

# HCBS Final Rule Webinar Video Transcript

Ok... there may be a few more people joining, so we will get started with announcements.

So, thank you again for joining... this evening.

We really appreciate your time being here.

My name is Stacy. I work with the Developmental Disabilities Division-- in the training unit.

I'll be helping to support tonight's webinar— along with our presenter who I'll introduce right after I share just a few announcements to let you know about the webinar format and how to participate this evening.

The first announcement... I just want to acknowledge that... the zoom webinar tonight is being recorded.

A copy of the recording will be shared on our DDD website. Within no more than two weeks... (usually within a week), we'll get it up there.

But anyone who missed tonight's live presentation, or for you all as attendees, if you're wanting to review the information again, you're welcome to review the presentation once its posted on our website.

The second announcement is just to share the format for tonight's webinar. It includes a combination of the presenter talking... and showing slides onscreen.

When we post the recording on the website, a copy of the handouts (including the presentation slides) will be available.

Ok... the next two announcements are about how to participate tonight.

During the presentation, you will be able to interact by participating in polls.

I don't know how many attendees have participated in a Zoom poll before, but what you should expect to see... is when the presenter is ready to share a poll with everyone... a popup box will appear on your screen.

The box is going to prompt you to read the question, and then select either one answer, or multiple answers (depending on the type of poll question).

The poll will stay up just for a limited time.

So, you'll want to listen to the presenter's queue, to let you know when the poll is going to start and when it will end.

That way you can participate in selecting your answer.

The poll results will automatically be shared when the poll ends.

If you're joining the Zoom webinar tonight from a telephone that does not allow for this type of interactive participation, such as a land line, a house phone, or cell phone that does not have a touch screen, you will not be able to participate in the Zoom polls.

Alright!

And the last announcement is about asking questions.

If you have questions about the information that will be covered in tonight's presentation, please use the Q&A option in Zoom to submit your questions.

You can find the Q&A icon in your Zoom display. It will be there up top or down below (depending on what type of device you're using).

When you click on the Q&A option, you'll be able to see a box... a text box to type your answer.

Questions will be reviewed at the end of the presentation.

But if we miss answering your question, or if you think of a question after the webinar, we'll provide you with an email address where you may send your questions after tonight.

OK... alright.

So those are all of the announcements that I have... Thank you again for joining!

Next, I'd like to introduce our panelist.

I'll start by introducing staff from the developmental disabilities division (my colleagues).

We have Wendy Lino-- she's the Administrator for the Community Resource Branch.

Tracy Comeaux-- she's the Administrator for the Outcomes and Compliance Branch.

Carol Batangan-Rivera-- she's the Supervisor for our Outcomes Section.

And we also have Sharon Lewis here... Sharon may be familiar to you because you have joined Zoom webinars with us in the past, and she has presented information about the HCBS Final Rule before.

Sharon-- she works closely with us as a consultant with DDD.

We're very happy to have her here tonight to support the process with implementing and complying with the HCBS Final Rule.

So... welcome to all of our participants and all of our attendees.

At this time, I'm going to transition over to Sharon... who'll start the presentation.

I'm going to put the first slide up on the screen, and I'm going to share...

the handouts also in the chat (in case you want to keep that there).

But again, don't worry if you cannot get it out of the chat, we will post it on our website when we put the recording on our website as well.

Ok... thank you!

Thanks Sharon!

**Sharon:** Well, thank you Stacy!

And welcome to all of you here this evening!

We are excited to talk about the home community settings rule.

Once again, as we are now... in the final, final stages of this rule.

Umm

As Stacy mentioned, my name is Sharon Lewis.

I am a consultant with an organization called Health Management Associates.

I have been working with DDD and the State of Hawaii for a few years now... on the Home and Community-Based Settings Final Rule.

Umm

This is the work that I do across the country or for lots of states on their HCBS programs.

Prior to being a consultant, I worked at the U.S. Department of Health and Human Services, and I was one of the folks that worked on this rule (oh so many years ago).

Umm

It's amazing! We're finally here now!

Nine... long years after the rule was published!

So... next slide please.

So, we wanted to start with a quick poll... both so that everyone can get used to using that polling function, and also to find out who's here tonight.

So, we're going to put up a poll, and we're asking you to just select... one box... in terms of who is here tonight.

And we apologize if you are represented by a category that is... not here on this list. But, we appreciate you fitting yourself in.

And we also know that some people fit into multiple categories.

Pick the description that you feel like... is most fitting for you.

And we'll give everybody a minute to do that.

[No Audio]

So... Stacy. When we have critical mass... let us know, and we'll go ahead and close out that poll, and show the results.

[No Audio]

I think we're good to end whenever you fell like we have enough folks...

Stacy, so... go ahead and close it out if it looks like we are pretty close to a couple hundred people.

[Inaudible]

Great! So, we have lots of caregivers with us tonight!

About two-thirds of us are caregivers.

We have some family members... and then a smattering of a few other folks. So...

I'm glad to have all of you here!

Welcome to everyone!

Some of you who are providers and caregivers, some of this information may be a little bit of a review for you, but some good reminders and some good conversations about the settings rule.

Next slide please!

So... what are we talking about tonight?

We're going to go quickly back over "What is the Final Rule?"

Why does it matter? How does it support community integration?

And then talk about those expectations of the Final Rule for providers and caregivers.

How people need to be implementing the Final Rule...

Then, we have some scenarios, we have some... we'll call them kind of composite examples.

They're taken from real-life Hawaii examples, but a little bit modified... of some of the things that people have experienced as we have been implementing the rule.

And we're going to ask you... to join in and help us...

determine on a scale of (kind of 1-5), how...well the provider or the caregiver is doing in supporting some of the ... in a way that's compliant with the rule.

We'll talk a little bit about how the state is going to continue...overseeing and managing compliance, and then...opportunities for people to receive services and their families... to share how their experiencing the rule, and how well... the requirements and the opportunities to have their rights and freedoms protected, are working for them.

Next slide...please!

So, just as a reminder... what is this settings final rule, and why is it final?

Well... it's a rule that was originally published in 2014...at the Federal Level by CMS (the Centers for Medicare and Medicaid Services), that really begins to articulate and lay out... the differences between... what happens in a home and community-based setting, and what happens in an institution.

The rule was actually first drafted all the way back... In 2007 - 2008, our first version of the rule, was put out for public comment and review in 2009.

It took us another five years to get the rule out.

And since 2014, states have had nine years (with several extensions) to work with providers, and make sure all the settings (where people receive Waiver services) are compliant with this rule across the country.

So... it's been a long time in coming.

Many of you have probably heard a lot about this rule over the past decade.

And especially over the course of the last four years, as we've worked really hard in partnership with the providers and the caregivers... people who receive services, case management, all of the SEED staff to really hone in on making sure that each person... who is receiving home and community-based services... has that opportunity... to live and work and play and love... and spend time in that broader community--the greater community that we all live and participate in-- including with people who are not involved in the services... and to the same degree as people who are not involved in the services.

And, at this point, the rule is now in effect, fully in effect as of March of this year (2023).

And so, all of the providers, and caregivers and services, should be compliant with the requirements of the rule.

Next slide... please!

So, we have this video out...

We have this little video that comes from an organization called Open Future Learning that we thought was a fun, quick little Tik Tok video describing how people might test whether they are living in a home and community-based setting, or an institution.

Let's go ahead and play!

Oh... do we have sound?

[No sound]

We'll hold on for a second... for the video.

And if we can't play it, we'll just put the link in the chat, and folks can play it for themselves.

[Inaudible]

Hmm. Ok. Why don't we....

Sisi, why don't we...

**Stacy:** no audio.

**Sharon:** still no audio, yup.

**Stacy:** Ok, I'll put the link in the chat.

**Sharon:** So... we'll put the link in the chat, but... the video is of a gentleman who... is getting up and making a burrito at 3am.

And the staff is asking me what he is doing... and he's talking about how-- because he has the power to live in a home and community-based setting, he gets to make the decisions about what he's eating, when he's eating... and it's a nice little 30 second Tik Tok video.... with some fun up-beat music that really illustrates that idea of... the person who receives services having power, having control... and having the opportunity to make decisions.

So, when you have a minute, please go ahead and check that out.

Next slide... please!

So, what does the home and community-based settings final rule require?

The requirements for all settings, really are intended to make sure that people have the opportunity again to be.... fully integrated in... the typical, regular...greater-- pick the adverb (I mean adjective) that works best for you.

But really...

The world and the community that the rest of us... all appreciate and enjoy.

Not a separate community that is segregated... and targeted to people with disabilities.

So, the idea is that... those settings are integrated in and really support access to the greater community.

People are able to leave their homes.

They are able to come and go out of day programs.

They are able to take advantage of the resources and the richness of community life.

That people are...supported to be able to seek employment and work in competitive, integrated employment, not just segregated employment or...or employment that is targeted again (just if you would) disabilities.

That they have that opportunity... to engage in community life... whether that is (you know) in spiritual, parks and rec, volunteering, and to control their personal resources.

That, when individuals receive services, they have the opportunity to access community... in the same ways that those of us who do not rely on services [inaudible] are able to do that (do so).

Then, when people are making decisions about where they live, or where they receive services, they have choices that are not disability-specific.

They have the opportunity to spend their days... to live in places that are not solely designed for people with disabilities.

And if they are in a residential setting,

So, if they are living in a AFH, or a DD-DOM, or an ARCH, that they have an opportunity... to consider a private bedroom (should their resources allow).

That peoples' rights of privacy... dignity, respect, freedom from coercion or restraint, are upheld and honored.

This is really important!

We'll talk a little about this tonight--because it plays out in lots of different ways.

That people have the opportunity to really take initiative.

They have the opportunity to explore things.

They have the opportunity to learn new things.

They get to have some autonomy and make decisions for themselves (even when other people disagree with their decisions).

They have some independence in making those life choices--whether they are the small choices that we all make on a day-to-day basis (including maybe the 3am burrito).

Not saying that my nutritionist would probably like that one!

But nobody, as an adult, tells me that I can't make a burrito at 3am.

And so I...

People who are receiving services should have the opportunity to make those life choices.

Both the small choices, and the big choices-- where they want to live, do they want to work, how do they want to spend their days.

And finally...

The settings where... and the services that people receive under the Waiver should really facilitate the individual choice-- so that people understand that they have options and choice regarding the kinds of services they receive who, how and why and what those services are being used for, how they're supporting their goals, and who's providing those services.

People who receive the Waiver have the opportunity to make all of those choices, and we should never be restricting their opportunity to make those decisions.

Next slide... please!

So, when you think about that in terms of very concrete... terms and not just kind of regulatory language, if you're a person who is receiving Waiver services, you have the right to be a part of your local community.

You have the... you should have the opportunity to be connected to other people that you choose.

To associate with others-- whether that is joining a club, or volunteering, or being part of a spiritual community, you should be able to be a member and belong to your local neighborhood, to your local community, and to things that are important to you.

You should be supported to do the things that you want to do.

You should be able to volunteer, or get out and make new friends, or go shopping, go out to eat, learn something new,

Obviously, all of us have to do those things within the resources that we have, right?

I would love to never have to cook again and be able to eat out... all the time, but my resources do not allow that to happen for me.

Same thing for people who are receiving services.

Some of those activities are constrained by the resources that you have available to you, but... you should be able to make those choices, and do the things that you want to do and explore.

Again, everybody who is participating in the Waiver has the right... to explore, try, pursue-- looking for a job, developing skills that allow you to get a job, and be paid a competitive wage... (not a sub-minimal wage, not a wage that is assigned only to people with disabilities), but a wage that is fair, and consistent with what other people are paid for those jobs.

You have the right to pick where you want to receive your services, and that should include places where anybody might live, or work or hang out, right?

So, you should be able to get those services in the places that are important to you.

Your need for privacy should be respected, and honored, and protected.

Your dignity, your opportunity to take risks... and the opportunity to be treated with respect are all rights.

First and foremost, people with intellectual developmental disabilities... even if they have a guardian, even if they have a very significant disability, have limitations in their communication or their intellectual function, first and foremost are humans with human rights, and have the opportunity to express their preferences, in whatever way that they communicate, and that their opportunities for privacy, dignity and respect...should be honored.

Adults should be treated as adults, and not treated as children.



People who are receiving Waiver services-- you have the opportunity to make those day-to-day decisions, right?

Talking about the 3am burrito, talking about being able to control your schedule.

Talking about being able to say... on a Saturday morning, gosh, you know what, I really kind of just don't feel like getting dressed until noon.

Most of us are able to do those kinds of things in our home.

You, as a person who is receiving services, should be able to make those decisions (including your schedule, and how you spend your time).

And finally, again, everyone should have the opportunity to make those choices, about their services / supports, and who provides them.

Next slide...please!

For people who are living in a residential setting, individuals who are in adult foster homes, individuals who are in those DD-Doms, or ARCHs, and are on the DD Waiver... there are specific Federal requirements...that have also been articulated in...some elements of... Hawaii Administrative Rules, around your rights and freedoms when you live in a provider-controlled residential setting, or residential home.

You should have the right to be able to come and go from your home.

Living in that home does not mean that you should... not be supported or restricted, in your opportunities to get out into the community.

You should be able to make your schedule.

You should be able to make decisions about what you want to do, and when you want to do it (including working in a job).

Rights or privacy in residential settings are very well articulated in the rules.

There is... there are a lot of very specific elements...around how we support people's right to privacy.

People have the right to lock their bedroom door.

People have the right to be alone in their room, or have opportunities to be alone in some places...in places... and have those moments.

Many of us need those moments... where we are able to collect our thoughts, and not have people attached to us all the time.

People should be able to have visitors...the rule is very specific around allowing visitors 24 hours a day, seven days a week without restriction.

People should be able to... date, have friends, enjoy their family, and appreciate those relationships in their life.

People who share a room should have the opportunity to choose their roommate, and have support around resolving issues if a particular roommate match is not working out, and the opportunity to make change.

And people should have privacy in being able to... use the phone, access the internet, open their mail, without interference, or without a caregiver / provider engaging (unless asked), and in ways that again, respect a peoples' privacy.

People should have access to food at anytime, and should be able to make their own choices about food.

Now, this has come up a lot in terms of, what does that mean?

It doesn't mean that a licensed setting has to lay out... a gourmet meal for everybody whenever they ask.

But it does mean that... you can't say that if you don't... aren't home to eat at 5 o'clock... you've missed dinner, and there is no other opportunity.

People need to have flexibility in when they get to eat, where they get to eat, still getting a nutritional and balanced access to food.

Snacks should be available to folks.

And again, unless there is a specific health and safety restriction, individuals should be able to make those choices.

People should be able to... express themselves in what they wear, how they cut their hair, whether or not they wear makeup, get a tattoo...

Those are all adult decisions, and adults should have the rights to make those decisions (including how they decorate their room, who they want to associate with, and having those freedoms and opportunities that all of us have).

The Federal rule also makes clear, and...

Hawaii has decided to offer a... residential agreement that meets this requirement, but everyone is required to have a lease or residency agreement that protects the person from... eviction, and really articulates all of the rights that we are talking about here, so that individuals who are living with a caregiver have legal protections in being in that home, and it is treated as their home (the same way another tenant would be).

Now... all of that being said, also, because this is a highly individualized set of services, we always want to make sure we're supporting people to meet their needs, and their goals, and their preferences.

There is a process whereby... if a person's right and freedoms, certain rights and freedoms, (not all of them, but certain rights and freedoms) may be modified for health and safety reasons.

However, a provider may not unilaterally make that decision.

So, a caregiver... or a provider agency cannot just say... "Well gosh, Sharon, we don't think you should eat a burrito at 3am, because we are worried that... you know... you're eating too many burritos, and you're going to get overweight... and that's going to be a problem for us."

That is not an acceptable health and safety modification.

If there is a modification to any of the rights, or... the elements of the rule that are allowed to be modified...

The person-centered planning team needs to be engaged, there are a series of steps that must be met, there is data that must be collected, and the department must approve an ISP addendum reflecting that modification.

And importantly, the person who is receiving services (the Waiver participant), and/or their legal representative have to agree to any of those rights restrictions, or changes to somebody's freedoms or rights.

So, if any of those... opportunities for choice for... to have access to food... to have a lock on your bedroom door, are a problem for health and safety reasons, we would strongly suggest that... caregivers, providers and circles of support talk to your case manager, understand the modifications policy that has been established by the department, that clearly lays out which rights can be modified, which rights may not be modified and the process for doing that.

There's also... a webinar in this series, that specifically goes into this... all of the elements of the modifications.

If you want to spend an hour thinking about modifications, that is an opportunity that's out there for you.

Next slide, please!

So, we want to do another poll.

And I know this is... you know... going to look a little bit different depending on what perspective you're coming from.

But regardless of whether you're a person who receives services, or a family member of a person who receives services, someone who delivers services...

And again, this is all anonymous, and nobody is going to get in trouble here.

It's not a gotcha. We just want to understand a little bit about, what you perceive, or what you think... this... the parts of the home [inaudible] settings rule that I've just described are still...things that we're working on, or things that are still... challenging to accomplish.

And, you know, for one reason or another.

If it's hard for you to do it in your own home as a caregiver, please feel free to check as many boxes you think are hard to do...

If you are a person who is receiving services, are there pieces of this rule that you feel like you're still working hard to make sure... that you're able to do the things that you want to do, and are supported in the way that the rule... talks about?

We'll put this poll up...

And again, you can... it's multiple choice. You can pick as many of these boxes as you like.

And let us know... what is still hard?

What is still challenging? What are the parts of the rule... that we still need to do some work on-- in order to make sure people's rights are... available to them?

So, we'll give this a minute because it's kind of a lot to read.

[No Audio]

So, about half of you have responded to this... the poll.

We'll leave it open for maybe one more minute.

And then we'll... bring up the results.

And maybe, you're not responding because everything is going great! And all of these... opportunities are playing out for you, or for people that you support (which would be fantastic).

[No audio]

Ok, we have about 10 seconds...

if you want to finish up.

[No audio]

Ok... let's see!

So, we have some work to do!

A third of folks still feel...more than a third of folks feel like... we're still working on... ensuring that people can access the broader community.

A third of folks still feel like we're working on... the opportunities for people to choose where and how to live, how to spend their time.

A third of folks still feel like we've got work to do around employment.

We're doing better... on supporting people with dignity and respect... and being able to make choices.

We're getting there on the door locks. Glad to hear that! We worked hard on the door locks!

And then those opportunities for people to have privacy when they've having conversations, or getting on the phone, or using the internet.

People being able to decorate their rooms... a few folks still out there working on that.

Access to food... still, I know, it's a challenging balancing act, right?

We want to support people to make healthy choices but we're all adults, and... again, you know, I do a lot of presentations in a lot of rooms involving... groups big and small, and I have yet to step into a room, and where I can see everybody, and do this kind of polling experience, and I say OK...

"Now, have all of you in the last week (if you think about everything that you've eaten and every food choice, and every beverage choice that you have made)... is every single one of those choices aligned with what a nutritionist would say is a good choice?"

I, certainly, have yet to meet... a room full of people, where there was more than... one or two people who've been able to say with a straight face that everything that they choose to have, access (in terms of food or beverage) is perfect.

So, I know it's hard, but we gotta work on this... and people are adults and need to be able to make adult choices.

Visitors of their choosing at any time... I know this has been a tough one. We've had some... interesting and difficult conversations about... particular situations, and again, unless there is a specific health and safety reason, that someone cannot have a visitor...

We're talking about people's homes.

We're talking about people's lives and their relationships.

You know, there's been a lot of focus... in the media and in research since the end of the pandemic... talking about social isolation, and that social isolation as a health risk factor, is actually more detrimental, more deadly (can hurt people more) than smoking.

Right, so social isolation is... super important... that we're not doing things that restrict people from friends, family, dating...

Opportunities to have those relationships are really important!

And that includes allowing people to invite others into their home.

And then finally, physical accessibility at home... you know, we have had some... again some challenging conversations, as people age, as their mobility changes, making sure that homes are still able to... support people in being able to access the elements of their home which includes-- if someone is living in a home, and... wants to learn to cook... or wants to be able to do their own laundry, it's not OK to have a home where people only can access their bedroom and their bathroom.

They need to be able to access the home-- including the opportunities to socialize with other people, to cook if they want to, to use laundry facilities if they want to...

And so, we still have some work to do there.

OK! We can close out that poll.

And, I appreciate everyone jumping in, and giving us your... views on that. That's helpful to us!

And it's good to know how things are looking out on the ground.

Next slide, please!

So... we'll take a minute... before we get into doing some scenarios, and hearing from you about whether you think some of these scenarios are playing out in...

Let me take a look at the Q&A-- because I'm not good at looking at it while I'm talking...

So, I will go ahead and look at what's in the Q&A... if you have other questions that you want to ask, we'll take a breath... go through the Q&A, and try and answer some of these questions.

Rob says... "as providers anticipated this rule, they stopped things like cooking, group activities... in certain settings, and took to spending the day at the mall. Community based-- I think they misinterpreted what this means."

So, certainly... the opportunity to do group activities is something that people can choose... and at the same time, often, it's not what people choose, (even if maybe their family members, or providers, or other people in their lives would like them to do certain things),

So, I'm hoping as some of those changes have occurred...they're really driven by and supported by...what the individuals who are receiving services have asked for.

I think responsive providers are going to be the providers who keep... and support clients in the best possible ways.

You know...and if there are challenges to... to how people are implementing activities, you know, we would strongly suggest that... if you are a person receiving services, or if you are a family member... you're having those conversations with the provider, and potentially with your case manager, to problem solve, and make sure that you're spending your days in ways that you want to.

Rob also notes that people don't know what inclusive or integrated means-- and segregate instead.

Well, I'm sorry, again, to hear that's been your experience.

The whole point of the rule... and the work that the state has done with the providers across the state is to try and address that... and we know it takes time.

The state has... you know, this has been hard to implement the rule, with the pandemic, and with workforce shortages, and with a million and one things layered on top of this, but I really feel that there has been a good faith effort, people have really come together and have tried, to evolve or move things in ways that allow people with disabilities be out in the community and... not in segregated circumstances.

Barbara comments "I can't answer the poll", but says that community employment is not the hardest.

So, glad to hear it.

An anonymous attendee says: "Access to food and water (over-consumption in this case) is related to compulsions... under care, but medication usually worsens the condition."

So again, if a person, you know, is... needing some restrictions around access to food, there are many ways to do that without taking away their right to make choices, right?

There are ways to... come up with systems or limitations, ways to support... building, you know, a positive support plan around access to food.

What are the things that... get in the way... of making good food choices.

What are those compulsions? Is that anxiety? What do we do... when the person, you know, is overeating because they're anxious?

There's so many ways to address and solve these problems.

And part of the point of the rule is to really... do that creative thinking... and find ways to support people... to both have the opportunity to make choices, take risks (the same as all of us do as adults), but be supported in ways that allow people to continue to grow, and change, and have some self-management skills.

Chris says: "Thank you!"

This poll... the first two selections had a high percentage... I marked it because its difficult to find workers to assist my son to do community activities.

The turnover employees and low pay is a huge issue, and it is hard to find qualified workers."

You are right about that Chris!

And that is true in every corner of the country!

It is not unique to Hawaii.

And folks are struggling with how to... get, keep and support good direct support professionals.

And I wish I had a magic way of saying-- here is a great solution to that.... but it is something that I think we will all continue to struggle with... for the foreseeable future.

Julianna is talking about a person who uses a wheelchair...who has an intellectual disability, may not use spoken words to speak, and has medical needs, and... it says, has "no access to food on the second floor of the caregiver's house".

Will the home be disqualified to care for such a person because the client's not able to access the food or kitchen?

I mean, again, it's an individual... circumstance and decision.

You know that, if the AFH is working for the person.... and there are ways to address their individual opportunities to express their preferences (even if a person doesn't use spoken language).

I have yet to meet a human being who doesn't have the ability to express some preference through their facial expressions, their choice of eye contact or no eye contact,

There's many, many ways! And if someone has been living in a home for 37 years, I'm guessing that that caregiver... has a pretty good idea of what works, and doesn't work for that person.

And the caregiver, and the case manager should be able to work through...

Is the home meeting a person's needs? is it accessible

in ways that are appropriate or inappropriate for the person?

And, you know, how do we address, if the person was interested...in being involved with food (even if they're using a G-tube).

Doesn't always mean that people do have no... involvement with food.

You know, again, it has to be highly-personalized and individualized when looking at... whether that home is working for someone.

An anonymous attendee says: "This population is very vulnerable and easily taken advantage of..."

They make a comment... that I'm not gonna read out loud... and so how do you balance people's safety and well-being with their rights?

It seems like you'd be setting up for trouble and endanger them if not properly managed.

Well, I think the whole point of the rule is that people are human beings.

And even people with very significant intellectual disabilities, have the right to be supported to make choices and to live... lives that allow them to be members of a broader community and participate.

It is not about managing people.

It is about balancing those health and safety needs in ways that allow people to have some freedom, and have their rights supported, and at the same time, ensuring that (you know), we're not going out and pushing people off cliffs, right?

We are continuing to support people in ways that are appropriate to their needs.

Angela - "If the client is elderly, will there be some consideration given with some of the guidelines..."

Well, there is no differentiation. This rule actually applies to people who... receive services as an older adult, as a person with a physical disability.

The only place where age actually comes into play... relates to minor children-- so children under the age of 18.

There's obviously some consideration around...we don't say to a three-year old: "You have the right, you know, to go out and explore the broader community."



But adults are adults, and the rule does not... address differences in terms of age (as a category).

Again, everyone's services and supports should be developed in a way that are highly individualized (based on their preferences and needs).

Roxanne asks: "How do we correctly deal with diet restrictions without disregarding the rule (for example, a diabetic patient)?"

Again, that should be part of someone's person-centered plan.

And, a diabetic patient, can have, you know, nutritional guidelines and expectations in terms of the food that they're eating but can also still be afforded access to food, and the opportunity to make choices.

It doesn't mean that we lock all of the food away in the cabinet, it means... that we have nutritious choices (that are consistent with their dietary needs) available to them.

And if the restriction needs to be... a tighter restriction, again, we would suggest that you talk to your case manager, and you consider whether or not there is a health and safety need that rises to the level of needing to make a modification through the ISP.

Ida reinforces what I think Chris said earlier... it has been hard to impossible to find service providers.

There is a high demand for workers. The salary is not competitive."

I hear you Ida, and I wish I had a great way to address that... and I just don't. It is a struggle (as I said before) across every part of the country.

And, one last question: "What are DDD's plans for housing with varying supports?"

So, I'm not sure that I'm going to be able to answer that question.

I will ask...

Stacy, let's hang onto that one towards the end, and maybe...

DDD can talk... if there's an answer that the state wants to provide to that question.

But, let's go ahead and move on to our scenarios.

So, when we're talking about community integration, somebody made that comment that... you know, it's hard to get people to understand... what do we mean when we say integration? What do we mean when we say inclusion?

Really, the idea of the settings rule is that... services should facilitate and encourage participation.

The decisions that we make, and the way that support people should allow people to participate... that there should be opportunities for them to... be join a club, to be part of a church or a synagogue, or a temple (or whatever they're preference may be), to do yoga, to be able to go to the park.

That we, as the people who are supporting people, who have intellectual developmental disabilities, to find ways to facilitate and encourage, those moments of participation, those opportunities to be part of the bigger community, and those relationships that come from those opportunities, right?

How do we all establish friendships? How do we fall in love?

How do we get the opportunity to move our circles of support beyond our family, or beyond people who are paid in our lives?

That's being participation... being involved in participation, and participating in the broader community.

And the rule is really intended to... support and encourage providers and caregivers and families, and neighbors, and friends, and others who are engaged as allies and supporters of people with disabilities, to have those opportunities.

And importantly, on the opposite side, the inverse... the goal is really to make sure that settings and service delivery don't create barriers to those opportunities, right?

So, it's both encouraging and supporting and giving people those chances... but also, not laying down low expectations, rules, managing things in a way that... get in the way of a person with a disability, being able to be part of the greater community.

So, we're gonna... we have I think five or so scenarios...

We'll try and do each one in about 5 minutes. So we'll do them pretty quickly.

But, we're going to meet some people.

I want to be clear, the pictures that we're using are... stock photos. These are not pictures of real people who live in Hawaii.

The names have been changed.

But the general description of a situation, has come from experiences that we've seen... in Hawaii.

And, in some cases, we've kind of combined some experiences so... so that we wouldn't go through ten different scenarios-- we'd only be going through five.

So.. want to be really clear that when we walk through this, these are not intended to be...

You shouldn't look at it and say... "oh is that... maybe my friend Joe that you're talking about."

Please know that these are really for... these are examples.

But again, based on some real-life experiences in Hawaii and if any of them bear resemblance to somebody you know... that's kind of an accident.

And nobody should be feeling like we're calling anybody out here.

So, let's go ahead, and let's meet our first... waiver participant.

So, this is Lynn.

And... Lynn is a person who is able to communicate verbally, but sometimes... it's a little hard to understand what she says.

People who know her well are really good at understanding what she says.

She likes writing in a journal.

She loves shopping for bracelets and collects bracelets.

She has some specific food process... food preferences....

She has a wallet-- where she keeps her spending money, and the resources that she is allowed to hang onto.

She loves to show people her room where she keeps that collection of bracelets.

And they adorn her wall. She decorates...

They're right there, and she picks out what bracelets she's going to wear every day.

There are pictures in her room that, you know, show her out with... people that she cares about.

This is in an AFH when the certifier was there... the certifier was hanging out and talking to Lynn and decided at a certain point that she was kind of done with all of this, and went into her room and shut the door, and did the things that she wanted to do, but... you know, by that behavior showed... that she was able to go in and do that, and nobody tried to stop her, nobody questioned it.

It was clearly something that she is able to do anytime she wants.

Lynn also likes to... has made friend with the neighbor... and has learned how to give the dog treats.

And the neighbor has expressed, you know... an appreciation for Lynn, and having Lynn as her neighbor and as her friend... you know, on their block.

So, as I describe that... and I know this is... these scenarios are only part of people's lives... it's not everything, we're not looking at every... piece of the rule and what's happening, but just generally.

When we think about what I just described here, and the way that Lynn is being supported in this home, and the things that are going on in Lynn's life...

Do you think the setting that Lynn is living in, and the services that she's receiving... are encouraging community integration and meet rule compliance, right?

And we have 200 plus people on here, so... we can't really do this as a discussion.

So, what we're going to do is... we're going to put up a poll again.

You know, we've introduced you to Lynn. We've talked a little bit about... Lynn's life and what we know about how things are working for Lynn.

And we would love to hear from you. Do you think... that this circumstance is one where number one (on a scale of 1 to 5)...one being it's not compliant. Lynn's rights are restricted.

This isn't working. There's a lot of work to be done in this home.

To five, where it's like, oh this home is fostering community participation, they're supporting Lynn's rights, it seems like they're doing the right things, and we think that they're compliant.

If you had to judge this circumstance on a scale of 1 to 5, what do you, how would you score Lynn's home, or Lynn's setting and services-- in terms of rule compliance?

So, we'll put that poll up.

And people can... select...

[No audio]

And Stacy, we're going to have to do these a little bit quickly. And I think since its... just one question, we'll just leave it up... for a minute more or so and then take it down.

[No Audio]

Ok, how did we do?

[No audio]

Ok, we had one person who thinks that there are some barriers to community.

A few people thinking that its mostly compliant. And a fair number of people, three-quarters of you, think that this is a pretty compliant setting.

I would have to agree with you... that, you know, when the staff were able to look at this setting, and understanding a little bit about Lynn and her services and supports, you know, that Lynn is able to do the things that she chooses to do, and is supported... to develop some of those relationships, to explore new things... and to be part of her greater community.

Let us meet our next... Waiver participant.

Michael. So this is Michael.

Michael is a person who does not use spoken language.

He communicates with gestures and facial expressions.

He... uses the Handi-van to get to medical appointments.

He lives with a caregiver who is really... set up a very structured schedule-- that they determined was best for him with set times to get up, to eat, to go to bed.

Michael does get out a couple times a week with a PAB worker, and seems to like that a lot. Seems to express a lot of joy... when he is out doing other things.

Where he lives, the caregiver says... oh well Michael just kind of wants to watch TV or... or listen to the radio, he doesn't really want to get out to much.

He likes to do that a couple of times with the PAB worker, but the rest of the time he just wants to be in the house.

But then, when the caregiver is asked: "What else have we tried? What else have you explored? What makes Michael smile?"

The caregiver couldn't describe a lot... about what's been tried.

When we went in Michael's house, and took a look at it... the bedroom was bare walls, it was white walls, and it was hard to know much about Michael... by walking into his room.

Michael lives in a home where it's pretty easy to navigate to his room and the bathroom, but Michael can't get into much of the rest of the house-- which makes it harder...

Even though he uses a G-tube, he doesn't even have the opportunity to sit with others while they eat, or engage in a social activity of participating in a meal-- because that accessibility is limited, and his wheelchair doesn't fit (in terms of getting to the dining table where others in the home are eating).

So, given what I just told you about Michael, and what his life looks like...

Same question, on a scale of 1, 3 or 5.

How well is Michael's setting doing in supporting him?

Can you bring up the poll? Thank you!

[No audio]

OK... about thirty more seconds.

[No audio]

Ok... let's see what we got.

Ok, so... a lot more mixed results here. We got... forty-four percent saying that this is not a compliant setting.

We've got about a third of you saying it's mostly compliant.

And then we've got 18 percent saying that they believe it's fully compliant.

This is not a compliant setting.

For several reasons, even though Michael has a very significant intellectual disability, and has limited communication skills, we should still not be restricting his rights, and assuming... that most of his time should be hanging out and watching TV-- especially when we know that there are some things that are exciting him and motivating him when he's getting out in community.

You know, the caregiver setting... specific times, in terms of what time he gets up, eats and goes to bed... is Ok, but... really it should be driven by what Michael wants and needs, and there should be opportunity again for there to be changes when...

Michael, you know, indicates that maybe he wants that extra hour to remain in bed.

You know, the fact that Michael doesn't have anything in his bedroom that says anything about him... is sad.

And it's not respecting a person, and their right, and their opportunity...

To live in a home, not a home-like environment, but in a home.

And, you know, sometimes with people who have very significant communication limitations, part of it is trial and error.

And finding those things that... you know, change their expressions, support a different gesture or a different response.

And even if it's the paint color, or finding some posters, or providing opportunities of pictures that a person may care about in their room.

People's bedrooms should reflect a little bit about who they are...

So, I think Michael's setting and Michael's support... team has a little bit of work to do to make sure that Michael has a little bit more opportunity out in the community, to be supported and have a richer life.

Next slide.... please!

So... Ben.

Ben's circumstance is very different than...Michael's.

Ben is a person who likes to get without his friends.

He likes to go out.

He does not want his caregiver or supports coming with him.

He wants to be able to rely on his friends... to support him to be engaged out in the community, and to access the world.

And he is able to do that.

He likes to use social media... and there have been some opportunities for the team to support him in using... social media appropriately and making sure that he's not over-sharing, or... getting himself into a circumstance with others that might be...a problem.

Sometimes, Ben's caregiver says "Ben stays up pretty late on those devices."

You know, and I think anybody who has lived recently or has anybody in their twenties in their lives...

That is an age-appropriate behavior-- even if it means they're tired the next day.

But again, Ben's caregiver doesn't... prevent Ben from accessing the internet, being in those chat rooms in the middle of the night.

Maybe there is some gentle guidance around... "Gosh Ben, you feeling a little tired today? It sounded like you were up late."

But at the end of the day... you know, they have a respectful relationship. She checks in with him.

She does not invade his privacy.

She does not ask "What were you up doing on your computer at 3am?"

And does not take away that computer or that phone. We've heard lots of those stories of people's behavior escalating because they lost access to... a piece of technology, or the Instagram, or their cell phone.

And in this circumstance, Ben's caregiver really... has supported his ability to connect with the community-- both in being able to have a group of friends that can... get him out of the house and get out... doing things... as well as participating... in online communities.

So again, another circumstance. Do Ben's... does Ben's setting, does Ben's caregiver, do the supports encourage community integration and meet rule compliance?

Acknowledging again, we're kind of talking about one aspect of Ben's life.

But based on what we know... what do you think?

One to five...

[No audio]

Ok, we'll give it another 20-30 seconds.

You wanna vote?

[No audio]

Ok, let's see how we did.

[No audio]

A few people think there are some barriers to community.

About a third of you feel like, you know, you're seeing some support of community access.

And about just under two-thirds of you... see that this is a compliant caregiver... I think that... that's probably right. There are some pieces that we just don't know... about Ben's life.

But based on what we do know... it sounds like Ben is able to access the community in the ways that are important to Ben, and is able to make those choices.

And when he's needed some support around those choices, that support has been there.

Ok, let's meet our next Waiver participant.

So, this is Kai. Kye is a person who can be really silly and outgoing.

He likes to make people smile.

He's also a person that can be really frustrated easily.

And when he gets frustrated, he can exhibit some really challenging behaviors.

He likes to get out with people. He likes to be around people.

He likes to socialize.

His caregiver takes him out to the store, and to see other people in running errands.

And when asked about recreational activities, identified going to the store, going out to run errands as part of what they do together...

But, it doesn't seem like Kai has the opportunity to join any clubs.

Kai doesn't belong to a spiritual community.

Kai doesn't seem to have... hobbies or outside activities.

You know... and Kai's a pretty gregarious guy, but he doesn't seem to have that kind of opportunity to be part of other groups outside of his home.

He doesn't work in a job. He goes to an adult day center.

And that's where sometimes you see some of the biggest... frustration from Kai and some of the behaviors that are really challenging... because he doesn't seem to be happy in being at the ADH.

When Kai was visited... it was noted that Kai really actually does OK with trying to use the computer and the internet... and likes to Facetime with people, but... again, doesn't seem to have a lot of opportunity to join those groups (kind of like Ben does in terms of building that either, you know, virtual or real-life community).

And finally, you know, Kai doesn't have... any dietary restrictions that come from a doctor or nutritionist.

He's not a person with diabetes, but... his guardian worries a lot about Kai's weight, and came to the provider and said "You know, I really want you to restrict his access to food. I think he's getting too many calories."

You know, we need to really knock that down. And that created some frustration with Kai.

You know... it was not done in a way that relates back to a modification, and so... that's been a challenging circumstance in terms of that. Again, that management of food.

So, what do we think?

How's Kai's... provider... doing in supporting Kai in... supporting integration... community integration and rule compliance?



[No audio]

And, let's give it another... 15-20 seconds.

[No audio]

Ok, what do we got?

[No audio]

Yeah... I'm with you guys.

There are some barriers here in Kai's participation in the community, and some challenges in really making sure that he is supported in a compliant way.

He's getting out there a little bit. We're doing some things, but definitely could... stand some improvement.

So, I think that's pretty fair-- this kind of 1 to 3 range.

I don't know that I would say this could be fully compliant.

You know, he has restrictions on his food that have not been supported through a health and safety need.

And, they're being implemented because a guardian and a provider decided to do it (even though it's not supported in his person-centered plan, and it's not gone through that process).

You know... getting out and going to the store... with your caregiver is not a recreational activity.

That's running errands!

You know, it's not necessarily supporting Kai to develop other relationships, and have community membership in a way... that some of those other activities might.

Ok, let's meet (I think our last guy) Kimo.

Oh... sorry, nope! I skipped Leilani and Mary, and then we'll do Kimo...

So... Leilani and Mary live together with a family.

They decided a long time ago... to... ask to live together when they... because they were friends.

They've been life-long friends.

When state team came to their home, they were... they were hanging out with the family. They were playing games.

They described a fun day that they had doing a lot of different things... It seems like the family that lives in the home with Leilani and Mary really... listen to them and understand... that while they are friends and they are both living in the home, they need to be supported as individuals.

So, when they want to do things separately that are... maybe even sometimes at the same time, but conflicting... they try to find ways to support them to go their different directions...

When they first came into the home, they wanted to share a room, and they were sharing a room.

After a bit of time, they each wanted some additional privacy.

So... their caregiver, and the case manager worked together to find a way to allow them to stay together, but not share a bedroom.

Leilani works in a competitive job in a hotel, and Mary, because Leilani goes to work, has seen.... how Leilani has some extra money to go shopping and do some things that she likes to do, and that she's made some friends at work.

And so the caregiver had a conversation with the case manager to help Mary explore employment.

So, how is this home doing for Leilani and Mary?

[No audio]

Ok, let's see how we did.

Yup, we're feeling like this is pretty good.

They're getting the support that they need. They are able to participate in the community...

There don't seem to be a lot of barriers for Leilani and Mary.

Ok, now we're going to meet our last guy... Kimo.

Oh... nope. We took Kimo out.

That's what I get for trying to predict... sorry!

Ok, so those are some examples of our scenarios, and I hope that that was helpful and a little bit fun for you all to think through that.

But I think sometimes really thinking about the day-to-day, and what this looks like in people's lives, is really helpful.

Going forward, and what does this look like now that the rule is final, right?

We're done with this transition process. and trying to get people to comply.

Everybody should be compliant.

So how do we make sure that we're there, and we're staying there?

And we continue... all of us can always continue to learn and do better.

So, really there is three parts to this. Right?

There is the collaboration that needs to happen between provider agencies and caregivers-- for people who are in circumstances where they have both.

Some people just have those provider agencies. Some people are self-directing.

But to make sure that the services and supports are delivered in compliant settings.

Case management has a really important role in all of this...

Case managers help those teams, help the circles of support, and the provider agencies, and... the caregivers.

And with the participant really leading and directing the priorities to build those ISPs, build those plans.

Build those opportunities to access... resources-- whether those resources are paid by the Waiver, or they're generic community resources, that will support somebody's preferences and needs.

The state will continue to monitor.

There are different ways that this happens, depending on the setting.

For those of you are either living in, or are caregivers in an adult foster home, you know, that this past year, the rule... the requirements of the rule were brought into the certification requirements, and are now part of the annual certification process.

Adult foster homes have to meet the requirements in order to maintain... their certification.

CRB will also do provider monitoring.

Those evidence templates... and again, I'm talking about some things that maybe...not all of you know.

But the providers did a lot of work over the last couple years... to develop evidence to show that they were compliant.

There will be an ongoing updating process for that evidence and ensuring... that providers are continuing to make sure that their policies... and their procedures, and their processes, and their training, are compliant, and continuing to support people in doing a better and better job with the rule.

And then, obviously, case managers pay attention to what's happening for people as part of the role of case management and service oversight...

And, related to that... there will be... coming soon, a validation process in which... case managers-- so the DD case managers for everybody (regardless of setting)-- so for people living in a family home, people living in a provider-controlled setting, people participating in an ADH, people participating in employment, will have the opportunity... to do a participant experience interview that's really focused on the rule with their case manager. At least once a year, have a conversation, in one of their quarterly face-to-face visits that really is... helping the case manager understand... how is that person's opportunity look?

Does it look more like... you know, Ben's opportunity, or does it look more like Michael's opportunity?

What's working and what's not for those individuals?

And then be able to problem-solve with the team.

If those... concerns are significant enough... they will be used to... be reported back over to the provider monitoring team.

And so we can dig into how providers or caregivers can ensure that they are... delivering services in a compliant manner.

Provider monitoring-- which has gone on for a long time within the agency-- is also... bringing in these elements of the rule, as the Community Resources Branch looks at... how provider agencies are doing in their delivery of services.

Next slide... please!

So finally... certainly last, but not least!

As I noted, we're starting a process, DDD is working on a process, in which case management will have the opportunity to interview people about their experiences-- that will help with understanding how this compliance is going (from the view of the person who is receiving services).

When those case managers identify any concerns about access to community, rights restrictions, lack of privacy, many of the things we've talked about this evening...

Those findings will be used to... both support (on an individual basis) problem solving... the opportunity for the circle of support to figure out...

"How are we going to do a better job?"

And, as well as (on the more systemic level), understanding "what do we need to do in terms of continuous quality improvement?"...supporting people around training, and paying attention to monitoring of providers.

Beyond the participant experience interview, you know, people who are receiving services and/or their families, if there are concerns about anything that we've talked about tonight, or as this rule is unfolding for an individual circumstance, that needs to be addressed, please, please do talk to your case manager.

Try to understand the root of the issue or the concern-- if someone's rights or freedoms are not being supported, or you think that there are.... inappropriate restrictions that a provider or a caregiver are putting on someone's life.

If it needs to be elevated, formal complaints (including complaints about HCBS compliance) can be filed with the DDD consumer complaints resolution unit.

And there is a formal process that can go forward to investigate that complaint.

So that is our... time this evening. I know I went through some things very quickly.

But, I'm really glad that you're all here-- you were all here this evening.

We have time for a few more questions.

So, I will turn back to the Q&A, and do my level-best to get through the last questions that are here.

And, I apologize... is it... Lesilai? And I apologize if I'm not saying your name correctly.

Lesilai talks about... as a caregiver to provide... it's difficult to provide for a participant, when a participant is an adult but has a significant intellectual disability.

And, also comments that while it's important to provide... community-based activities at some level or need...

Lesilai said: "we need to give respect to the community. Not everyone is comfortable with people with developmental disabilities."

And I guess I would just say Lesilai, you know... that... that's not a reason to not to support people to get access to the community.

The way that we grow and improve community inclusion and integration is the opportunity for people to get comfortable-- to get to know people with developmental disabilities.

And it is generational.

I can tell you as a parent of a person with developmental disabilities... and who advocated for school inclusion,

I used to tell people at the schools... that my daughter with disabilities-- inclusion was probably as... if not more important ... to my other two daughters lives-- as it was for my daughter with a disability. Because, if people don't have the opportunity... to get to know or understand people with intellectual developmental disabilities... those biases and prejudices will continue.

"Do you have any recommendations?", Aurora is asking... "or suggestions with regards to people who have profound intellectual disabilities-- with limited communication / no response with sensory stimulation?"

It says that "we've tried a lot of things-- videos, visual aids, photos to choose activities for community services-- but no response."

Just keep trying...

I don't... you know, there's no magic bullet. Are there sensory things...are there things that...you know... where their face lights up?

Are there people? Are there intonations? Is there music? Are there...

It sounds like you're trying a lot of different things. I would keep going.

And I wouldn't necessarily be literal, right?

It doesn't have to be that there's a photo board, and somebody's pointing at something.

You know, if you figure out that... somebody's face really lights up when they get to... play with a pink fuzzy, you know, is there an opportunity for us to go to the... park and have a similar sensory experience.

You know, I think it's about... a little bit of trial and error, or a lot of trial and error in a lot of cases.

And, I love the fact that you continue to try, and to respect the person enough to try.

An anonymous attendee asked: "what is the differentiation between a family home, and ... versus paid caregivers?"

Well, during the transition period, and during the initial analysis, you know, the assumption was... is that private homes and people living with their families, are all compliant with the rule.

That being said, the Feds have also told... states that they need to be paying attention to all settings where people receive services.

And so, there is an expectation... that if a person is receiving services... that their rights are not being restricted.

Anonymous asks: "what work can be done with the broader community ... to acceptance-- especially when there's been challenging behaviors.

Gosh, I wish we had about two hours to... debate the joys and difficulties of... acceptance.. tolerance... discrimination...

And, I think really at the end of the day... part of it is getting out in the world, and finding places where people... can learn, people can be welcoming, and finding ways to support people even when... mistakes are made or challenging behaviors have occurred.

I wish we had a little more time, because I have a couple of good stories on that front, but... it's hard, and it's hard work.

And it's like any other bias, right?

It's like biases about race, or gender, or sexual identity, or ethnicity

You know... some people have work that needs to occur in order to be accepting.

Oops, it's jumping around, sorry! I'm trying to read...

There should be training across the board due to new hires and activities for all participants to try and always ask. What do you think about this?

Why? How? And so on... Activities vary for each participant.

Absolutely Ruth! I agree with you!

You know, one of the things that we require of providers is... as the settings rule evidence was going on... is we asked providers to show us...

How are you training people? How are you supporting people? And I think that will continue to be an area of work... especially with all that turnover.

And making sure that people understand... that the role of a direct support professional is to... facilitate those opportunities to get creative, and support people to live their best lives.

Anonymous says, "The state is already stretched as it is. The state is lacking AFH and caregivers, and caregivers don't have the support to be in compliance, and then expectations to have... paper trail heaven."

Well, I'm sorry anonymous. I don't know what to say to that one.

"How is the state going to implement all of the new things and continue, because case managers want to run and hide (and I don't blame them)?"

Well, this is not all new. As I said at the beginning.... this has been a good fifteen years in the making, and we're excited to see the continuing... process of implementation.

And so, you know, we will all go forth and continue to do our best... I will take this last comment, and then we will close out.

Jeff says: "these guidelines have nice intention to our participants, but unfortunately, it is not for all. I commend the case manager to modify for my client who has food restrictions... due to a medical condition. Thank you!"

So, glad to hear, Jeff, that that worked for you!

And, you know, I just gently would disagree with you... that when we say all-- all means all.

We are all human. We all have human rights and civil rights... regardless of the significance of our disability.

So... thank you all for joining us this evening!

This presentation will be posted on the website.

So, if there are others that you wanna share it with, please... do so. And we appreciate you being here this evening!

Thank you!

**Stacy:** Thank you so much Sharon!

Again, thank you everybody for... staying on. We had a very good turnout this evening. And like Sharon said, and we mentioned at the beginning (in the announcements), we will post the video and handouts on our DDD website.

If you have any additional questions that you did not get a chance to ask during the webinar, or... maybe you have some additional questions that weren't related to the webinar content, you are welcome to email us. The email address is on the screen.

And, we're happy to assist you with any questions... that you have. But, thank you very much, and have a great evening!

Thank you to... Sharon as well! Really appreciate all of your expertise and your support here...

Thank you!

Have a great evening everybody!