

July 26, 2017: Are They Buying What You're Selling? An Inside Look at What Health Plans Need from Community Based Organizations

>> Good afternoon, everyone. It's time for us to begin our session today. This is Erica Anderson senior director at NASUAD. Thank you for joining today's webinar. Are they buying what you are selling? An inside look at what health plans need from community-based organizations. This webinar is presented to the business acumen center a part of the disability network business acumen grant managed by the National Association of States United for Aging and Disabilities and made possible by the Administration for Community Living. >> Today's speaker is Kristin Murphy, Director of marketing development for LTSS at center Corporation. Kristin will be speaking about what health plans look for when working with CBO's, how to maximize your partnership with health plans and looking at how health plan goals and CBO goals align. We will have some time for questions and answers at the end. Please submit your questions in the comment box in the lower right corner of the screen. >> Good afternoon and thank you for the opportunity to share part of your day to talk about partnerships. As Erica mentioned, we have three objectives for today's webinar. I will touch on each of them, but just as I am here to talk to you about these three things, I am hopeful that during the Q&A and discussion section that you will also share with what CBO's look for when working with health plans. Through this webinar, you will see there is a flowing two-way street which is critical for our partnerships.

To start, I want to talk about Centene's philosophy. Once you learn about our purpose and values, you will see how closely we are aligned. Centene's purpose is to transform the health of the community one person at a time by offering unique, cost-effective coverage solutions for low income populations to locally-based health plans and a wide range of specialty services. >> Just a little bit more about Centene. We work with more than troponin -- 12 million members in 28 states with government-sponsored healthcare programs and implementations. By delivering healthcare locally, members are also our family, friends, and neighbors. Quality healthcare, we believe, is truly delivered best when it is local. A local approach enables us to provide accessible, high-quality and culturally sensitive health care services to our members. This local approach is where you as the CBO's energy picture in a variety of different ways. >> To start, 17 serve seven states with over 215,000 members per HMA we are the largest.

LTSS provider in the nation. I know is I talk about members, the individuals we serve go by very many different names. For today's purpose, I will call the members. >> We also serve members with intellectual and developmental disabilities. Currently we have five states that serve almost 22,000 members. This is a state where we manage our members with diagnosis of ADD. >> As I said, we also have MMP states, Medicaid Medicare plans. We have over 51,000 members. 14,000 of them use LTSS services. With that said, we are not strangers to the LTSS world or what is needed to better the health outcomes of this population. We also are in agreement with CMS when it comes to the essential elements of ML TSS. These principles were developed after participating in site visits for several animal TSS programs were states describe lessons learned as well as positive outcomes of procedures been in place. CMS also reviewed numerous published findings as well as recommendations from

internal Health and Human Services with this knowledge in hand they formed several workgroups with participation from HHS subject matter experts in all areas of their review, approval and oversight of states. ML TSS programs under 1115 demonstration projects are 1915 waivers. Centene -- Centene values, these essential elements.

We want to make sure we provide thoughtful and deliberate planning for MLTSS programs. They are brand-new and they are ongoing. Stakeholder engagement. Significant insight is provided during initial processes and ongoing management. Enhance provision of HCB's surfaces. Settings that are aligned with the requirements for home and community-based services are important to us. Alignment of payment structures with MLTSS programmatic goals. Payment is designed to support three goals and providing beneficiary experience of care and reducing costs to these individuals in a way that provides opportunities for active community and workforce participation.

Support for beneficiaries. We want to look at the education and support from independent and conflict free sources. Person center processes. We want to ensure that our members medical and nonmedical needs are met and that they have the quality of life and level of independence desired.

Comprehensive and integrated service package. When all covered services, including integrative physical and behavioral health, community-based and institutional

LTSS are provided through a managed care plan, the managed care plan staff and or providers developing and monitoring service plans can provide a comprehensive person centered service planning and oversight of care across all available settings.

Qualified providers. Adequate capacity and expertise to provide access to services that supports community integration, such as employment supports, the provision of training and technical assistance to providers.

Participant protections. Having appropriate health and welfare assurances, a strong critical incident management system, and an appeals process that allows access to continuation of services while in -- while an appeal is pending is so important.

And last but not least, quality. Which are going to talk about in a little bit more detail. We are talking about quality of care and quality of life. >> To level such, here is the definition of the administration of community living which is used for business acumen center work. My guess is that many of the listeners today fall into these categories. Many of you will be CBO's. I'm going to read the slide but please follow along. CBO was a broad term to describe local organizations that offer community living services and supports to advance the health, well-being, independence, and community participation of people with disabilities and older adults. CBO's include centers for independent living, the vent mental -- developmental disability organizations, university centers for excellence and development -- developmental disabilities education, research and service, behavioral health,

protection and advocacy agencies, aging and the best about -- aging and disability resources centers, area agencies on aging. Aging services organizations, faith-based organizations, Native American tribal organizations, nutrition program providers and other local service providers for persons with disabilities and/or older adults.

We realized that CBO's can help health plans accomplish the things identified as essential elements of MLTSS. >> Managed care organizations recognize the value of your relationships with the people that they also serve. It is our purpose to have a local approach and that's how we believe businesses progress. We know that you have contact with our members regularly. CBO's are our eyes and ears in the community. Any times on a daily basis. You are our key to community integration and quality of life. Helping our members be integrated in whatever manner they desire. You know how to access local resources and you have deep knowledge of the communities of where you live. >> So how do we make sense of contracts versus relationships? A contract is important in the performance is even more important. We accept criteria for continuing contracts. Examples of a contract might include adult day care, home delivered meals, emergency home response systems and then there's the relationship which includes local churches, synagogues, food pantries, detection and advocacy agencies. I realize that many of you on this call could fall into either or both camps. It might be YMCA, aging and disability resource centers, we also have separate contracts. How the health plan decides to pursue a contract or a relationship is dependent on many different things including using community resources that help to build a better quality of life. These are typically resources that are not part of the covered benefits available such as a connection to an egg a group or a referral to a food pantry for additional support or to a protection and advocacy agency. We don't want to mistake the importance of the noncovered benefits. We know they are critical for successful health outcomes and quality of life. >> Through goal alignment, efficient services, the relationship can quickly become a contract. So, what MLTSS seeks in the health plan first, we value person centered choices. We want to align our member choices as part of the services being rendered. For a home care worker providing services when the members want and need and not when is the best scheduling option for the agency. We want to keep members where they want to live. If transitioning out of a nursing facility and into an assisted or supported living facility or their own apartment, we will support that decision. We want to ensure community integration. This is about the member's goals and interests. How did they want to be integrated into the community? A painting class? Volunteer work? Paid employment? We also want to ensure that all health needs are met. Through true integration of medical and nonmedical benefit, better health outcomes can be reached.

And then ensuring high-quality. Again, quality refers to quality of life as well as those performance indicators of health and services rendered are essential.

So how do we support our members

and leading their own health care? A person-centered approach is critical. We push our members to be the leader of the plan of care, whether that is true self-direction or not. We want our members to be the leader of their healthcare and choice of services and providers. We want

our members to tell us how we can do a better job. Medical and nonmedical services are critical. Whether that be through educational and vocational services, assistive technologies, out of home care and family support to meet their needs as well as providing coordinated healthcare is vital.

>> We also want to make sure we keep members where they want to live. We want to make sure that we engage the centers for independent living. Disability organizations, AAA's within our community. We utilize those services and we want to make sure we have direct care workforce initiative. Having the same working -- worker for an individual over a long period of time is beneficial and we want to make sure we train recruits and retain staff and caregivers. We want to make sure we not only offer but encourage if desired, employment and volunteer activities. We want to help our members be able to achieve employment. Through proactive identification we can continue to help our members stay living in their communities.

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There are always to help a member transition or remain in their home.

Ensuring all health needs are met. We believe and integrated programs. We want the physical health, the behavioral health, pharmacy services and LTSS services to be holistic. As you look around the circle, there are many more activities that happen to ensure that health needs are fully met. We believe that full integration leads to a full quality of life.

>> Ensuring high-quality. Quality of life. We know the participation in community with family and friends and individuals making their own choices through true integration is good quality of life. Transitioning to the most integrated setting. We want individuals to choose where they want to live. >> Integration risk factors. We know acute factors are real. Specific factors that contribute to hospitalization, include falls, medication adherence, or lack thereof. Pressure ulcers and infections. We work to keep a person is healthy as possible for the integration of care. Regular appointments and prevention are key to avoiding crises and helping to keep our members held stable. In CQ a

health plans are based on metrics equality. This is one way for us to evaluate our quality and improvement and improve our care and service.

Person centered coordination. The navigation of the healthcare system, coordinated benefits of one's own choosing of goals, needs and preferences, we can help make that happen.

Satisfaction. We want to look from a holistic matter -- manner of all providers and health plan.

Social determinants of health also help to ensure high-quality. When we look at social determinants of health, we are talking about housing, food, transportation, utility and safety which are critical to keep a person stable or promote better health outcomes or living in the community at large.

Management and monitoring of social determinations of health can improve contracting relationships between community-based organizations and managed care organizations. CBO's can positively impact cost and quality thus as these are issues you see and are knowledgeable about on a daily

or frequent basis. Wendy's life issues start to fall apart or never quite get resolved fully, there is a direct impact on the associated costs like when a person is having the utilities disconnected due to nonpayment or having a safe, accessible affordable home to transition to after being discharged from the nursing facility.

Health plans want to work together with CBO's to find solutions for the social determinants of health. Not only will the member experience a better quality of life, but costs will likely be reduced. >> So CBO partnerships with health plans help us reach our goals. It helps us reach the purpose that identified early on in the presentation. This is not an exhaustive list. It is an example of ways that CBO's and health plans can work together. Whether it is contracting with CILs to provide your support for an individual who wants to transition or are hospitalized. Statewide coordination of projects search which is an internship program for young adults with developmental disabilities who want to work

in collaboration with community rehabilitation providers and local businesses to provide employment. Another way is working with home care agencies to develop enhanced communication processes or the use of passive sensors and technology and personal emergency room -- response systems in the home to help keep our members safe for promoting independence. Each of these examples help us reach our goals, while fulfilling our purpose of transforming the health of the community one person at a time. >> So the cartoon says I want you to find a bold and innovative way to do everything exactly the same way it's been done for 25 years. And then after learning a bit about our model,

we need CBO's along every pathway. We do not want to do the same thing that has always been done. We want to do it better and we want to enhance it. We are ready for your innovation.

How do we accomplish our purpose and implement our model? We do this through partnerships with CBO's. Being mission driven. As you have seen, our mission is likely a line. We all want the best care in the best outcomes for the individuals we serve. Quality. We look for organizations that can demonstrate quality be a data, which can lead to performance-based contracting.

We want to work with partners that are local and that no the market. They have served the market and individuals in it for years and years. Continuity of care is essential during transitions into managed care. We know you have been providing the services all ready. We want to work with organizations that do what you do best. We just might need that special skill set. >> So finding the right CBO for partnership. Welding relationships with a broad base of community partners is driven by individuals with lived disability and aged experience is truly the cornerstone of our approach. We want to make sure that our members have access to integrated, holistic, person driven support. We want to have partnerships that will incentivize high quality of care, facility diversion, and timely and effective transitions out of nursing facilities. We also want to include LTS of tailored programs and community integration services. We need partners to help us address the risks that our members with physical disabilities that are seniors and living in the community face. We want to collaborate with our partners on fall prevention programs. Caregiver support programs. Condition specific and culturally reflective meals. And flexible transportation. We want to -- we want to create a continuum of value-based services that support

members in the setting of their choices. This could include specialized day programs, respite services and continuing care communities. There will be times when we do not agree. It could be on rates, service offerings, what is most important. The key is that we listen and learn from each other. We continue to be engaged while working together to develop solutions. >> Local connections are the foundation of how we do our best work. Our local partnership strategies build on rather than replaces local assets. We know that you know the community. We know that a local approach enables us to provide accessible, high-quality, and culturally sensitive services. You are there and you have been doing the services. We want to build on the local assets to reduce fragmentation and support locally grown innovation. This ultimately improves efficiencies while addressing unmet needs. >> So how do we make the partnership work? Signing the contract is the easy part. Putting a plan in motion and getting expected results is a little bit harder. We want to ensure that the supports that are needed to be able to know your data and take action are in place. Again, that available data

is what we are looking for. We want to tweak best practices, your best practices, our best practices. We want to look at evidenced-based practices and outcome

based practices for our shared goals. We want to leverage expertise. We do not want to reinvent the wheel if it is already working. Using facility or staff at the top of their license. What more can happen within a current setting? Continuous assessment and monitoring is critical for making partnerships work. And listening, respecting, and engaging during all phases is also extremely important. >> While the basics are good and a strong foundation, we need to think beyond those parameters. What else can you do? What else can we do? Where can we push the limits? Is it a new geography, using your license in a way that you didn't previously? When making the most of a partnership we are helping each other fulfill our mission reaching goals as desired. Learn about us and help us learn about you. Find out where your strengths help fill a gap. Knowing your own strengths and demonstrating how they will was sold in a return on investment is critical. It doesn't always have to be a budgetary return. Many times, regulations will drive that cost, or it is just the right thing to do. >> So, how do we get started? Who do we contact? You've got to do your research and find out who to talk to. Company websites tell a great story. If not, Google is your friend. How to be prepared. Be flexible and know that things are fluid. You could walk into a meeting with managed care and walk out with something completely different, something better. Reality check. Know the landscape and what is encouraged and what is taboo. Now or later? Timing is important. Purpose. What are your goals? Are you supporting your mission? No, our goals and our mission. Let's find that alignment. People as resources. Using technology to stay in touch is easier than ever. And what are the priorities? What is the most important to you as a CBO? What is important to the MCO? Find those aligned goals. We share purposes. So how do we have success. We've got to think big and think outside of the box and beyond the basics. We need to question, listen, have ongoing communication in all phases of a partnership. Whether it is implementation, a pilot, or an ongoing program. We want to reach our goals. We will do that through formalizing plans of action with benchmarks. We need to look at all the possibilities. The best-case scenarios, and the worst-case scenarios. Is a scalable? Can you, do it?

Do we want to do it? What do you need to do to get it done? And then value. Be prepared to collect, monitor, and review data regularly. >> So, the picture is a little small. It says you give me have to fish and I will tell my mom to let you live. Partnerships take a lot of work from both sides of the table. It is give-and-take. At the end of the day, the goal is a when-went for everybody involved. -- Win-win for everybody involved.

Thank you for listening and thank you for your time. I am happy to take any questions, and I would love to hear from you on what CBO's are looking for from health plans. >> Don't be shy. >>

Erica or Samantha, are there any questions in the queue? >> Did I lose anybody? Everybody?

Hi, Kristin. This is Samantha. We have one question here. Do you have any advice on how to -- I just lost my question? One second. Do you have any advice on how to go about pricing nontraditional services are packages? >> I do not. Money is completely out of my scope, to be very honest with you. I would certainly, with your information, I would be happy to find the right person to connect you with. I do not have that information regarding pricing. >>

Okay. How can CBO's begin to engage with health plans? Was deposition should CBO's be targeting? Medical officers? >> That is where I would start with someone, if you have an inside connection and you know somebody that knows somebody. For Centene, LTSS partnerships, reach out to me. I would love to start the conversation with you. As for other health plans, I am not exactly sure how each plan may have a different method -- method for engagement regarding partnerships. For Centene you can reach out to me or you can reach out to anyone on the windy that you know and we can help to start a conversation. My information is on the slide. Email is the best way to reach me. We have a great just another question that says what are your biggest challenges today when looking for a CBO partnership? >> That is a good question. We want to make sure that it is the right fit. There's lots of communication that happens. As for challenges, finding that special net was part of what you provide, being flexible

we may not want the whole package. We may want a piece of the package that we can move forward with. So, I would say being flexible is critical. That's one of the challenges that we face. Just finding the right fit. Are we able to fill our service gaps? Are we looking to improve quality in an area? Identifying the specifics of what you do well, and then bringing that forward. >> Thank you. This is Erica. Can you hear me now? >> I am. My apologies. I had an audio connection challenge a moment ago, I was able to hear you, but you weren't able to hear me.

I'm going to go backwards a little bit. I know you said money is outside of your specific role a Centene. I will be able to give you a full and complete answer, but we will follow up on this for future webinars. One of the initial pieces was looking at the pricing and understanding what your role costs are in relation to that. And conversations with community-based organizations, we find that sometimes all the pieces that impact costs may not be fully understood. So first you need to understand what it is that is going into that service and what do you need to breakeven.

With that, that service or package and then looking at how to best price said in your contract and what you need for a to be sustainable and get to a point where you can make a margin. But I think it also ties in tightly, with making sure that the services being offered are in line with what the needs are with the health plan or who you're working to connect with. Make sure the surface you're offering is designed in a way to be maximally beneficial to that organization. Make sure your thinking through the best ways to be efficient so when you're creating a service and pricing that, you are coming to the table with a strong and marketable product. That is just a short answer. It is a teaser for additional information we will bring to you on a future webinar.

Again, because I fell off the line for a moment, I don't want to repeat questions that have already been asked. Did you discuss already a question about outcomes and key metrics?

There are certain outcomes or metrics that you are looking for from community-based organizations when working with you. I guess possibly more examples of how they either can help influence their traditional measures. The pieces that the community-based organizations are really impacting. >> No, we did not talk about that, Erica. Yes, the traditional metrics are important. With LTSS providers, we are beyond that. While that is certainly critical and part of what we do, we want to look

to help providers. An example might be for a nursing facility who helps us transition members out. We want to have that quality of life. We will work with different nursing facilities to make that happen. This is through different incentives or metrics. So, measuring that. Looking at retention of direct care workforce, either agency based or in a facility. Or the staff continuing in their position -- are the staff continuing in their position after time. We know those relationships that are built are so critical. When you have a staff person that knows someone well, and is not a different person every three months, they are going to be able to notice changes and can act quicker when something may not be right.

Or if they are noticing that a health condition is worsening. So, direct care incentives, that is something that we want a metric to look at. Those are a couple of examples.

Very good. Thank you. Another question comes in, I think this may very organization to organization. The question is about getting through the front door. How can CBO's begin to engage with health plans? Do you have recommendations for the staff or the positions that they should try to reach out to first? Even going back to how will they know when it is a good time to reach out to a health plan about their service offerings?

I did touch on this one a little bit. I can expand a little bit. Regarding other health plans, I cannot speak to their deferred method of getting in touch with them. For Centene, my information is available and I'm happy to start a connection with the appropriate individual. For any Centene affiliate. Whether that be state affiliates, specialty plan, or Centene corporate office. I am happy to be the contact person. My role as director of development, I would look towards business development individuals or on the state level, networking or medical management individuals. As well as provider relations. I would focus on the management and above.

Certainly, the higher you can go, might be a quicker process. As for other health plans, I can't speak, but you can contact me for any Centene plant or affiliate.

Thank you. This may be one that you may or may not be able to answer. When the conversations get started, when you talk about service, we find they begin to talk about dollars and the rates that are to be paid. Those conversations get stuck at that point. Perhaps the rates being requested are higher than what the health plan is able or willing to pay. How do we move beyond that? Is there a recommendation for how we don't get stuck on the rates? Are there other pieces of information that need to be described in further detail in order to ensure that the value is there, or some piece of understanding to make sure that organization is coming to the table really understanding what the other wants or needs are to make sure there is an opportunity for a relationship. >> Again, I want to say it doesn't always have to be about money. There are different ways to incentivize different partnerships or providers that may not be about the rates that they are paid. An example is when you have, when you are a high-performing provider, provided the choice is always given to our members, we can move our membership towards your services. If you are the highest performing. So, that is one way. Let may not be based on rates, through more memberships, you will have more volume. That is just one way to look at it. We certainly have preferred providers. That is a conversation that is, again, out of my scale -- my scope on how the process works. I can connect you with the right individuals on how to become the preferred provider. It all starts with being able to show that data and be able to capture and monitor it. And so, thinking outside of the dollars, outside of the box, what different ways could you benefit in other ways. Are there other services that you may not be thinking of that could be included as part of the package? So just being creative. >> And that ties into another question as far as what materials should an organization bring, presenter bring to the discussion. How much is too much? I think there is a balance between making sure were pointing out the right things but also making sure we are presenting enough of a case for wire services presenting strong outcomes. Any advice for what materials really would be meaningful to the health plan during those discussions?

So, my suggestion, and again, other health plans may have a different design. Personally, what I have seen is having a general overview so that we are familiar with all the different services that you could provide. We may not be focused on the one thing that you came to the table with. We could be looking at different options or there may be something, a new project or goal or initiative that we have that we are focusing on that you may not be aware of. So, having that general overview but also having the data to back up what it is that you are sharing as a service and help us, you need to sell yourself. Help us know why you are the best provider for this? What your performance data is. What your statistics are. It doesn't need to be a three-inch binder, that having that information in a sustained format is beneficial. Again, you may walk into the conversation taking one thing and come out with something totally different that fits both of your goals and it's completely different from the initial thought. >> There's an interesting question about, again, that use of data. And again, this may not be one

that you may or may not be able to answer. I will let you respond, but I will temper this question with a discussion we had as part of our advisory panel. This is a big question in a big area that needs a lot of consideration. Would you have data presented, you need to be able to do something with it. So, ensuring that there are systems in place for a cross collaboration and not sense is one thing. Also, making sure that the different organizations have a clean sense of what is going to be sent and looked at and reviewed in source for -- and so forth so there can be follow-up in monitoring and inability to implement solutions if there should ever be a problem. And so, I know that that is a broad issue that I think a lot of health plans are working with right now from what I have understood. There's an interest in the desire and sharing data. A whole lot of complexity around how to best do that and you said. And so, that is what I have received from others but I will pass it back to see if you have anything additional or different rad.

Sure. So, this is something that we support. We want you to be able to see the data and the performance of how things are happening with the services that our providers are giving. Specifically comes to mind, prior to joining the corporate team at Centene, I was with an Illinois affiliate. Each month the long-term care team sat down with nursing facilities and went through all their data. By doing this, we would be able to identify where we needed to improve. What the situations were that we needed to do differently. Also, what was working. Take that and use it in several different ways. So, it is important from our perspective to share that data. And you were right, there are some complexities that go with it. That is something we are willing to do to work through to be able to have better health outcomes for our members.

Yes.

Very good.

Any thoughts to what credentials a community-based organization should have? Accredited? Is that necessary? Unnecessary? Does it depend on the type of organizations? What are you looking for in community-based organizations?

When I look at a good partner, credentials are not the first thing that comes to my mind. It is about the relationship in the community and the services that are provided and the needs that are being filled. Certainly, having those specific accreditations doesn't hurt, I don't know that that is the first thing we look for. Again, it is the value that you were going to bring. Whether you are accredited by an organization at the end of the day doesn't tell me the type of service you're going to be providing today. So, I would say it is beneficial. It is not required. >> I'm scanning the questions here. Some of these questions overlap. Do you have any examples that come to mind as far as examples of an innovative partnership or something that really hit a fine need? Where you've had great success in partnering or working with a community-based organization?

Sure. If you think back to the slide, I should probably find it here. I am moving fast. On this slide, these are two partnerships that we have developed that Centene has developed. And so, when I look at the home

care, the caregiver alert pilot, this is something where we partnered with a home care agency and there was enhance communication through cellular phone where the caregivers would report any changes. There was a laundry list of changes or activities are things that the member did not want to participate in.

And if there is any red alert or something different, it would go to a coordinator, a case manager at the home care agency who would look at it and say, we need to make sure the care coordinator at the health plan knows that this is happening. It raises awareness. It allows us to look. A team of nurses and behavioral health specialists manage the information that came in. I don't want to call them incidents because they weren't always incidents. Because of that, we could reduce hospitalization. We could make sure that a person who we thought might have additional health problems, get them into the doctor early. Have a doctor, visit them in their home. That was an example of a partnership with the home care provider that worked very well. Early data has shown incredibly good results. That is just one example. These examples, I know you were looking for several, these are true things that we are doing. And they make a difference at the end of the day. They go beyond that specific contract. We have additional items or additional services or additional initiatives that we are helping to reach our goal. These community-based organizations are the ones to help us get there.

Very good.

We will probably wrap it up with one last question here. As far as top of mind and priorities for you today, what are your biggest challenges or opportunities when you are looking for a CBO partnership? Are there immediate caps or needs that you can identify and that you were looking for from CBO's?

There are a lot of different opportunities. Each health plan probably has their own top priority. One of the big focus areas for Centene is affordable and accessible housing. Helping our members who desire to leave a nursing facility and to transition into a less restrictive setting, to help them get there. So, those two things combined. Accessible and affordable housing and transition. >> Just to clarify, are you thinking for the case management and helping to assist the person through that process? The service provision that will make that situation a success or a bit of both quick

It could be a little bit of both. They are both important. Peer support through the transition process as well as ongoing follow-up and making sure that all the gaps are addressed once a person does transition. To back it up even further, having a place to go. Certainly, if there are CBOs out there that can help us identify accessible and affordable housing, we want to partner with you across the United States. We want to start those conversations and see how we can work together.

Okay. Very good. In our last minute, here, I'd like to thank you all for participating in today's webinar. And thank you, Kristin, for joining us as our guest and presenter. The slides and the recording of the webinar and a survey will be available on the NASUAD website. You are welcome to call us with any questions that you may have in the future. You can even

email us. Thank you again, and we look forward to having you join us again in August.

[Event concluded]