way as possible. SAPTA is working with OPHIE on a needs assessment for the Request for Applications (RFAs) for treatment and prevention, which should be done in December or January. There should be a public workshop scheduled for NAC 458 revisions within the next few months. Treatment team is working on an FAQ, which will be published soon on the division website once it gets rebuilt and running. They are also working on consolidating some of the certification monitoring process for both Prevention and Treatment, to include CASAT, fiscal and programmatic monitors. He will be attending a meeting on telemedicine at the legislature. He asked the providers to keep in mind that due to a variety of reasons including Medicaid, State General Fund budgets for treatment could be on the chopping block.

- Charlene Herst reported on Prevention issues. The open and competitive Prevention RFA will be released by October 10. The Bidders Conference will be in November, and the submissions will be accepted in December. The Objective Review should happen sometime at the end of January or early February, so that the coalitions who win funding will have time to do their RFAs for passing through funds to community direct providers. Those subrecipients will be chosen in time to enter into NHIPPS prior to the beginning of the 2015 fiscal year, July 1st. Charlene brought the members up-to-date on the Partnerships for Success Grant which is in its second year, and the Evaluator who has been contracted to work on that grant as well as the Safe Schools, Healthy Students Grant and the cooperative agreement to benefit the CABHI Grant, which targets chronically co-occurring homelessness and substance abuse. Charlene also brought brochures on Prevention Specialist Certification and said they are searching for the entity that will become the Board

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for Prevention Certification. Nevada is one of a very few states who still do not have credentialing for Prevention specialists, and Charlene is pleased that progress is finally being made. She added that the Coalitions are experiencing the same funding issues as the treatment providers. She said this is the first year in all the years she has been at SAPTA that coalitions are asking for advances. She said that advances would still go through the same delays as the reimbursements so will not solve the problems.

- Kendra reported on the changes in the go-live schedules for MyAvatar, which will result in a week delay. She described the training and testing processes that will occur. The new target is September 15th. Kevin provided an update on NHIPPS. Problems were discussed and SAPTA will attempt to develop a work-around to save the providers the effort of re-entering information. Kevin asked that if written communication from SAPTA is not clear, please let him know so that he can address the problem.

- Michelle Berry provided a report from CASAT on upcoming programs and activities scheduled for Recovery Month. She announced a webinar series on Teen Addicts, and another series on Human Trafficking.

#5 – Update on a Training Opportunity: Ethical Dilemmas Based on Case Studies

Agata Gawronski reported that complaints against providers and resulting investigations have prompted the Board of Examiners to revisit the common recurring issues that arise with Nevada practitioners. They will provide training on ethical dilemmas that have arisen in the case studies, with the ultimate goal to reduce complaints against practitioners in this state. This workshop will include a discussion of statutes related to ethics investigations that were performed for the Board of Examiners stemming from complaints against Alcohol, Drug and Gambling Counselors. Case studies will be presented to assist in distinguishing the line between ethical violations and sound practice. Attendees will be expected to participate in discussions related to issues from actual complaints that involve both ethical and unethical decisions and behaviors. Agata asked the members to let her know about any recurring issues they may be experiencing in their own practices so that the Board of Examiners can include those issues in future trainings. The dates of the training are November 12 in Reno and November 14 in Las Vegas.

#6 – Information and Discussion on Requirements for the Licensed Clinical Alcohol and Drug Counselor (LCADC)

Kevin said that some people were receiving incorrect information on what qualifies for an LCADC. Agata Gawronski said that the regulations are posted on the website of the Board of Examiners for Alcohol and Drugs. She recapped that one must have a Masters Degree in a mental health field, be licensed in the state of Nevada as an Alcohol and Drug Counselor, and have 2000 hours of experience in mental health counseling to qualify to test for the license as a qualified drug and alcohol counselor. She added that there were other routes depending on the existing combination of licensure and education. She usually encourages people to get their LADC license first if they are working on their MFT license, because they can practice at the level of a licensed drug and alcohol counselor while accruing their mental health hours. Once they get their mental health license they can switch them up for the LCADC.

#7 – Update, Discussion and Recommendations Regarding the SAPTA Advisory Board By-Laws and Possible Expansion of Members to the SAPTA Advisory Board

Michelle Berry said the Subcommittee would like to increase the members on the Advisory Board to add one more member specializing in adolescent treatment. The Subcommittee also wanted the Advisory Board's feedback on the possibility of adding all funded providers to the membership which would mean 20 funded providers, 14 coalitions, 4 HIV-TB programs and 3 Administrative programs. An alternative would be to develop a formula for membership that would ensure adequate representation. The group would also like to continue meeting to over-haul the bylaws. Michelle covered points in the by-laws with regards to attendance policies that might benefit from re-examination. Steve Burt commented that the thought behind inviting all funded providers was to even out the level of participation in the Advisory Board and take pressure off the

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providers who carry the burden of regular participation in a variety of activities across the state on behalf of the treatment field. His observation is that it is the agencies that are obviously absent from all discussion who complain the loudest when big decisions are made. This could become a part of the grant assurances, but would need discussion and input from the SAB. Kevin suggested term limits, and also reminded the group that the original purpose was for citizen input, and the purpose may need to be refocused. Steve Burt expressed that Kevin should be invited to the next meeting to provide perspective. Diaz Dixon expressed the thought that more is not necessarily better, and there could be quorum issues.

Jennifer Snyder moved that an amendment to the By-Laws allowing for one member to be added to the SAPTA Advisory Board be placed on the next agenda. The motion was seconded by Diaz Dixon, and the motion carried.

#8 – Update, Input and Recommendations Regarding NAC 458 Rule Revision
Michelle Padden said that as Kevin previously reported, the LCB is in the revision process and the hope is that the public hearing process will begin soon. She encourages everyone to participate.

#9 – Update, Discussion, and Recommendations Regarding Telehealth Services Certification for Providers
Michelle Padden reported that this is an expanding new area of treatment which will utilize technology, and encouraged providers to participate in the public hearings. Steve Burt said he had the Request for Legislative Consideration; a seven-page document on the Nevada Telehealth Advancement Act of 2015 which he offered to copy to her. Michelle said she was going to establish a connection and ensure that her recommendations are submitted.

Lana asked if the proposal is going to be for a certification for those planning to use telehealth capabilities for level 1 service, with the result being both a level 1 and a telehealth certificate. Michelle said no, it would be one certificate indicating level 1 service offered through telehealth technology. Lana said she was going to be at a meeting in Chicago on telehealth and will bring back information.

#10 – Update, Discussion, and Recommendations Regarding the Nevada Peer Support
Michelle Berry said that a Peer Leadership Council had been established which includes representation from southern and northern Nevada as well as rural and tribal areas. They are all peers in recovery and substance abuse cessation. Training for peer specialists will begin in the later months of 2015.

#11 – Review Possible Agenda Items for Next SAPTA Advisory Board Meeting

- More discussion on the Sliding Fee Scale and Policy/ Rates Subcommittee
- By-laws change to allow for the addition of one more member
- Members will send an email to the Chair or Kevin Quint if they have further items to place on the agenda

#12 – Public Comment
There were no comments

#15 – Adjourn
Diaz Dixon moved, and Lana Robards seconded his motion to adjourn. The motion carried and Steve Burt adjourned the meeting at 11:40 a.m.

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