

Implementation of Appendix K Flexibilities Video Transcript

Ok.

Good morning everyone!

And greetings and welcome to today's session on the Maui

Wildfires Operational Guidelines training.

Before we start, I'd like to review a few items— so you know how to participate in today's events,

You can submit questions today (to our presenters) by typing your queries into the Q&A pane of the control panel.

You may send in your questions anytime during the presentation.

We will collect them and address them during the Q& Session at the end of today's presentation.

Today we have our panelists, which includes Mary Brogan, our administrator; Wendie Lino, the Community Resource Branch Administrator; Mari Wakahiro... from Case Management Section Supervisors; Tracey Comeaux, the Outcomes and Compliance Branch Administrator; Ryan Lee, our Medical Director; Deb Susui and Steven Palowksi, our consultants.

I would like to now introduce our Administrator, Mary Brogan, who will begin the session.

Mary: Good morning everybody!

I wish I could see all your faces!

[Laughing]

I guess they're only showing me right now.... It's so nice to be with you again.

Over the past few weeks, we've... I've been able to meet with a number of providers, case managers... folks on Maui, and Dr. Lee and I were able to go over last Friday.

And, I know that everybody has been... working incredibly hard.

I know that this disaster has... hit our community in ways that we've never experienced before.

And also, the... outpouring of support, that the Maui community has had for each other, has been unprecedented in my experience.

So... I'm very very grateful for all of you!

And... we've gone into gear (much like in... when the pandemic started).

We knew that we had an opportunity to... ask CMS for certain flexibilities in how we provide services— because the Waiver is pretty prescriptive about... place of service, who can provide it, under what

circumstances, of course, the supports budgets, and all those things that... may need to be navigated in different ways as we...make sure that people have access to... the services that they need.

And so... hopefully that's what we've stood up with the Appendix K (the new one for the Maui Wildfires)— which is available during the public health emergency,

But also... it...you know, it'll seem kind of familiar to you because... we did just go through this other, you know, major public health emergency called... called COVID, and... some of those flexibilities are still in place.

So these are tools for... people to use (case managers, providers, and... the ISP teams) to be able to look at— what might be a different way... to provide services, and then, to assure that we have the authority to do that through... the Appendix K.

During... COVID, we did eleven different Appendix K applications, and so... that just goes to say that if there are other things that we need to add... based on your experience, that's something that we are absolutely willing to do.

So, with that, I don't know who is going next.

Because I'm not paying... Oh, it's Wendie!

So, I...

I'm turning things over to Wendie, and again, you can... Is the instruction Carol to put questions in Q&A?

Carol: Yes.

Mary: Ok, so just a reminder to... use the Q&A... button at the bottom of your screen, if you have questions, and we'll... address things at the end of the formal presentation.

Thank you!

Wendie: Can you please bring up the slideshow?

Moderator: Yes... just a second.

Wendie: So, hi everyone!

My name is Wendie Lino. I'm with the Community Resources Branch.

And so, as mentioned earlier today... we're going to be going over some of the Appendix K flexibilities... as well as... some of the details that will be laid out in the Operational Guidelines.

So, next slide please!

Mary: Yeah, let's go ahead and make that full screen (if we can).

[No audio]

And, by the way everybody, Stacy is... running the slides and everything... she just started with us... in the training unit.

So, she'll be the head of our training unit, so...

We should have made her practice first.

[Laughing]

Wendie: Well, while she's trying to figure it out... today we'll be going over... doing an overview of the Appendix K.

When and how— when does Appendix K apply?

Some of the key flexibilities, as well as... some, like I said, a little bit more detail on the Operational Guidelines in regards to flexibilities in the service planning, provider qualifications and monitoring, telehealth-specific services, as well as... temporary rate adjustments (or TRAs) and retainer payments, and then, as both Mary and Carol had mentioned... at the end of this, we will be open to discuss any Q&A.

So, any questions that you guys put in the Q&A section of the Zoom, we can go over it then.

Mary: Stacy, you might... I think it is the display settings... that you go to (on the top).

Try either duplicate slideshow,

Stacy: Is that better?

Mary: No

Stacy: No?

Mary: Good, let's just go with this. You guys, just ignore that little slide.

[Laughing]

Wendie: So... Medicaid Waiver programs such as our I/DD Waiver, have very strict... Federal rules related to service planning, authorization, and timelines.

However, as Mary had mentioned, you know, during declared disasters or public health emergencies... the states may request Appendix K flexibility... amendments to temporarily allow different flexibilities through the Waiver.

And, all changes allowed under the App K (Appendix K) amendment are temporary and only for the period of the declared disaster, or the public health emergency.

There we go!

Ahh, next slide, please!

So... DD division jointly developed a Appendix K application with MedQuest. and we requested different flexibilities to respond to issues arising from the Maui wildfires.

However, as Mary had mentioned... a lot of these same flexibilities were in place for COVID... public health emergency. So, some of these may be familiar.

There are going to be a few (or a couple) that are different, but we'll go over that.

So, the Appendix K was approved by CMS (Centers on Medicaid and Medicare Services)— effective August 8th (the date of the declared disaster), and goes till October 7th— I mean, sorry, August 7th, or whenever the Maui Wildfires declared disaster ends (whichever is sooner).

And so, we will be issuing (hopefully today)... the operational guidelines to give instruction on the implementation of the Appendix K flexibilities.

So, we're hoping that today we'll be able to post that online (on our website) so that... you guys can all have access to it.

Next slide...

So, determining whether or not Appendix K applies... So, first of all... this is only for participants and providers in Maui County.

So, does a participant have a Maui Case Manager?

Were there any changes that occurred for the participant as a result of the Maui wildfires?

In... changes related to services, or changes related to health...

Next slide...

The changes related to services could be... was the participant receiving... ADH in a setting that was closed or the service is unavailable to the participant for any reason due to the wildfires or because of evacuation?

Was the participant receiving community-based services such as...CLS group or individual, or discovery and career planning that could not be provided (for any reason) due to the wildfires?

Was the participant employed, and using Waiver Services (such as individual employment supports or CLS), but is currently unable to work as a result of the Maui Wildfires?

[No audio]

Is the participant's primary caregiver impacted?

So they may... yeah... in their ability to provide care for the participant (as a result of the wildfires).

They may be applying for assistance, looking for resources, but something that's taking up their time were they're not able to provide the care that they would normally be able to.

Is the provider unable to provide staffing at pre-disaster required levels (due to the overall shortages of staffing and inability to secure additional staff)?

And, is the participants direct support professional unable to provide services due to displacement or caring for a family member due to closure of schools or day programs.

Next slide...

The changes related to health may be...

Is the participant experiencing any physical or emotional health changes?

Is the participant's caregiver or a person with whom they live experiencing any physical or emotional health changes that affect their ability to provide care for the participant?

Or is the participant's direct support professional experiencing any physical or emotional health changes that affect their ability to work with the participant?

Next slide...

So, if the answers to one and two... if the participant has a Maui case manager, or there are changes that occurred for the participant as a result of the wildfires and... are the changes requested covered in this App K Operational Guide?

If the answer is "yes", then the App K of flexibilities may apply.

If the answer is "no", then please contact the participant's case manager for additional guidance.

So, some of the key flexibilities we temporarily modified...

Well, we suspended or increased limits to some services— suspending staff ratios, and adding locations where certain services may be provided.

Modifications in the ISP process and time frames.

Qualifications for direct support professionals.

And also, qualifications for providers— as well as provider monitoring.

There will be... there was a flexibility that grants exceptions to the individual supports budgets limits.

We're allowing for retainer payments for certain service providers, and also an increase in rates for services provided in Maui County.

Next slide...

So, to go over more detail of what's in the Operational Guidelines, we will...

Next slide...

We'll start with the service planning area— in which I will turn it over to Mari Wakahiro from the Case Management branch to go over.

Hi! Again, I'm Mari Wakahiro with the case management branch.

So, I'll be going over some of the highlights... with service plan flexibilities.

The areas we will be covering are...

Individualized Service Plans or ISPs; Individualized Supports Budgets or ISBs; level of care (LOCs); and the HCBS Final Rule.

Next slide... please!

So, for individualized service plans or ISPs... when you do receive the Ops Guidelines, you can look at the details on page 7.

So, just to summarize: the case managers may retroactively authorize services to the beginning of the declared disaster (which is August 8th, 2023).

Case managers may approve changes to services verbally... or by email, and the services may begin while waiting for the signatures.

If receiving or sending snail mail is a problem... we can use e-signatures as a method for the participant or guardian to sign.

Providers should check Medicaid online or DMO to confirm that the authorization is there before actually submitting the claim.

And, you can also...

Oh, the flexibilities include all services— except vehicle mods, and the environmental accessibility adaptations.

Next slide, please!

Next area is the Individualized Support Budgets... It can be found in the Ops Guidelines (page 8).

So ISBs may be exceeded due to a change in service need or availability, but an exceptions review is still required when requests for changes exceed the ISB, and are unrelated to the wildfires.

And this is similar to the COVID App K flexibilities— so you may be familiar with this.

Next slide...

Level of care determinations is next (found in the Ops Guidelines, page 9).

Initial and annual LOC determinations may be conducted using telehealth.

And, the annual LOC determinations may be extended for up to a year (or 365 days from the previous determination date).

Again, this is similar to the COVID App K flexibility.

Next slide...

And finally, HCBS Final Rule.

This is found on page 10 of the Ops Guidelines...

App K flexibilities allow us to suspend the requirement for individuals' right to choose with whom to share a bedroom.

It allows services to be provided in a residential and... non-residential settings within the state that have not been validated for HCBS Final Rule compliance by DDD.

The provider shall attest that the setting meets the participant's health and safety needs.

And last, the case manager shall verify and document and verify (in the ISP) that the setting meets the participant's health and safety needs.

So, the next...part will be done by Wendie Lino.

Wendie: Hi, again!

So, next we'll be talking about provider qualifications, and provider monitoring.

Going over direct support professional qualifications (as well as overall provider qualifications), and any flexibilities in provider monitoring.

Next slide...

Ok, so this one is a new one.

So this is direct support professional qualifications— which can be found on page 11 of the Ops Guide.

So, this permits... legally responsible relatives to be hired as temporary workers, in the absence of direct support professionals.

Legally responsible relatives include... only include: the parent of the participant under the age of 18, or the spouse of the participant.

For consumer-directed services, if the legally responsible relative is the designated representative, then they cannot hire themselves to perform the work.

Next slide...

So services provided by the legally responsible relative must be for extraordinary care.

Meaning, exceeding ordinary care and supervision that... would be provided to a person without a disability of the same age.

Extraordinary care needs will be determined...by the case manager using the participants...

Inventory for Client and Agency Planning (or ICAP) service score of 79 and below.

The case managers must approve the use of the legally responsible relative... prior to beginning service delivery.

This is going to be applicable for both provider agency, as well as... consumer directed.

So that means if...say, a mom of a participant who is...sixteen years old, the mom may already be employed by the provider agency, and providing services for other participants.

But in order for that mom to be able to provide services for their sixteen year-old, they would need to get that approved by the case manager.

So, the provider has to make sure they get that approval prior to letting that mom work with the sixteen year-old participant.

OK

So, this would be allowable for only certain services.

It'll be allowable for Personal Assistance / Habilitation (or PAB), Community Learning Service (group and individual), Respite, Chore, and non-medical transportation.

And...

PAB, Respite and Chore must also still follow the... Electronic Visit Verification or EVV requirements.

And again, this is applicable for both provider agency as well as consumer-directed.

Next slide...

So, a little change in the provider qualifications (a little different from what you guys saw through COVID).

We did allow a lower age, a minimum age for... direct support professionals.

So, we're allowing for the age of sixteen years or older.

Currently, the age is eighteen years or older.

Also, the option of having a high school diploma or equivalent.

So, if you hire a sixteen year old, of course, they might not have their high school diploma yet— so that's optional.

The CPR and first-aid training is optional.

And providers may obtain a state name check or eCrim in place of fieldprint... the fieldprint checks... for allowing that.

Just select training options... training topics are required— versus all training topics.

And, we've also expanded... the documentation requirements.

However, after this App K is done, and the declared disaster ends, providers will be responsible to...

Sorry, one second...

Providers will be responsible to ensure that all staff fulfill requirements that were waived or suspended during Maui Wildfires.

So, for example, if a provider hires a sixteen year-old, and then the disaster is declared done and App K is done, and that employee is not eighteen yet, then they will have to let them go, or they won't be able to provide Waiver services until they're eighteen years.

Next slide...

So, provider monitoring.

Very similar to COVID.

Annual on-site provider validations and monitoring or desk audits may be rescheduled.

But again, this is only for Maui County.

And, data collection for performance measure reporting (other than those identified as health and wellness assurances), may be suspended.

Next slide...

So, now again, this will be familiar from COVID.

We're going to talk a little bit about telehealth.

So, telehealth may be used for service... for the following services... through this App K Ops Guide: ADH - Adult Day Health; Personal Assistance / Habilitation or PAB; and Waiver Emergency Services.

This is for the Crisis Mobile Outreach.

The Case Managers will create a new action plan to authorize the service through telehealth.

And providers must ensure and demonstrate that all the criteria (which will be in the Ops Guide) are met— including the telehealth platform is non-public-facing and adheres to all HIPAA requirements.

So, now we're going to get into the different services where flexibilities have been... will apply.

So, they... what will be for...

Additional Residential Supports or ARS; Adult Day Health (ADH); Assistive Technology; Community Learning Services Group; PAB; Private-Duty Nursing; Residential Habilitation; Respite; and specialized medical equipment and supplies.

So, for Additional Residential Support or ARS, this may be used... similar for COVID, may be used to support participants when the participant would typically have been able to access other daytime activities, and it may be extended beyond the short-term duration requirements.

For ADH, this may be provided in the participant's home, or other location where the participant is temporarily located.

So, that is a small change that... is through this App K, versus COVID App K— because we do realize, you know, some participants and families may be located in... a shelter, in a hotel, in someone else's home, so this is available for any other location where the participant is temporarily located.

Minimum staffing ratios may be exceeded due to... short term... due to staffing shortages.

However, the participant's health and safety must be ensured at all times.

And, this may be provided through telehealth.

Next slide...

So, assistive technology and specialized medical equipment and supplies...

I put this together because it's the same thing for both.

So, there is an expedited process to replace medically necessary assistive technology or specialized medical equipment and supplies for participants who lost their device or equipment due to the wildfires.

However, the device or equipment must have previously been purchased through the Waiver.

Because what will... the case manager will now be able to use the previous documentation which is the physician's prescription and the assessment... in order to expedite that.

They won't have to get a new one.

They can use the previous documentation in order to expedite the process

to replace the participant's medically-necessary AT or SMES (as long as the participant's needs have not changed).

So, if the participant's needs have changed, they have to redo the assessment.

Community Learning Service Group.

Minimum staffing ratios may be exceeded due to short... staffing shortages, but again, participant's health and safety must be ensured at all times.

Personal Assistance / Habilitation or PAB may be... provided in any location where the participant is temporarily residing— without a licensed or certified caregiver.

So, this could be in the home of a direct support professional, or other locations as I had mentioned— hotels, shelters, campgrounds, schools... and/or where the participant has been relocated for longer term (which may include neighbor islands).

And, this may be provided through telehealth that meets privacy requirements, and supports the needs of the participant.

Private Duty Nursing.

These are the same flexibilities that we had in place for COVID.

So, suspending the eight-hour limit per day, and 30-day short-term limit.

However, this will require an expedited review by CIT (the Clinical Interdisciplinary Team).

And suspending the requirement that... the participant requires less than 24 hours a day on an ongoing basis.

Ok, so Residential Habilitation or ResHab.

This may be provided in any location where the participant is temporarily residing with the caregiver.

So, again, locations could... where they could have been immediately evacuated— such as hotels, schools, churches, whatnot...

And, again, this may be where the participant and caregiver... has been relocated for longer-term (can include locations on the neighbor islands).

So, just a little bit of back... so this is different from PAB.

PAB is if the participant is not with the licensed or certified caregiver.

This ResHab is... will be authorized if the participant relocated with the licensed or certified caregiver.

So, for example, the participant... and caregivers... came from a licensed home, and they had to evacuate.

They evacuated and relocated to a hotel where the caregiver and participant are still there, then the service that could be provided in the hotel would be the ResHab service.

Next slide...

So, for Respite, again, we suspended the annual limit of 760 hours, and that does not require an exceptions review.

And, it may be provided, again, in any location where the participant is temporarily located— which could include the home of the direct support worker, or other location...

And this also, again, can be... can include where the participant has been relocated for longer-term— which includes locations on the neighbor islands.

Now, I will turn it over to Steven Palowski to go over...

Well, before I turn it over to Steven, I do want to say... the... in the operational guidelines, we will have the instructions for the temporary rate adjustments (or the TRAs) and the retainer payments.

However, everything on the back end is not complete yet.

So, while we're going to put this in the instructions ... the instructions out, this is not readily available, but we will let you all know when it is available, and when... case managers can start entering authorizations, or when providers can start to bill for this.

So... just a little heads up.

But, in the meantime, I will turn it over to Steven.

Steven: Thank you Wendie, and good morning everyone!

I'm Steven Palowski.

I'm with the Burns Associates Division of Health Management Associates— which makes me a consultant, though I've been working with Hawaii DDD for seven or eight years now on a variety of topics (primarily, although not entirely related to provider reimbursements).

As we move on to the next slide, I'll just note some of the observations that... Wendie and company made is— we took a lot of inspiration from the... Appendix K we put forward during COVID to come up with a couple of options to help... the finances of providers operating in the greater Maui area.

And so there's really two things we have the capacity to do through Appendix K.

The first is to increase provider reimbursements— which we're doing through temporary rate adjustments.

We did the same thing during the pandemic (using Appendix K authority)— although the details this time around are a little bit different.

One of those differences is that rather than... percentage-based increases that we're applying to... services consistently.

What we are doing this time is... allowing providers delivering services to individuals in Maui County to bill the Big Island rates.

And so, for those of you who are well-versed with the fee schedule for Waiver services, you know that we actually have two sets of rates... for almost all services.

We have rates for services delivered on the Big Island— which are higher than services... or rates for services delivered on all other islands to account for greater travel-related expenses.

You're traveling greater distances, so... you're both having greater vehicle-related expenses and more staff-related costs because of the time that they're spending... behind the windshield.

So, that's the first difference is... rather than a twelve and a half percent or twenty-five percent increase to the rates... we're simply using the Big Island fee schedule... for Maui, or for individuals served in Maui County.

The other difference is... we're doing this to a broader array of services.

So, with the TRAs in place during COVID, it was only for... a handful of services.

A meaningful handful, but not all services.

Whereas, this time around, it's going to be for... most, if not all, services.

This is going to work similarly to how it worked previously.

So there will be an additional service authorization input.

And... for all existing authorizations, that authorized amount will be... the equivalent amount that's billed for the underlying service.

So that sounds like a lot of... word salad.

And what we're really saying is... if someone is authorized for a thousand hours of ADH (for example), the authorization for the TRA will match that same thousand hours.

Because, like the TRAs in place during COVID... there is going to be billing... separate billing (a separate claim) for that temporary rate adjustment.

So, in other words, if you deliver... four hours of Adult Day Health (which is 16 units), for four quarter hours... for quarter hours units over four hours, you'd also be billing sixteen units of the TRA.

And so, to make sure that that's available... the authorizations will be... set up to match what's already been authorized.

Of course, you can only bill for the services that are being delivered.

You can't bill the TRA... without billing the underlying base service,

And I think on the next slide, we have a little bit more detail [of] what that's going to look like.

So, presently, the rate for Personal Assistance / Habilitation or PAB is \$10.82 on the big island.

The rate outside of the Big Island is \$9.38.

So the difference, of course, between those two figures is \$1.44— which means for every unit (every 15 minute increment of PAB delivered), the provider is going to submit two claims.

The first is going to be the base-rate (what they are authorized outside of the Big Island)— which is \$9.38.

And the second claim is going to be for that TRA amount— which is \$1.44.

So, in total... the provider is going to be paid a ten dollar and eighty-two cent Big Island rate, but for a lot of technical and systems- related reasons, it's going to have to work in this fashion (where there's going to be two claims submitted).

One for the originally-authorized rate that applies to Maui, and then a second claim that's going to be the difference between the Big Island rate, and the other island rate— to actually build up to that Big Island total.

So, as Wendie said, we're currently working on... the coding for all of these TRAs.

And, of course, the dollar amounts are already calculated.

So, once the billing codes have been sorted out, that information will be published... and made available to all providers.

Next, the Division is also authorizing retainer payments—which is also one of the tools employed during the pandemic.

In this case, we are limiting the services that the retainers are going to be available to... to what you see listed.

So, Adult Day Health... both the individual and group variations of CLS, discovery and career planning, and individual employment supports.

One of the differences between the retainer payments this time, versus during the pandemic, is... that we'll be limiting the retainer to one calendar month.

And, that's because of Federal regulations.

And in fact, I know that DDD asked CMS... if, like during the pandemic, it could be billed for three 30-day periods.

And the answer from CMS was "no".

That was a one-time flexibility that was only available during COVID.

Now, the historic rules for retainer payments apply— which for Hawaii, means that we can only bill for one calendar month.

Outside of that limitation, it's going to work structurally the same way it worked during COVID— that there will be an authorization created based upon the provider's average monthly billing for a participant during fiscal year 2023.

So... we're looking at the total billing for a given service for a given participant during... the period of July 1, 2022 to June 30 of 2023, and then dividing that by the number of months in which that individual received services.

So, that work is being done on the division side, and that information will be communicated out to providers in a very similar fashion as was done during COVID.

To receive the authorization, I want to stress that the provider must have actually delivered services... to that participant during the last quarter of fiscal year '23.

And so what that means is: although we are using the entire fiscal year to calculate the most representative baseline amount, if you've not delivered services to that individual in the last 90 days of... the fiscal year, an authorization will not be created because... we're working under the presumption that that person is no longer part of your case load.

So, if you delivered ADH to somebody between... July of 2022 and December of 2022 the baseline amount will be calculated, but ultimately... we're going to pull that out, because no services were delivered in April, May or June of 2023.

And the idea here is: we want to make sure that providers... are receiving some financial relief, but if you have not been billing for this person within the past 90 days, no financial relief is apparently necessary.

On the next slide, I think we walk through... an example of that... I should say before we get to the example... we also want to note that providers will determine which month to bill the retainer for...

So, we want providers to do what is most advantageous to them— based upon the rules that are being set up for the retainer payments.

So, just like during COVID, the way that the amount is going to be calculated is... you'll take the baseline, you'll subtract whatever you actually billed for, and then you'll multiply that by ninety percent.

And so, let's say that the baseline amount is... if you historically billed \$700/month for an individual, and in... September of '23, you're only able to bill \$200.

The difference between those two figures is \$500.

Ninety-percent of that \$500 is \$450.

And that's the amount that you'd be able to claim— which is what you see here... on the slide now.

And so, you're going to want to look at your billing, and decide what month makes the most sense for you.

It might be that for cash flow purposes, you want to bill for August, but... in August you're also likely to have some billing in the first week (before the wildfires hit).

Where, maybe in September, your program is entirely closed, and you're not going to have any revenue.

And so, because we need to... pursuant to our agreement with the Federal government, ensure that we're not overpaying for services, we have to reduce the actual billing from the baseline amount.

Just like I explained— that 700 dollars less the 200 dollars.

So, if you bill 200 dollars in August, and zero dollars in September, from a revenue perspective, you're going to want to... bill your retainer claim in September, right?

Because you're going to be able to bill 70% of ... 90% of 700— rather than... 90% of 500 dollars.

It's up to the providers to make that determination, but we would encourage you to look at what makes the most sense from your organization's perspective.

It might be cash-flow issue. It might be a total revenue issue.

But, you have the flexibility to choose which single month... that you're going to be billing that retainer payment for.

I'll also note that... the goal is to make this as streamlined as possible for both the case managers— as well as the service providers.

So, DDD is calculating the retainer amounts.

I believe that that's going to be input into INSPIRE in an automated fashion.

So folks will know exactly how much they're able to bill for the retainer that's going to be separately communicated to the providers.

And similarly, for the TRAs, those authorizations for individual's plan years... that are in effect right now... will be automatic.

And then for new authorizations, if someone's plan year, say, starts October 1st, when that authorization is created... we'll just want to ensure that the authorization for both the base service... as well as the TRA are input.

And, it will be the same number of units, right?

So... if you authorize 1000 units of ADH... you'll also be authorizing 1000 units of the TRA.

Outside of that, and some of these small differences, it really is meant to model (as closely as possible) the way the TRAs and the retainers were handled during the pandemic.

So, hopefully this will be familiar to most providers and case managers listening to this phone call....

There's more detail certainly included in the Operational Guidelines.

Although, as Wendie said, there's still a little bit more work to be done to finish the calculations and the coding decisions that have to be made, but we expect to have that wrapped up here in the next several days.

And with that, I'll turn it back over to our host with DDD.

Stacy: Alright... thank you presenters.

We have no questions in our... Q&A at this point in time, so...

You know, please, you know, if you have any questions... please let us know— in terms of how we can support all of you... during this time period.

Mary: I have a question.

Stacy: Yes!

Mary: If somebody needs help in how to... compute the retainer payments... etc... who would they contact?

Would they contact that CRB address?

Wendie: I think if they have questions like that, they can send it through the CRB email address, and if its something that we can answer on our own... we will.

If not, then we will seek guidance from... Steven.

[Laughing]

Steven: And I would just add to that though... that the initial amounts...providers aren't going to have to do anything, right?

So, when we're talking about these baselines, that work's being done behind the scenes, and will be communicated out to providers.

We'll also provide our documentation— so that you know how it was calculated.

And if you have any disagreement with a calculation, you can follow up with Wendie's shop.

But the calculation, the baseline amounts... providers don't have to do anything.

The Operational Guidelines will outline how to calculate how much they're able to bill (which is what we summarized in the presentation right now).

But again, you know, I'll just reiterate what Wendie said... that if there's questions about how to calculate the...actual billing amounts... you can direct that to... to Wendie's unit.

But I'll just... wanted to make sure I made the point that... the... we're not asking providers to do anything today.

They don't need to calculate the baseline. We'll be doing that for them-- and communicating it to them.

Mary: Thank you!

Stacy: Alright!

OK... so, if there are no more questions at this point in time... we would like to thank all the panelists, and everyone attending today's seminar— or webinar, sorry!

Again, if you have any questions, you have the email address... to our Community Resource Branch...

In terms of case management, please speak with your respective supervisors.

And last, but not least... the recording of today's webinar will be on our DDD website... within the next... two to three days.

On behalf of Developmental Disabilities, and our presenters, I would like to thank you all for joining us, and I ask that you have a great... rest of your day!

Thank you!