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Health Information Technology Advisory Council

April 18, 2024

AGENDA

HEALTH INFORMATION TECHNOLOGY ADVISORY COUNCIL – APRIL 2024

TOPIC	PRESENTER
Welcome & Call to Order	Dr. Joseph Quaranta, Co-Chair
Public Comment	Members of Public
Minutes Approval: Feb 15, 2024	Chair & Council Members
Washington State HCA Presentation on ECM Solution	Vishal Chaudhry, CDO, WA-HCA
Acceptance of Annual Advanced Planning Document	Sumit Sajnani, HITO
Connie Update	Jenn Searls, Executive Director, Connie
Connie Privacy, Confidentiality & Security Committee Update	Mark Raymond, CIO, PCSC Chair
HIE Regulations Update	Sumit Sajnani, HITO
Race, Ethnicity & Language Update	Sumit Sajnani, HITO

Public Comment

(2 minutes per commenter)

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Approval of Minutes: February 15, 2024

Electronic Consent Management (ECM) Solution in WA State

Seamless Exchange of Physical and Behavioral Health Data

April 2024

Washington State Health Care Authority

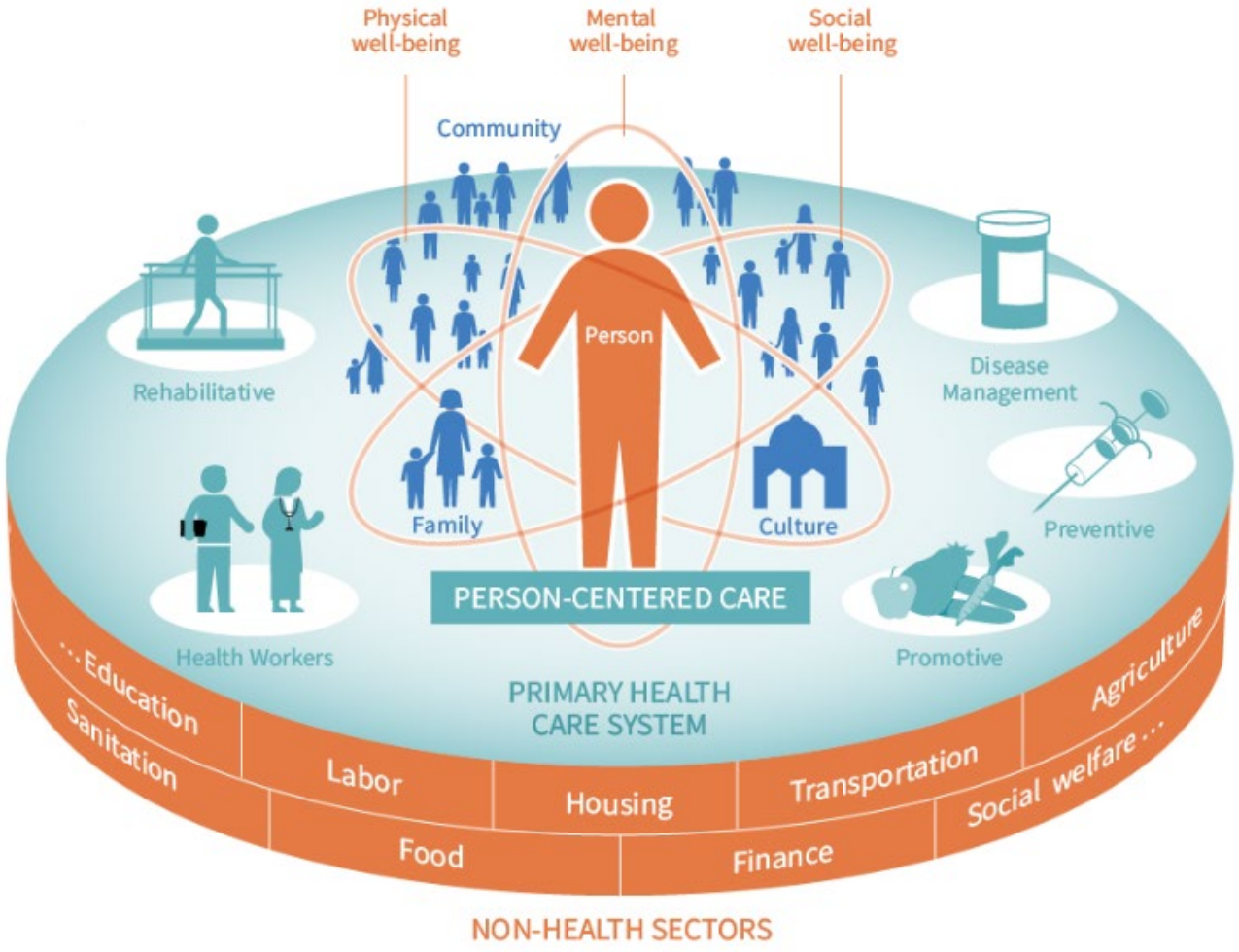
HCA's Vision

- The purpose of this project is to define and deploy an Electronic Consent Management (ECM) solution that facilitates patient-authorized exchange of sensitive data and is scalable, secure, sustainable and meets provider needs.

Washington State Health Care Authority

Whole-Person Care - Considerations

- CONSENT
- Managed Care Integration
- Integrated Care Delivery System
- Value-Based Purchasing



Washington State Health Care Authority

Healthcare data sharing: considerations

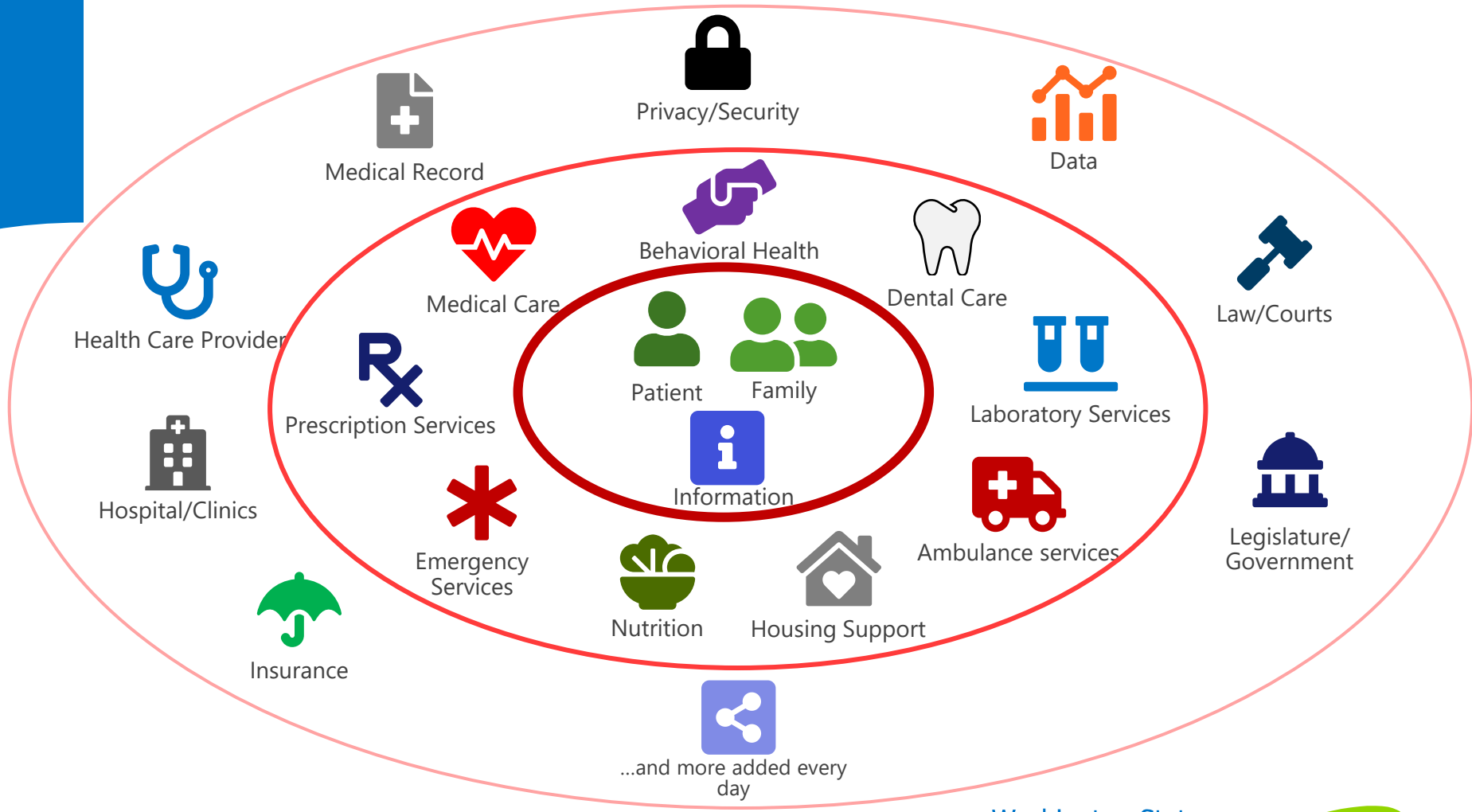
Technology

Policy

Regulatory

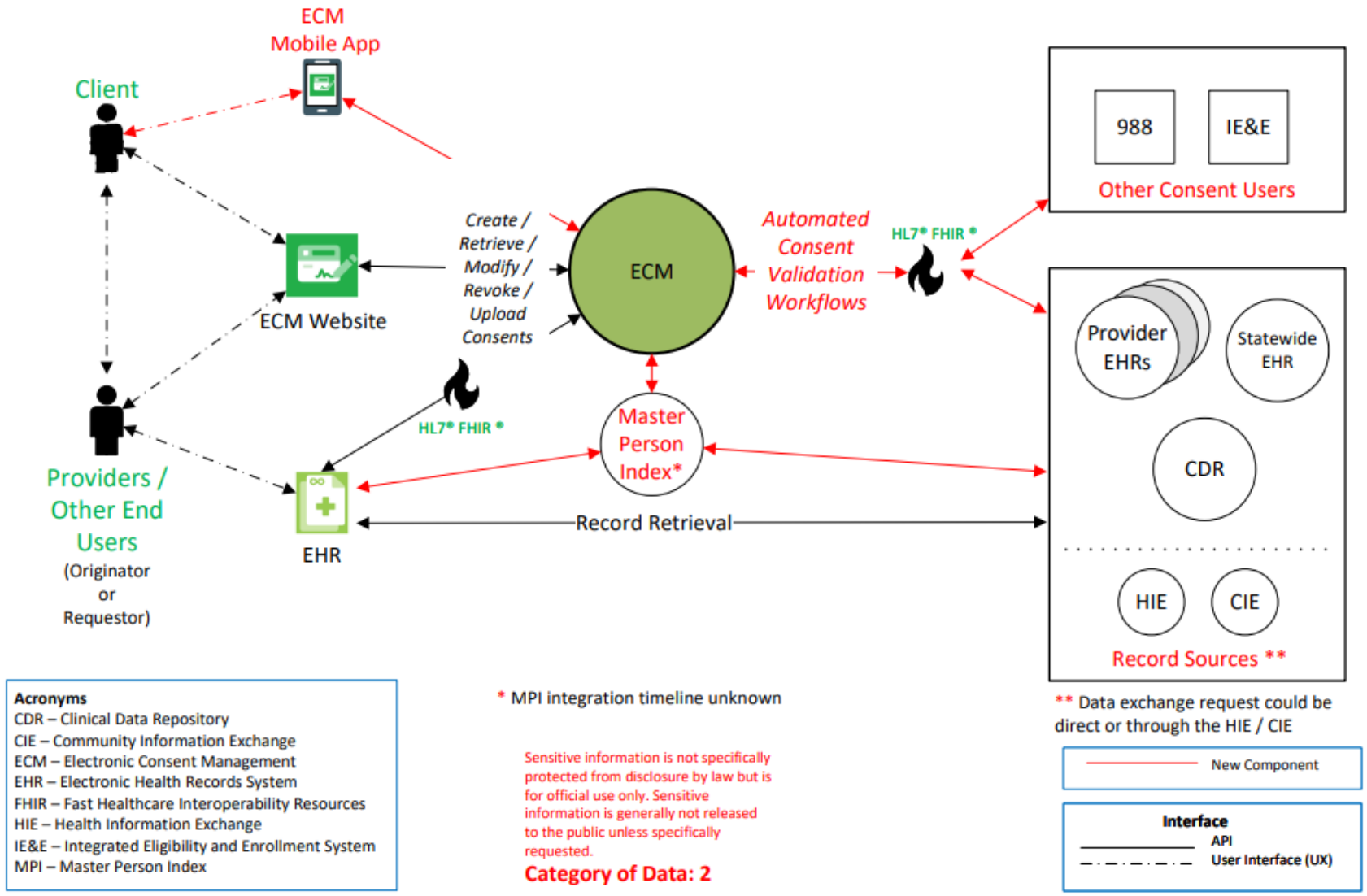
Washington State Health Care Authority

Healthcare Data Ecosystem



Washington State Health Care Authority

ECM – Expanded Solution

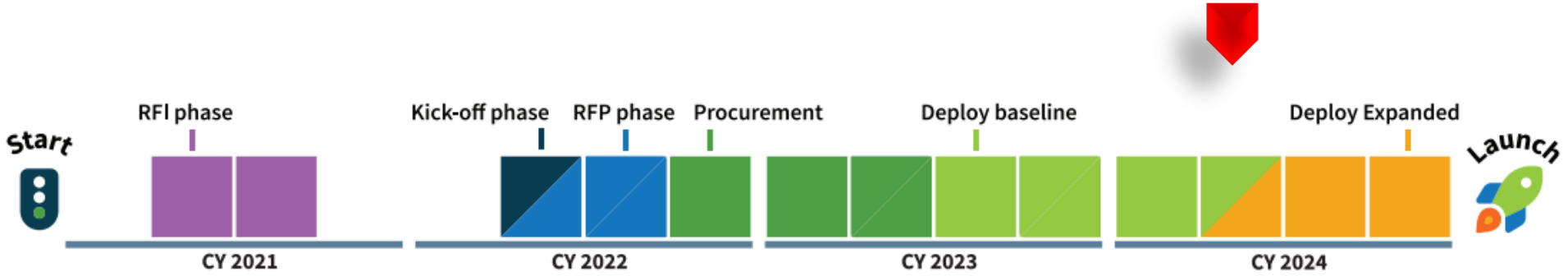


Two-phased approach:

- **Baseline solution with essential functionality**
- **Expanded solution (depicted here) including client self-management of consent**

Washington State Health Care Authority

ECM Project Timeline



Timeline Milestones

1. ECM Vendor announced: Q1 2023
2. Deployment Kickoff with Vendor: Q3 2023
3. Go Live with Baseline Solution: Q2 2024
4. Expanded Solution deployment: Q3-Q4 2024

Washington State Health Care Authority

ECM Current Funding

Centers for Medicare and Medicaid Services (75% - 90%)

- Modular Medicaid Management Information System Enhancements 2020-2024

Washington State Funding (10% - 25%)

- WA State Legislative funds 2020-2023
- Washington Technology Services Board Innovation and Modernization competitive funding (FY 23-24)
- Washington State Health Care Authority

Washington State Health Care Authority

Key Sponsors

- WA Health Care Authority leads implementation of ECM.
- The OCIO sets information technology policy and direction for the State of WA.
- WaTech leads alignment of enterprise-wide IT.
- HHS Coalition is Washington's governance for Medicaid technology investments and provides strategic direction and oversight.

Washington State Health Care Authority

Washington State · Office of the Chief Information Officer

WaTech
Washington Technology Solutions

WA Health and Human Services Enterprise Coalition

ity

Stakeholders and Partners

Target Audience

- Behavioral Health (BH) providers.
- Tribal providers
- ECM end user staff
- OneHealthPort (OHP)
- Washington State hospital and medical Associations
- Rural providers
- Apple Health beneficiaries

Engagement

- Focus Groups
- Quarterly calls
- One-on-one meetings
- Training / Presentations
- SUD Guidance for WA State
- Early System Users:
  - Help with final workflow discussion and training

Washington State Health Care Authority

Contacts and Key Links

- Contact:
  - vishal.chaudhry@hca.wa.gov
- HCA ECM Website:
  - www.hca.wa.gov/about-hca/programs-and-initiatives/clinical-collaboration-and-initiatives/electronic-consent-management

Washington State Health Care Authority

Annual Submission of Advance Planning Document (APD) to CMS for HIE Services

Sumit Sajnani, HITO

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Federal Funding for Health IT/HIE

- CMS funding available for information technology to support the Medicaid enterprise
- Cost Allocation Model (CAM) - Federal Funding Participation (FFP)
  - 41% CAM (FFY 25 Requested)
- Advance Planning Documents (APDs)
  - IAPDs 90%, cost allocated
    - Planning
    - Designing, Developing, and Implementing (DDI)
  - OAPDs 50% OR 75%, cost allocated
    - Operations and Maintenance of technology systems
- Certification
  - based on agreed-to outcomes and metrics, with rigorous standards for security and performance

HITAC's Role – Federal Funding Requests

- Connecticut General Statute and the HITAC Charter:
  - Advise the Executive Director of OHS and the HITO in developing priorities and policy recommendations to advance the state's health IT and HIE efforts and goals.
  - Review and comment to the Executive Director of OHS, or the Commissioner of DSS, prior to the submission of any…request seeking federal matching funds for health information technology or health information exchange.
- Awareness and review of such requests informs the broader advisory role of the Council.

Changes Since the Last IAPD/OAPD Submission

Major Activity Summary Functionality Moved to Production

- Advanced Health Care Directives (AHCD)
- Immunizations
- Provider Mediated eConsent
- Emergent Imaging
- Connie Patient Access API
- Dental Data/Care Team Enhancement

Use Cases and Supportive Functionality No Longer Under Consideration

- The eCQM Use Case has been replaced with Population Health Reports functionality
- The Hospital Bed Capacity is no longer being considered
- The Population Health Navigator Use Case has been incorporated into Logic-Based Alerts functionality
- The Radiology User Access Single Sign-On functionality has been replaced with Data-in-Workflow functionality
- The Electronic Test Order and Results functionality is no longer under consideration

Use Cases and Supportive Functionality

Use Cases		Supportive Functionality with Enhanced Funding		
Technology Services	**Status**	**Planning (90/10) Operational in FFY 2026**	**DDI (90/10) Operational in FFY 2025**	**O&M (75/25)**
Empanelment and Encounter Notification Service	Certified - 2022		Logic-Based Alerts	Connie Encounters Worklist (FFY 2025)
Provider Portals: • Web-Based Portal (LogOnce Technology • InContext App (Smart on FHIR Portal)	Certified - 2022	Post Acute Network Tool Dental Health Record Enhancements Tool Maternal Health Opioid Overdose	Medicaid Redetermination (100% Medicaid) Population Health (100% Medicaid) Data in Workflow Health Related Social Needs /Social Determinants of Health (HRSN/SDOH) Assessments	Clinical Data (FFY 2022) PMP Access (FFY 2022) Best Possible Medication History (FFY 2022) Image Exchange (FFY 2022) Advance Health Care Directives (FFY 2023) Immunizations (FFY 2023) Provider Mediated Affirmative Consent (FFY 2023) Stroke Network/Emergent Imaging (FFY 2023) Dental Health Records (FFY 2023) Connie Patient Access API (FFY 2023) Problem List Filters (FFY 2024) Allergy List Filters (FFY 2024) CCD Sensitive Data Filters (PrMA Enhancement) (FFY 2024)
Provider Directory	Certified - 2022	Provider Directory Link to eReferral		
eReferrals	Certified - 2022	eConsult		HRSN/SDOH Referrals Filters (FFY 2024) BPMH-Pharmacy Data Filters (FFY 2024)
Patient Portal	Certified - 2025	Granular Consent	Patient Mediated Affirmative Consent	

IAPD Costs/Allocations with Enhanced Funding

FFY 25 IAPD Total Project Costs, Cost Allocation, and FFP

FFY 25	Total Project Costs	Cost Allocation		Federal and State Participation			Portion Not Allocated to Medicaid
		Medicaid Percentage	Costs Allocated to Medicaid	FFP	Federal Share	State Share	
DSS Costs (Enhanced)	$ 2,030,026	100%	$ 2,030,026	90%	$ 1,827,023	$ 203,003	
OHS Costs* (Enhanced)	$ 2,354,049	41%	$ 965,160	90%	$ 868,644	$ 96,516	$ 1,388,888.88
HIE Costs 100% Medicaid (Enhanced)	$ 704,623	100%	$ 704,623	90%	$ 634,161	$ 70,462	
HIE Costs Funding Allocated (Enhanced)	$ 3,169,360	41%	$ 1,299,438	90%	$ 1,169,494	$ 129,944	$ 1,869,922.40
Total Project Costs	**$ 8,258,058**		**$ 4,999,247**		**$ 4,499,322**	**$ 499,925**	**$ 3,258,811.28**

*Excluding HIE Costs (shown separately)

FFY 26 IAPD Total Project Costs, Cost Allocation, and FFP

FFY 26	Total Project Costs	Cost Allocation		Federal and State Participation			Portion Not Allocated to Medicaid
		Medicaid Percentage	Costs Allocated to Medicaid	FFP	Federal Share	State Share	
DSS Costs Enhanced	$ 2,067,331	100%	$ 2,067,331	90%	$ 1,860,598	$ 206,733	-
OHS Costs* Enhanced	$ 2,390,489	41%	$ 980,100	90%	$ 882,090	$ 98,010	$ 1,410,388.22
HIE Costs Enhanced	$ 3,975,379	41%	$ 1,629,905	90%	$ 1,466,915	$ 162,991	$ 2,345,473.61
Total Project Costs	**$ 8,433,199**		**$ 4,677,337**		**$ 4,209,603**	**$ 467,734**	**$ 3,755,861.83**

OAPD Costs/Allocations with Enhanced Funding

FFY 25 OAPD Total Project Costs, Cost Allocation, and FFP

FFY 25	Cost Allocation			Federal and State Participation			Portion Not Allocated to Medicaid
	Total Project Costs	Medicaid Percentage	Costs Allocated to Medicaid	FFP	Federal Share	State Share	
DSS Costs	$ 0.00		$ 0.00		$ 0.00	$ 0.00	$ 0.00
OHS Costs*							
Administrative	$ 258,654	41%	$ 106,048	50%	$ 53,024	$ 53,024	$ 152,605.65
HIE Costs							
Enhanced	$ 2,785,255	41%	$ 1,141,955	75%	$ 856,466	$ 285,489	$ 1,643,300
Administrative	$ 1,208,403	41%	$ 495,445	50%	$ 247,723	$ 247,723	$ 712,958
Total Project Costs	**$ 4,252,312**		**$ 1,743,448**		**$ 1,157,213**	**$ 586,235**	**$ 2,508,864**

FFY 26 OAPD Total Project Costs, Cost Allocation, and FFP

FFY 26	Cost Allocation			Federal and State Participation			Portion Not Allocated to Medicaid
	Total Project Costs	Medicaid Percentage	Costs Allocated to Medicaid	FFP	Federal Share*	State Share	
DSS Costs	$ 0.00		$ 0.00		$ 0.00	$ 0.00	$ 0.00
OHS Costs*							
Administrative	$ 266,335	41%	$ 109,197	50%	$ 54,599	$ 54,599	$ 157,137.81
HIE Costs							
Enhanced	$ 2,838,826	41%	$ 1,163,919	75%	$ 872,939	$ 290,980	$ 1,674,907
Administrative	$ 1,464,613	41%	$ 600,491	50%	$ 300,246	$ 300,246	$ 864,122
Total Project Costs	**$ 4,569,774**		**$ 1,873,607**		**$ 1,227,783**	**$ 645,824**	**$ 2,696,167**

*Excluding HIE Costs (shown separately)

Summary of IAPD Funding Request
Planning and Design, Develop, Implement

IAPD -- Summary of DDI Funding Request							
FFY	Total DDI Costs	Costs Allocated to Medicaid	90% Federal Share	10% State Share	Total Federal Share	State Share Total	Costs Not Allocated to Medicaid
FFY 25	$ 8,258,058	$ 4,999,247	$ 4,499,322	$ 499,925	$ 4,499,322	$ 499,925	$ 3,258,811
FFY 26	$ 8,433,199	$ 4,677,337	$ 4,209,603	$ 467,734	$ 4,209,603	$ 467,734	$ 3,755,862
Total	$ 16,691,256	$ 9,676,584	$ 8,708,925	$ 967,658	$ 8,708,925	$ 967,658	$ 7,014,673

Summary of OAPD Funding Request
Operations and Maintenance

OAPD -- Summary of Operations Budget Request									
FFY	Total Operations Costs	Costs Allocated to Medicaid	75% Federal Share	25% State Share	50% Federal Share	50% State Share	Total Federal Share	State Share Total	Costs Not Allocated to Medicaid
FFY 25	$ 4,252,312	$ 1,743,448	$ 856,466	$ 285,489	$ 300,747	$ 300,747	$ 1,157,213	$ 586,235	$ 2,508,864
FFY 26	$ 4,569,774	$ 1,873,607	$ 872,939	$ 290,980	$ 354,844	$ 354,844	$ 1,227,783	$ 645,824	$ 2,696,167
Total	$ 8,822,086	$ 3,617,055	$ 1,729,405	$ 576,468	$ 655,591	$ 655,591	$ 2,384,996	$ 1,232,059	$ 5,205,031

Summary of Total Funding Request
Combined IAPD and OAPD FFY 2025-26

Combined IAPD and OAPD Funding Request					
FFY	**Total Costs**	**Costs Allocated to Medicaid**	**Total Federal Share**	**Total State Share**	**Costs Not Allocated to Medicaid**
FFY 25 IAPD	$ 8,258,058	**$ 4,999,247**	$ 4,499,322	$ 499,925	**$ 3,258,811**
FFY 25 OAPD	$ 4,252,312	**$ 1,743,448**	$ 1,157,213	$ 586,235	**$ 2,508,864**
FFY 26 IAPD	$ 8,433,199	**$ 4,677,337**	$ 4,209,603	$ 467,734	**$ 3,755,862**
FFY 26 OAPD	$ 4,569,774	**$ 1,873,607**	$ 1,227,783	$ 645,824	**$ 2,696,167**
Total	**$ 25,513,342**	**$ 13,293,639**	**$ 11,093,921**	**$ 2,199,718**	**$ 12,219,704**

Vote to Accept Advanced Planning Document

Dr. Joseph Quaranta and Council Members

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Connie Update

Health IT Advisory Council
April 18, 2023

Jenn Searls, Executive Director

Connie
Connecting People for Better Health

Connie Updates

1. Onboarding and Integration Highlights
   Data Quality
2. Patient Services Update
3. Best Possible Medication History in the news!
4. Connie HITRUST certification

Enhance Utility of Health Data | Empower Patients | Optimize Care Team Tools | Advance Population Health | Maintain Operational Excellence

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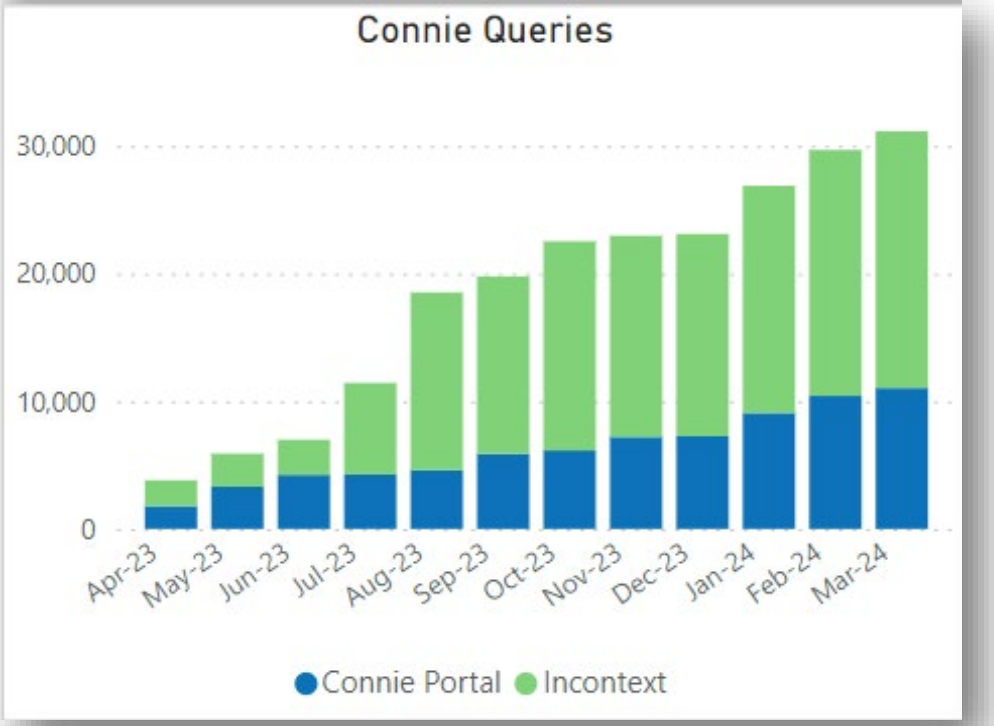
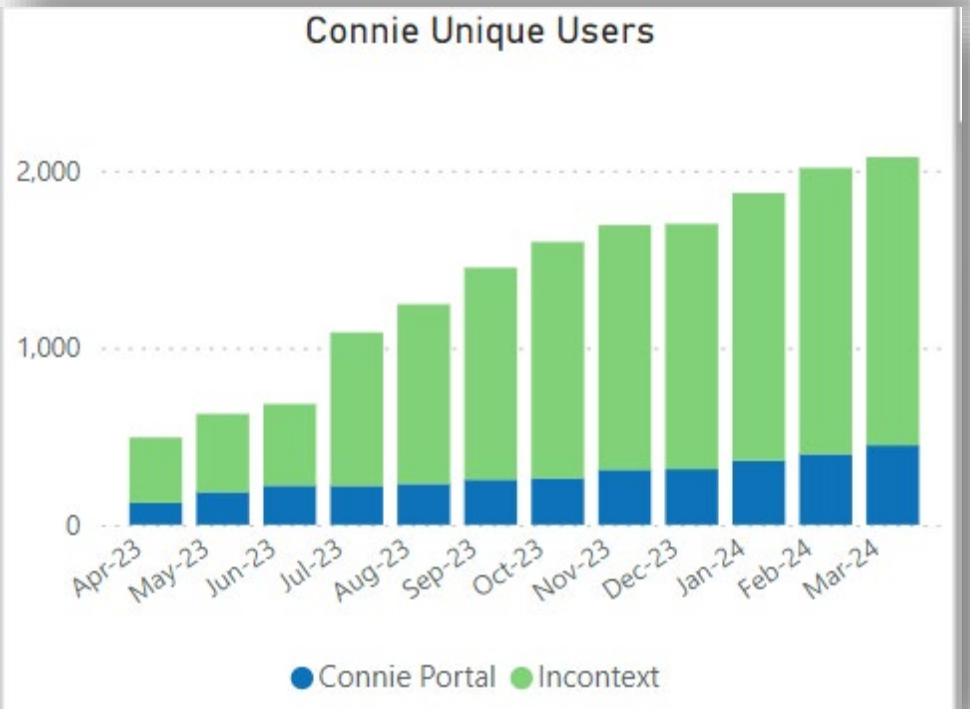
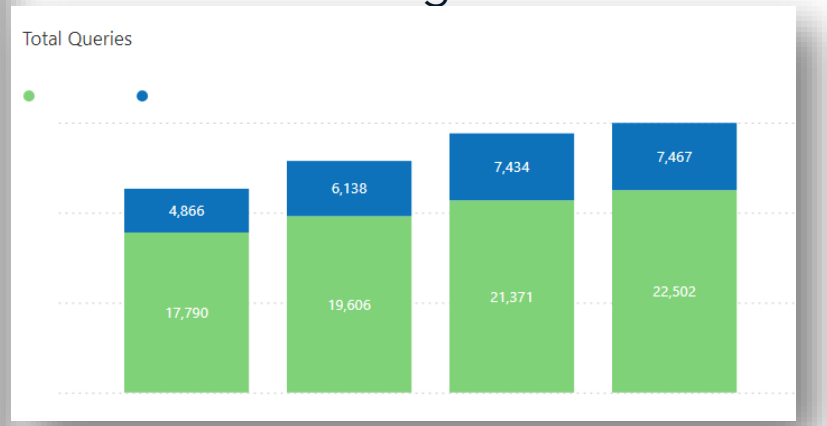




Connie Outreach & Engagement

- Webinars
  - Quarterly webinars restarted
  - SoNE HEALTH
  - Pharmacy EMR webinar
  - EMR vendor webinar
  - PCC customers
- 43 Participating Organization Demos & Training
- Bristol Hospital Area Outreach and Onboarding
  - 5 new organizations using portal and increasing their utilization
- Q3 Focus
  - Bristol – 10 new organizations using portal
  - Continue MatrixCare and PCC onboarding
  - Targeted outreach to Nuvance Health



Continued focus on in-person training

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PARTICIPANT TESTIMONIAL

Frank Crociata, DO
Litchfield Hills Family Medicine

I am one of only 2 independent primary care physician practices in Torrington, CT. Because of that, I do not have access to the area health system's electronic health record system. Thankfully, I am already finding a lot of useful clinical information on my patients in the Connie Portal, especially those who go to Bristol Health or UCONN, as they are sending a ton of valuable clinical data to Connie. It is extremely helpful to see any previous labs and other relevant history before a patient comes in for a visit.

★★★★★

Connie

www.ConnieCT.org

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Technical Integrations

Q2 NEW EHR HUBs:

- Qualifacts
- Modernizing Medicine
- PointClickCare (PCC)
- HealthFusion (w/NextGen)

Q2 Go-lives:

- 20 new orgs went live, including our first PCC SNF, Ingraham Manor!

Q3 EHR HUB Goal:

- 5 new EHR HUBs

Q3 Goals:

- 30 new orgs live
- Begin Pharmacy data integrations
    - CVS, Costco, PrimeRx

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Patient Service Updates

Patient Portal

- Completed scope of features to be included
- Began sending test data to configure the test environment.

PFAC

- First meeting held March 19. Focused on orientation.
- Next meeting planned for end of June. Meeting focus: Patient Services overview, patient outreach, and introduction to the Patient Portal.

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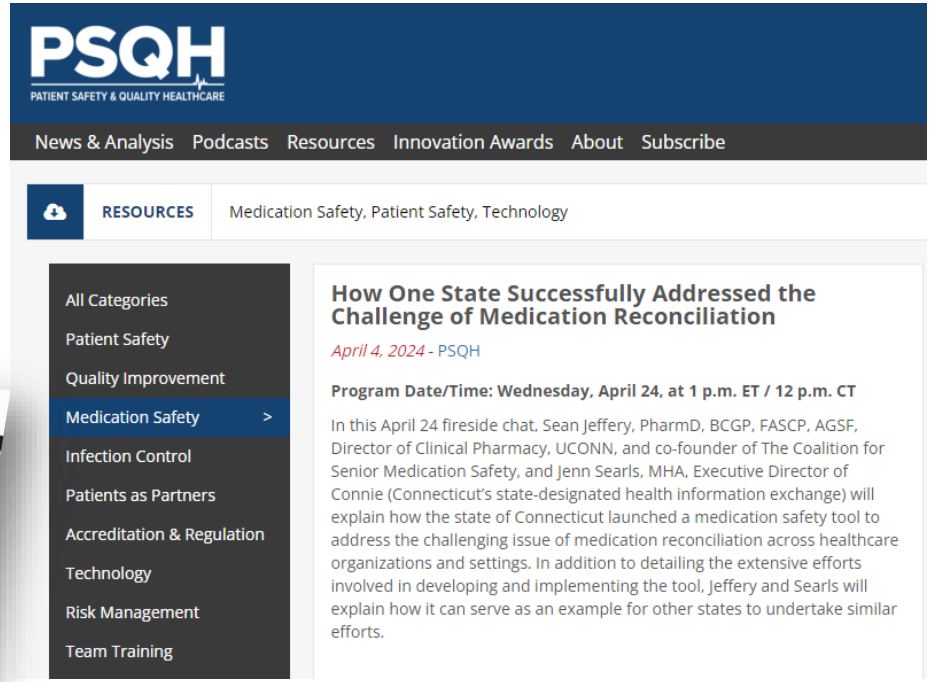
Best Possible Medication History



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HITRUST Update

- Continuing to work with CompliancePoint to prepare for the HITRUST validated assessment
- Connie is subject to 270+ controls, 19 domains
  - Network, System, & Data Protection and Management
  - Overall Policies, Procedures, and Documentation
  - Training and Risk Management
- Validated Assessment scheduled for September

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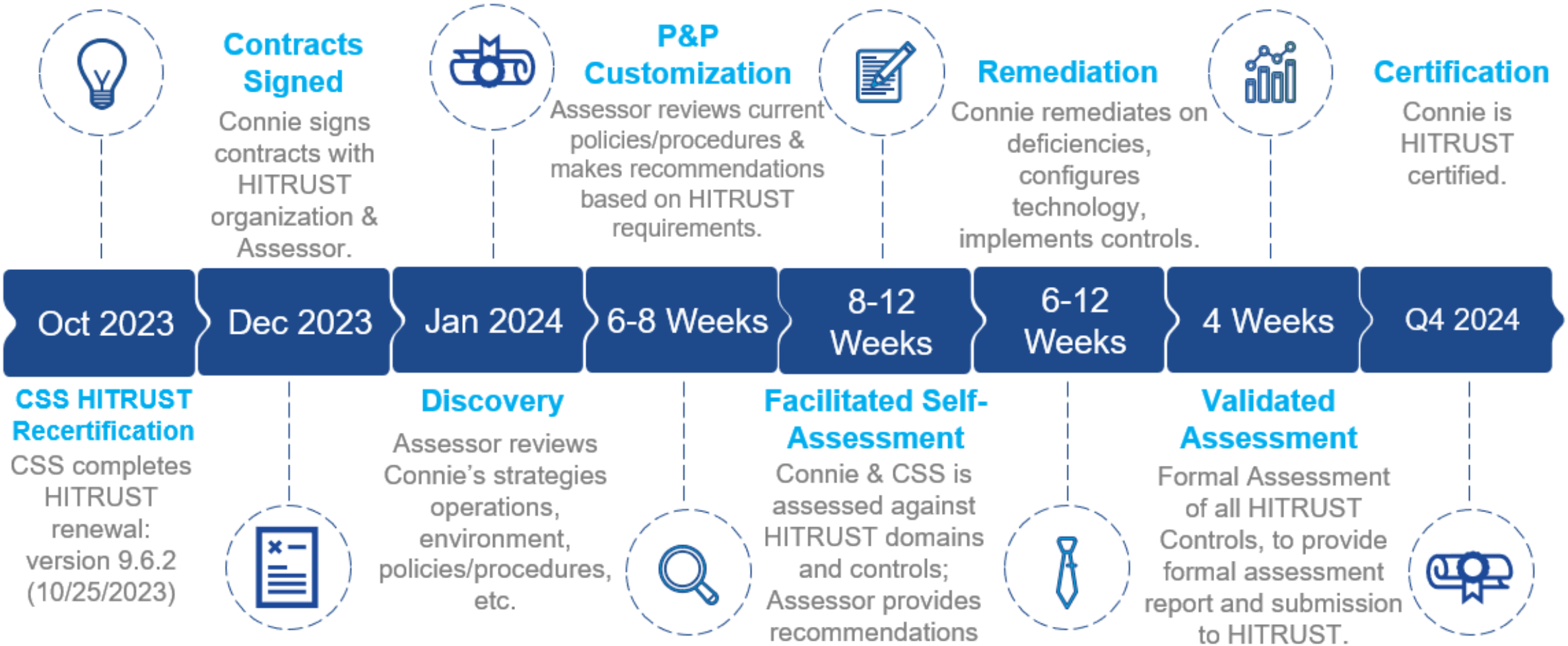
HITRUST Certification Timeline



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Connecting People for Better Health

Questions?

Connie Privacy, Confidentiality & Security Committee Update

Mark Raymond, CT-CIO & PCSC Chair

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HIE Regulations Development Update

Sumit Sajnani, HITO

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HIE REGULATIONS – Refresher

- **CGS §17b-59d(g)** and **CGS §17b-59e(d)** authorize OHS to adopt policy, procedures, and regulations
- **CGS § 17b-59f(a)** establishes HITAC's advisement role
- Article 5, Section 3 of **HITAC charter** authorizes establishing working groups and subcommittees
- HITAC approved HIE Regulations Advisory Subcommittee (RAS)
- *Support the OHS executive director in the propagation of rules and policies to support CT's HIE and all participants in HIE's services, allowing effective implementation of CGA statutes for health information exchange, codified in* **CGS § 17b-59a-f**

RAS SUBCOMMITTEE INITIATION

- OHS executed contract with outside consultant
- 7-9 Meetings (90-120 Minutes each) May – December
- 4-5 “official” members for voting/quorum from within HITAC
- Ability for other HITAC members to participate based on availability

HIE REGULATIONS: Work-flow for Policies and Procedures

RAS Meetings (May-Dec): 90-120 minute in-depth discussion of regulation concepts to gather sufficient feedback to draft policies and procedures. Summarize discussion & feedback.

HITAC Meetings: Convey summary of the RAS discussions through brief presentation.

Repeat Meeting Cycle up to the Public Comment Period

Public Comment Period: Estimated Post September 12th RAS Meeting - No RAS Activity October

November 14, 2024 RAS Meeting: Incorporate public comment, as needed. Present Draft Policies and Procedures during November 21 HITAC Meeting

HIE REGULATIONS UPDATE

PROPOSED TIMELINE & SAMPLE TOPICS – to be confirmed with RAS members

RAS Session	RAS Meeting Dates* 1:00 p.m.	Sample Topics	Update to HITAC
1	Monday, May 6	• Statutory Goals • HIE Purpose, Authority and Restrictions • Funding – Service Fees/Participation Fees	Thursday, May 16
2	Thursday, Jun 13	• Healthcare Providers (define licensed – who mandated and who is waived) • Connecting to the HIE • Complete Medical Record	Thursday, Jun 20
3	Thursday, Jul 11	• Privileged Data • Participation/Data Sharing Requirements • Direct Messaging	Thursday, Jul 18
4	Thursday, Aug 1	• Data Privacy & Security • HIE Operations • Non-Patient Data Access/Release • Patient Access	Thursday, Aug 15 (TBD)
5	Thursday, Sept 12	Draft Review Prior to Publishing for Public Comment	Thursday, Sept. 19
30 Day Public Comment Period			
6	Wednesday, Nov 6	Feedback on Public Comment	Thursday, Nov 21
7	Thursday, Dec 12	Contingency Feedback on Public Comment	Thursday, Dec 19

*Meeting dates/times subject to change

Updating Connecticut's Race and Ethnicity Data Collection Standards

Sumit Sajnani, HITO

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RACE, ETHNICITY, AND LANGUAGE (REL) STANDARDS 4.0

Revisions to OMB's SPD 15 Mean Changes to CT's Data Collection Standards

- Revisions to the Statistical Policy Directive No. 15 (SPD 15) for **maintaining, collecting and presenting race/ethnicity data** across federal agencies.
  - The most significant updates:
    - Use combined race/ethnicity question;
    - Addition of "Middle Eastern and North African" (MENA) minimum reporting category;
    - Requirement to collect detailed race/ethnicity responses
- Combined race/ethnicity question
  - *"What is your race and/or ethnicity?*
- Respondents may report one category or multiple categories to indicate their racial/ethnic identity.

REL 4.0: A "SUPER SET" OF RACE/ETHNICITY STANDARDS

Sub-Categories for Race/Ethnicity Questions Mapped to CT 2020 Census Data

- Public Act 21-35 Section 11, requires OHS to develop race and ethnicity data collection standards
  - In alignment with the OMB standards
  - Using recommendations made by the OHS Community and Clinical Integration Program (CCIP)*
- OMB revisions to SPD 15 in part more aligned with the CCIP recommendations
  - The CCIP report favored combining questions about race and ethnicity
  - Previously, OMB did not direct agencies to use a single question
  - Collecting detailed race/ethnicity responses
- Input from other Connecticut agencies, Yale ERIC, and other stakeholders will be gathered before finalizing REL Version 4.0
- Updates to the Master REL Resource Toolkit are underway

*Standards for collecting language data are also required, in alignment with the International Organization for Standardization (ISO)

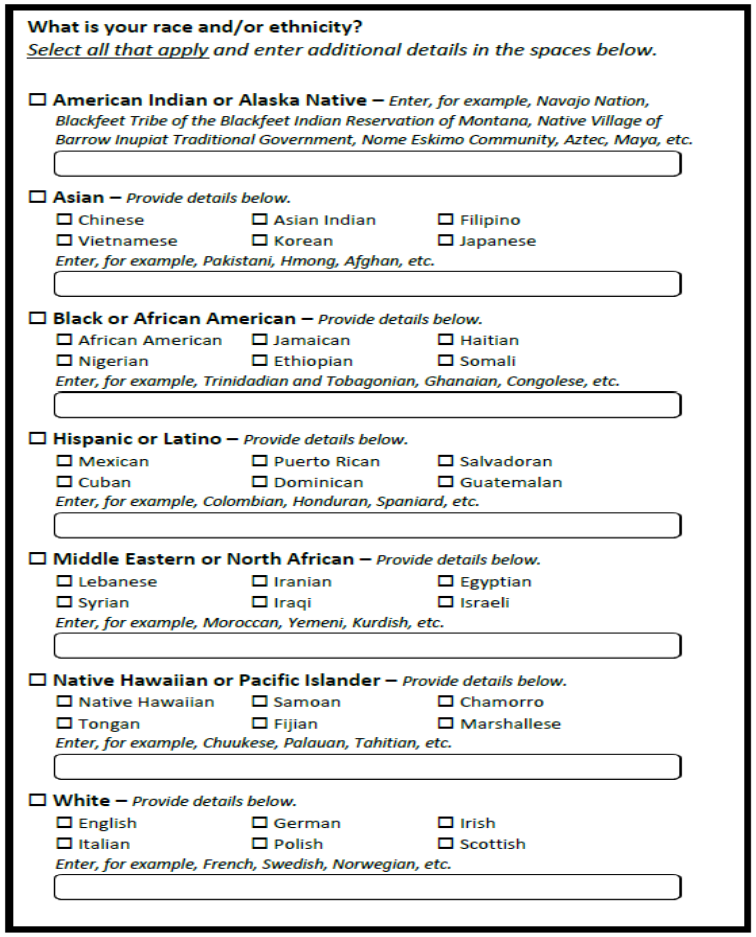
TERMINOLOGY AND DEFINITIONS

- The phrase “who maintains tribal affiliation or community attachment” was removed from the American Indian or Alaska Native (AIAN) definition.
- The phrase “(including Central America)” was changed to listing “Central America” co-equally with North America and South America in the AIAN definition.
- The term “Far East” was replaced with “Central or East Asia” and the term “Indian Subcontinent” was replaced with “South Asia” in the Asian definition.
- The term “Negro” was removed from the Black or African American definition.
- “Cuban” being listed twice in the Hispanic or Latino definition was corrected.
- The language “. . . regardless of race. The term ‘Spanish origin’ can be used in addition to ‘Hispanic or Latino’” was removed from the Hispanic or Latino definition.
- The term “Other” was removed from the “Native Hawaiian and Other Pacific Islander” category name.

DRAFT CHANGES FROM REL VERSION 3.0 TO VERSION 4.0

NEW MENA CATEGORY,
NEW SUB-CATEGORIES
FROM 2020 CENSUS DATA

OMB SAMPLE FORM



What is your race and/or ethnicity?
Select all that apply and enter additional details in the spaces below.

☐ **American Indian or Alaska Native** – *Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

☐ **Asian** – *Provide details below.*
☐ Chinese ☐ Asian Indian ☐ Filipino
☐ Vietnamese ☐ Korean ☐ Japanese
Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** – *Provide details below.*
☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali
Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** – *Provide details below.*
☐ Mexican ☐ Puerto Rican ☐ Salvadoran
☐ Cuban ☐ Dominican ☐ Guatemalan
Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** – *Provide details below.*
☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Iraqi ☐ Israeli
Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** – *Provide details below.*
☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese
Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White** – *Provide details below.*
☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish
Enter, for example, French, Swedish, Norwegian, etc.

V.4.0	V.3.0		2020 Census Ranking	
RE-300	C500	Black or African American		
N/A	~~C501~~	~~African*~~	N/A	Black or African American: Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali
RE-301	C502	African American	#1	
N/A	~~C503~~	~~Dominican~~	#25+	
RE-302	N/A	Barbadian	#8	
RE-303	N/A	Congolese	#11	
RE-304	N/A	Ethiopian	#10	
RE-305	N/A	Ghanan	#4	
RE-306	C504	Haitian	#3	
RE-307	C505	Jamaican	#2	
RE-308	N/A	Nigerian	#5	
RE-309	N/A	St. Lucian	#9	
RE-310	N/A	Trindadian and Tobogonian	#7	
RE-311	C506	West Indian	#6	
RE-312	C507	Other Black or African American	N/A	

V.4.0	V.3.0		2020 Census Ranking	
RE-500	C703	Middle Eastern or North African (MENA) *		
RE-501	N/A	Lebanese	N/A	Middle Eastern or North African: Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli
RE-502	N/A	Iranian	N/A	
RE-503	N/A	Egyptian	N/A	
RE-504	N/A	Syrian	N/A	
RE-505	N/A	Moroccan	N/A	
RE-506	N/A	Israeli	N/A	
RE-600	N/A	Native Hawaiian or Pacific Islander		
RE-601	N/A	Chamorro	#3	Native Hawaiian or Pacific Islander: Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese
RE-602	N/A	Fijian	#4	
RE-603	C601	Guamanian ~~or Chamorro~~	#5	
RE-604	C602	Native Hawaiian	#1	
Re-605	C603	Samoan	#2	
RE-606	C604	Other Pacific Islander	N/A	

Announcements & General Discussion

Dr. Joseph Quaranta &
Council Members

Meeting Adjournment