NWX-HHS-AOA-1 (US)

Moderator: Meredith Raymond
June 13, 2018
1:00 pm CST

Coordinator: Welcome and thank you for standing by. At this time all guests will be on a listen-only mode for the duration of today's conference. At the end of the presentation, we will conduct a question and answer session. And if you would like to ask a question, you may press star then 1.

Today's call is being recorded. If you have any objections, you may disconnect at this time.

I would now like to turn the conference over to Meredith Raymond. Thank you, ma'am. You may begin.

Meredith Raymond: Good afternoon. Thank you all for joining us for the fifth event in our Home and Community-Based Services also known as HCBS quality webinar series. HCBS quality and eLTSS. This series consists of informational webinars occurring on a bimonthly basis to build awareness of ACL's commitment to and development of HCBS quality measures. And to provide a platform among internal and external stakeholders to share development and collaboration on efforts concerning HCBS quality.

In February, we hosted our fourth webinar HCBS quality measurement tools which provided an overview of these tools and their importance to quality work from the Center for Medicare and Medicaid Services experts.

Today we are fortunate to have representatives from the federal and local level to discuss the opportunities of the development of eLTSS data systems interoperability can provide including new avenues for persons centered in high quality HCBS.

The webinar agenda is as follows: (Jean Close), the Deputy Director of the Division of Community Systems Transformation within the Division of Disabled and Elderly Programs Group at CMS will provide a brief overview of eLTSS and related CMS initiatives. (Elizabeth Polena Hall) LTPAC Coordinator in the Office of Policy at the Office of the National Coordinator for Health and Information Technology will discuss the eLTSS initiatives and this intersection with HCBS quality. Finally (Beth Munro) the Director of Supports Planning at Independence Now, Inc. will provide an end user perspective on eLTSS and quality (unintelligible) services.

The presentation will be followed by a short question and answer session. At the conclusion of (Beth)'s presentation, the operator will provide direction as to who to enter your question into the Q&A queue.

To being, I'd like to introduce (Jean Close). Thank you, (Jean).

(Jean Close):   Great, thanks Meredith and thank you for inviting us to the Administration for Community Living's Home and Community Based Services quality series. On behalf of the Center for Medicaid and shared services and the Disabled and Elderly Health Programs Group, thank you for joining us to hear about the electronic long-term services and supports or eLTSS.

It's a pleasure to be with you today. I'm (Jean Close). I'm the Director of the Division of Community Systems Transformation with CMS's Disabled and Elderly Health Programs Group. Our division is focused on identifying and disseminating trends in Medicaid home and community-based services. We also seek to promote access and continuing quality improvement in the furnishing of these services.

Let's go onto the next slide. Recently our Secretary of Health and Human Services (Alex Azar) stated, "Interoperability for the future of patient-centered healthcare, there is no technological advancement that's more important." Today we are suggesting that development of an eLTSS standard is critical for interoperability connecting home and community-based services and the greater healthcare system.

You will hear about - from our partners and subject matter experts about developing an eLTSS dataset and working towards the standardization of the dataset that is so critical to interoperability. Let's go onto the next slide.

Meredith Raymond: Thank you (Jean). Now I'd like to introduce (Elizabeth Polena Hall). Thank you, (Elizabeth).

(Elizabeth Polena Hall): Meredith, we're not seeing advancement of slides?

Meredith Raymond: It should be on the eLTSS quality and webinar home page that (Elizabeth) sent over.

(Jean Close): Okay, all right great. Well a couple more remarks and let's go onto the next slide. And we'll continue on. All right, well this work arose from CMS's testing experience and functional tools demonstration. In a recent webinar in

this series, we were fortunate to talk with you about products developed through the demonstrations. The demonstration developed an experience of care survey that captured individual's experience with the home and community-based services they received. The survey is now known as the , HCBS CAHPS survey and is available for your use.

The demonstration is currently testing functional assessment standardized items along with two related quality measures. We will seek NQF endorsement later this year or spring.

Today you're going to be hearing about eLTSS, another demonstration deliverable. eLTSS includes 11 data elements that capture critical person-centered planning activities, the key consideration related to the home and community-based services assurances for Section 1915C, Waiver and Related Home and Community-Based Services program.

So who is behind the scenes making all this pioneering work happen? Dr. (Kerry Lida) has been our project team lead for the test demonstration, managing all aspects of this major endeavor along with her CMS team. For the eLTSS component, the brain trust has been with the Office of the National Coordinator of Health Information Technology, and the many stakeholders engaged in the development process. We are happy to have (Liz Polena Hall) OWN's project leader with us today.   (Liz)?

(Elizabeth Polena Hall):   Thank you for that wonderful introduction (Jean). So today, I'm going to walk you through the eLTSS initiative. And here I have an agenda of different parts of the - my presentation that we'll be walking through. So we'll be discussing a little bit about the background, the purpose for this work as well as the scope. Discuss a little bit about the stakeholders that are involved include pilot participants. How the dataset was developed in our pilot

approach as well as our eLTSS results and the final dataset. And talk a little bit about our value proposition for standardization. Why this is so important out in the field. And finally our next steps which include our standards development engagement and getting to nationally recognized standard and how you can get engaged in this work going forward.

Next slide. So a little bit about the background of eLTSS. As (Jean) mentioned, this is a component of the CMS (unintelligible) grant. And really pioneering work that is timely as HHS is prioritizing interoperability across the care continuum. ONC's responsibilities include advancing development, adoptment and implementation of health information technology standards through - nationally through public and private collaborations. Much of that focus has been on the advancement of standards that support interoperability of clinical information. But through TEFT ONC and CMS in collaboration with the TEFT grantees and the community of interested stakeholders have been working to identify person-centered service plan standards for HCBS.

And this work is really - also supports the CMS requirements for person-centered service plans that have been defined within the HCBS final rules. And the work kicked off around 2014 and has been going on for a number of years as we have piloted the data elements across various stakeholders. And the TEFT grant, itself, concluded in 2018, but we are continuing the LTSS work again working towards that national standard with our standards development organization entity. So I'll be talking about that in the next - in subsequent slides.

So next slide. Talk about what is the scope of eLTSS. It's really about identifying the components or data elements needed for the electronic creations sharing and exchange of a person-centered service plan. So these data elements really comprise the information needed by users for person-

centered service plans. They are the units, or the questions and answers used to populate forums for electronic exchange. They are designed so that they can be understood by various user groups.

So the initial phase of this work was really to identify the human readable information, information that would be, you know, important for exchange between different provider types. And so - or end users. And again, the current phase of work is really now that we've identified and eLTSS dataset, to map those data elements to health IT standards. This work also included quite a bit of field testing or piloting to make sure that the information was a value to the end users and we also tested it with respective systems included paper-based and electronics.

Next slide please. And we were really fortunate to have quite a bit of stakeholder engagement. So we've had over the years about 339 total members representing different kinds of stakeholder groups participating in our initiative. So these include quality improvement organizations, consumer patient advocacy groups, contractors, federal, state and local agencies, HIEs or health information organizations, vendors, healthcare professionals, healthcare payers, certification organizations, provider organizations, researchers, standards organizations, as well as HCBS service providers and professionals as well as their IT vendors. So really a robust amount of engagement with this work which we really fortunate to have.

Next slide please. And through our piloting work as I mentioned, we had a number of states that were participated in this effort. And so those include Colorado, Connecticut, Georgia, Kentucky, Maryland and Minnesota. And we also were able to have a number of nonTEFT organizations work with us through various piloting rounds. So which include Meals on Wheels of Wisconsin, Medical Micrographics, (unintelligible) net smart, FCI Systems,

ADT Vault, Caring Hand, eCaring, (Jaime Appleseed), (No Two), the National Disability Institute and Peer Place.

Next slide please. And so we had an approach to really identifying the first phase. How the data elements that we were going to test. And what we did was we asked the states to, you know give us what they were - had today on the LTSS plans. So we collected plans from across the states, and we worked to identify common elements within those plans. And we did something which we refer to as harmonization. So this is really, you know, bringing together the stakeholders to get in agreement on what the data elements were for testing, what those definitions of those data elements were going to be, as well as the format.

And as you can imagine, working across the various states, you know, they had certainly information that was in common, but sometimes they called those - that information by different names and sometimes it's definitions were slightly different. So we had many calls over the years to really, you know, talk about what this dataset was going to look like and how to harmonize the information. So that it could be - we could be exchanging the most valuable information across providers.

So next slide please. And so this dataset development and pilot approach, we really - we went through two rounds of piloting and harmonization activities. And after each round with the dataset, we went through public comment. And a disposition period where we posted the dataset online and we had stakeholder weight in and we addressed all the comments. We also did extensive education outreach for the pilots. So we had a pilot starter kit. That helped us in engaging with, you know, our pilot participants.

In the first round of pilots, we, again, we identified what the most valuable information was going to be on those service plans what those core elements were going to be, that were going to be included on the eLTSS plan. As well as noncore elements that were important but not necessarily to include. So we had an analogy that we used in the imitative. We called it, you know, if you think about soup, the broth is your core to your soup. But sometimes your toppings, those may be - that was the analogy that we used for the noncore elements.

So and we identified that information through a Round 1 piloting. And then in Round 2, we tested 47 core data elements with three or more distinct provide types. That was the threshold that we set. And the pilots updated their current service plans with the new elements that we identified. And they sent them to other providers to be - for exchange, either via fax or secure email for feedback. And all the TEFT grantees were able to do this with the exception of Connecticut which tested data elements using another method.

Next slide please. And so the other thing that was important around this, is just really this incremental electronic testing approach. We realized early on that many of our pilot participants were really at a basic level of exchange. So first we needed to really work on a non-electronic exchange. Just understanding, you know, is this - even on paper, is this information if we exchange it with one another, is it a value? And can we do it, you know, even in a paper format? And the next tier was really then getting to that interoperable information level to be able to exchange the files and reports, etc. And Tier 3 is a more robust level of exchange where we're able really to import and export that information into technologies. So we were able through the eLTSS to address Tier 1 and also Tier 2.

Next slide please. And so in this slide, this is the final dataset that we were able to come to through our two rounds of piloting. So we landed on 56 data elements. So if you look at what these are. They include things like beneficiary demographic information, information about the person. As well as information about their goals and strengths, also person-centered planning information. So this category of information we came to with a lot of interaction as well from our CMS colleagues who work with the HCBS rule to, again, make sure that it complemented the requirements in the HCBS regulations.

And includes information such as, you know, a person's preferences, having choice around their setting, and options around that, options about their service, service selection and the providers, as well as including informant about the plan monitor. Also included, information plan signatures, so make sure that everybody signs off on the plan including the person, their guardian, support planners that are engaged as well as service providers.

Also information about risks and then service level information. So information about the services themselves as well as the service providers who are engaged with the plan. And then we've included a link here. While I've listed the data elements names on the slide, if you're interesting in learning about how we define each of these data elements, you can follow the link and there is a document on our Wiki website that gives a title bit more explanation about each of these data elements including their definitions and format.

Next slide please. So just to illustrate a little bit further about the level of work what was entailed here and how we got to some of these results. The pilots include the six TEFT grantees, 12 nonTEFT grantees and then in Round 1 piloting, we looked at 692 total data elements and narrowed that down to 47

core data elements for testing. That was a lot of harmonization work that we undertook.

In Round 2, we got over 270 comments on the data elements that were tested. With a request for 114 new data elements. And we were able to narrow that down to 56 core data elements and 36 noncore data elements for exchange. We also, again, had a broad amount of public engagement overt the two years. Was up to 339 members engaged including folks, as I mentioned, from HCBS government health and technology industries. And we certainly did a lot of outreach over that time, to over 130 different organizations. We have five federal partner webinars and did 27 public outreach presentations.

Next slide please. So this is really just a slide to talk about the ideal state and why this is so important. So it's really to get to interoperability, it's so essential that we standardized information at the data level. Because if we want information to follow the person, you know people move across these various care settings. And we need the systems to have the same meaning and speak the same language supported by health IT standards. So having that standardization is really fundamental to having that interoperability come to life and, again, follow that person.

Next slide please. And so the vision for eLTSS dataset, once the dataset has gone through the standards development process that we're currently under, we really envision this to be integrated into, you know, a host of different health IT, different technologies. So this is the dataset could be incorporated into technology to support care, certainly Medicaid IT systems, but then, you know, systems that a care coordinator would use, supports planner, and that could be exchanged with the person themselves maybe through their wearables or mobile devices and with HCBS providers that maybe providing those service.

Think about folks providing housing services or transportation. So there's lots of opportunity here for this information to be exchanged, you know, as well with the clinical IT systems so that, you know, all of a sudden this HCBS informant can really support the needs of individuals receiving HCBS services.

Next slide please. So in terms of our next steps, as I mentioned we are working currently with a standards development organization called Health Level 7 or HCL7. And in order for this eLTSS dataset to be incorporated into electronic LTSS systems, we really need it to be machine readable. So that is the work that is underway today. And this SDO's provide a level of legitimacy and formality to the technical innovation. They really serve to identify, publish, and curate global standards for exchange, integration and sharing. And SDO's publish standards that can be reinforced and including in regulatory specifications by government agencies, both at the federal and state level.

And many in the vendor community look to SDOs to help provide solutions that can be incorporated into product offerings. As I mentioned, HL7 is one of the SDOs whose standards are referenced by ONC.

And so the next slide. And so this slide is a very busy slide and I think this - what I hope to illustrate here is that the process that we're currently going through, the validating process, is very regimented. And because this process is, the SDOs are an accredited body, and so there are various steps to get to what we call a valid of standard that can be nationally recognized. And so we are in the middle of that process right now.

So next slide. And so as I mentioned, it's, you know, this is a very rigorous process. And currently we are working with the leadership through various workgroups that are at HL7. They - there are a number of ballot cycles per year. And we will be engaging with them actually in the upcoming ballot cycle for them to look at a white paper that we have - that is looking how the eLTSS data maps to currently available standards including CCDA and Fire.

And as noted in the previous slide, this process takes about anywhere from two years to four years. So it does take a little while and we are in the middle of that process right now.

And one of - next slide. And so we have one of our test grantees, Georgia, was provided supplemental funding to advance the standardization of the eLTSS dataset through HL7. And HL7 is providing guidance on the best available standards and revisions needed to update the dataset so that they can be included in the standard. And as mentioned there's a white paper underway. And a reference data model to identify standard gaps with the eLTSS dataset. And to describe how the dataset can be incorporated into those existing content standards including CCDA and Fire.

Next slide. And finally just want to talk a little bit about how you can get engaged. So to get updates and announcements regarding eLTSS, we have a Wiki website and you can join that Wiki and get part of our email list serve. And if you have vendors that you work with, we are currently testing the eLTSS standards map to Fire in an upcoming connect-a-thon. So we would love to have other vendors engage with us on this work. We also have a community all hands meeting in July where we'll be talking about updates to the eLTSS standard as well as the outcome of that Fire connect-a-thon work that I mentioned.

And in general, if you're interested to learn more about the initiative, you can go to our Wiki website. Look at our file dataset and summary report.

And next slide, and that final slide is just highlights some of the project team leads with this initiative. And that's all I have. Thank you.

Meredith Raymond: Thank you (Elizabeth). Now, I'll introduce (Beth Munro). Thank you (Beth).

(Beth Monroe):   Hi Meredith. And thank you for inviting me to participate. Can we to the next slide. There we go, next slide.

Can you hear me?

Meredith Raymond: Yes.

(Beth Monroe):   Okay, great. So my name is (Beth Munro). I'm Director of a support planning agency, Independence Now which is the Center for Independent Living that serves very populated counties in Maryland, Montgomery County and Prince George's County. We're really (unintelligible) from a small straw. We have three fulltime supports planners currently serving about 136 people who range in age from 11 to 102 years old. Our consumers speak 22 different languages or dialects. And I think one of the things that makes us different from most spas is that we all work from here in our office. So we have a lot of support and interaction on the - from the Center for Independent Living, but within our own SPA.

Next side please. Just a bit about me, I've been Director of this SPA for just about three years. My personal passion is really coming out of a lot of time spent in the developmental disabilities community is the institutionalization

(unintelligible) of ICFMR and of course assisting people transitioning out of nursing facilities. I spent a lot of time with (Michael Small) who is a great person, center, thinker and planner and developer of the essential lifestyle plan, self-directed services and family support, also personal passions of mine.

Next slide please. Thinking about supports planner and quality, training and person-centered thinking and the underlying rationale, understanding (unintelligible) control, are things in training that support planners bring to eLTSS. Understanding the choices that our consumers should be able to make, where and when they meet. Who's going to attend the meeting? Understanding that the person's voice is the loudest. What their service preferences are? Who's going to provide services? Ensuring that the person is the one who selects both the agency that is going to, you know, provide them their services, but also the individual.

Especially with institutional transitions, sometimes the institutional itself will have concerns in helping both the institution and the family understand the concept of dignity of risk. So training of staff and person-centered planning tools. Even providing them scripts until they become very accustomed to using those tools in order to obtain the most basic information which for, you know us, you know, the basic is important to and important for which help support the planners to identify types of services, where are services, and the who.

Next slide please. So Maryland eLTSS, this is a system that I actually love. I find that it's very robust. It enables transparency in terms of tracking service delivery. Communication between provides, it allows auditing for support planner performance and compliance both internally and at the state level. We have a new provider portal.

That allows for more information sharing, and also fairly new in Maryland is something called My LTSS. Which allows consumers to have control and reporting. And one of the additional features that I really enjoy about my LTSS is that it can be helpful to family members who live out of the area and are concerned, you know, that their family member is receiving the services that have been arranged for and furnished in their plan. They're able to go in and actually look at the tracking of service delivery. So did mom get, you know, did the aide show up for mom this morning? They can actually go in and see that clock in which is, you know, really nice. And then, of course, support planners go in periodically and track those service to ensure that people are receiving the services that they requested.

Next slide please. I think one of the other things that I enjoy about this - about LTSS is that once we get an assignment, sometimes people will choose their spa. But if they have not made that choice within a designated period of time, the computer will actually search for well, who has space that serves this jurisdiction. And make that assignment. And so generally if we get a computer assignment, we have enough information about that person through the data that's been collected prior to that assignment to make a good fit for a supports planner.

Some of the things that we will look at is, you know, what is the person's age? What is their disability? If they are also engaged with other programs, either, you know, in the (unintelligible) through mental health services or developmental disability services. What is - we'll know what their preferred language is. Usually we'll know their preferences for interpretation. Who is to provide that interpretation? We will have some information about their natural support.

Geography is really only, you know, that's really just a business management piece that, you know, we would look at. So we're not scattering the supports planner all over the county unnecessarily. Risk will already be identified. And generally, at least, one basic goal will already be identified. And so this really helps us to assign a supports planner who might be a good fit. So in or agency, we have a supports planner who has a special interest in people with mental health support and my own special interest is people who are also perhaps using services or will be using services through developmental disabilities agencies.

Next slide please. Okay, what are we looking forward to? Upcoming which I am very excited about is our department of health, we've always been required to have supports planners trained in person-centered planning. But the department is going to be leading and requiring for supports planner who have been previously certified, their own training which I think will standardized things much more across the state. So that, you know, no matter which agency a person is using for supports planning. There should be some continuity in that piece from the very outset.

And the other piece that we're looking for too is totally self-directed LTSS services where the person will actually be able to write their own plan and with the help of the supports planners, be very much more in control. Although we try to give people as much control as possible, but they will be - can be on this totally in control of their plan. And, of course, we're very excited, you know, to hear news about expansion of interoperability across systems.

And I believe that's all I have for today. Thank you.

Meredith Raymond: Thank you (Beth) and thank you (Elizabeth) and (Jean) both for the federal perspective on the initiatives that are going on the federal level and (Beth) for that end user perspective. It's very helpful.

Now we're going to move into the Q&A session. Operator, would you please provide directions on how to call in questions?

Coordinator: Thank you. At this time, if you'd like to ask a question, please press Star then 1 on your phone and record your first and last name clearly when prompted. Again please press Star then 1 at this time if you'd like to ask a question. There are no questions coming from the phone lines at this time.

Meredith Raymond: Okay, thank you. We will start with a question we have here on person-centered planning. How can electronic data be used to track achievement of goals? (Unintelligible).

(Elizabeth Polena Hall):   Thank you, Meredith. I'll start off, and then maybe (Jean) can follow on. Really, I think the eLTSS data could help facilitate the ability, you know, for providers to do analytics and assess the services against goals and take - and steps taken to achieve those goals. So really it having that information be electronic really helps you to be able to then, sort of, have a better handle on, you know, trends and be able to then make - work with the service team and how you provide care to individuals.

Meredith Raymond: Thank you. We have another question here. How does the eLTSS system track the individual services that a person uses?

(Jean Close):   (Ms. Munro) might want to take that question. She's implementing.

(Beth Monroe):   Sure. So personal assistance provides clock in electronically. So it's - I can go in right now for anyone of my consumers and see whether an aide is currently clocked in. Or I can go in and see, you know, what services have been provided over the course of a week. And certainly look to see, oh, you know, Mr. Smith didn't have any services last week. What happened? Why not? It could be that she went into the hospital unexpectedly. Maybe they went on vacation and didn't notify us. So you know, as the supports planner, I would immediately look to find out why that did not receive any services or why did, you know, Mr. Smith get services at 10:00 on Wednesday night? He never gets services at 10:00 on Wednesday night. That's not in his plan.

So this is very helpful to go - there are lots of signals there that something might be going on that's different that the supports planner needs to find out about. Other than the personal assistance services, nothing is digitally tracked. There are other means to find out whether, for instance, an environmental assessment has been done and, you know, there are places within our LTSS system that information is stored, and people know where to look for it. I hope that answers the question.

Meredith Raymond: Thank you (Beth) very much. Operator, do we have any other questions in the queue?

(Jean Close):   Meredith, I wanted to add on, just if you don't mind.

Meredith Raymond: Absolutely.

(Jean Close):   To add onto the question that we just had. Can you go to the - I don't know what number the slide is in the deck. It's on the eLTSS final dataset. You'll have to go up to my slides. Keep going. I think it's maybe the one before that. One more, okay. So there - there's - you'll see there, I just want to point

out the category on service information so that you're aware of what's being -
what's in the dataset and what we're hoping to make interoperable.

So there's that category there about service information. So what we're hoping
to hopefully capture through interoperable standards is the ability for you to
capture the service information as well as self-directed, the start and end time,
where it was delivered, the funding source, you know, the rate and cost of the
service as well as information about the supports planner provider. So and
you see that in the last column there. So that is information that hopefully
through the standard will be integrated into systems in the future and made
interoperable.   So just wanted to point that out for folks.

Meredith Raymond: Thank you, very helpful. Operator, are there any other questions in the
queue?

Coordinator: Yes, thank you. We do have a question coming from (Amada Cate). Ma'am,
your line is now open.

(Amanda Cate):   Yes, I was wondering about the interactivity with systems like (Ther App)
with companies currently using and I noticed that they were on the list of
some of the folks who had participated. So just wanted any information about
that so we can, as this gets implemented over time, we make sure that we're
ready to and prepared to provide the information that is required and needed.

(Elizabeth Polena Hall):   Yes, absolutely. So yes (Ther App) engaged with us early on, but
as we're going through the standards development process, vendor input is
going to be critical to this, particularly input from vendors such as (Ther App)
and others that currently today provide, you know, IT support in HCBS. So as
we are working towards, you know, this interoperable standards, we really
look for vendors like (Ther App) to help us and make sure that we're - the

standards that we end up, you know, arriving at eventually is the right standard that's going to help support your needs, because that's what's going to be, you know, be nationally recognized for use. And so, you know, they - I know that they're aware, but we certainly encouraged vendor engagement as we go along. So thank you for your support in that.

(Amanda Cate): Yes, I can assure you we'll be asking that question.

Meredith Raymond: Great, thank you both. Any other additions to that question? Okay, operator do we have any other questions in the queue?

Coordinator: There are no further questions at this time.

Meredith Raymond: Okay, we have one question here. How will the implementation of eLTSS support the HCBS settings rule? (Liz) and (Jean)?

(Jean Close): Yes, thanks Meredith. This is (Jean Close). I think take a look at - let's stay. I'm glad we're on Slide 10 that has the listing of all the elements. What's really special, I think, about all this in my opinion if I'm going to vote on the part that's mort important here, are the 11 elements on person-center planning. This is really special. I think it really sets this dataset apart from others going forward. And again, this is a dataset that has a capability to be incorporated into any electronic LTSS systems. It's possible because it's formatted using nationally and internationally recognized health IT standards.

And so it's going to be part - critical to be able to capture this information to report on person-centered planning activities. Which is a key consideration related to the home and community-based services assurances for the Section 1915C Waiver and Related Programs.

Meredith Raymond: Thank you. Any other items to add? Thank you. Operator, any other questions in the queue?

Coordinator: There are no questions at this time.

Meredith Raymond: All right, well with that, thank you all so much for participating in our webinar. Stay tuned for our future webinars and discussion on HCBS quality. Please send any feedback or questions to hcbs.quality@acl.hhs.gov. And there were a couple of very specific questions in the chat that we'll respond to directly offline but thank you everyone for your participation. And we look forward to our next webinar. Thank you.

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