

ACL Medicaid Claiming Webinar #3

Kristen Vangeloff: Hello, once again this is Kristen Vangeloff with the Lewin group. Thank you for joining the webinar. We will start with a chat question while we give people more time to join. If you can go on the right side of the page to the chat, and respond to this question: What question would you like to ask another state about Medicaid claiming? We will spend a couple of moments on this. Christina when you are ready you can take it from here.

Christina Bowen: Thanks so much. This is Christina Bowen and I am supporting the Administration for Community Living. I am joined by Ami Patel. We will be your hosts for today's webinar. Let's hear a little bit from you as Kirsten said. What question would you like to ask another state about Medicaid claiming?, just to get our claiming brains in the present moment. I see a lot on the phone, take a minute to go to your chat and type in what is one question you have about Medicaid claiming you would like to ask another state? You can do that now in the chat box. This is helpful to us as we are walking through the material so we can tailor it to what you might want to hear as we are talking. The one question you would like to ask a state about Medicaid claiming.

Kristen Vangeloff: I am getting a few responses that are being sent to me as the host. For folks on the line, if you are typing into the chat, you can select who to send it to. If you select "all participants" we can all see it. I will read what we received so far and put them in the chat so others can read. "How difficult was it to get agreement/support?" Another one was "How did you develop training for your participants?" Thank you for sending the questions in. Anyone else, put the questions in the chat box and send to all participants.

Christina Bowen: Those are two big questions. Getting that agreement off the ground with the Medicaid agency and developing the training for participants on how to actually claim for Medicaid funds. Those are two really big questions and I hope we can spend some time on those today. Thanks so much. We can move on to the next slide.

Christina Bowen: This is our agenda. I am Christina Bowen with the technical assistance team. I have actually been with the team since the beginning of the grant in 2003. I am joined by Ami Patel with the Administration for Community Living. She was formally with the state of Maryland and heavily involved in securing the claiming for No Wrong Door in Maryland. You are lucky to have her serving now as the lead for Medicaid claiming for ACL and supporting the states. Do you want to say hello?

Ami Patel: Thank you Christina and thank you everyone on the phone. I'm looking forward to continuing the discussion today. We have had some great webinars so far in the series.

Christina Bowen: This is the third webinar in a series of webinars that we have hosted to introduce to you to the workbook and tools that ACL has on their website to support states in initiating Medicaid or enhancing existing claiming. In the first webinar, we dealt with a general overview and you can download that recording on the website. After each webinar, we have been having an interactive session which we are calling an office hours. If you can remember the time back in college when you consulted with the professor over office hours, we have been

hosting those after each webinar as a way of stimulating discussion. The last one we had was back on May 17. It was really productive. We had five states that participated and engaged in peer-to-peer learning and discussion. We talked about training and tracking Medicaid time. We talked about vendors. It was a rich call, so I encourage you at the end of this webinar to register for next Thursday's office hours where we will be talking more in-depth about your specific questions and having peer-to-peer exchange. If you missed the other two webinars, you can access the materials on the ACL website. We will send out a link for that website also. Maybe Kristen can put it in the chat function as we are going along.
(https://nwd.acl.gov/sustaining_a_NWD_System.html)

Christina Bowen: Thanks, I see a comment. She wants training materials to teach staff about providing Information and Referral (I&R) and counseling and which type of calls qualify as claimable, and quality practices that have been implemented. Thank you for posting that question, we will definitely touch on that.

Christina Bowen: We want to get to know you a little bit better in terms of who is in our virtual room. If you can let us know what type of agency you are representing today, whether you are at the local level, state-level, or another community-based organization. Let us know if you have been on any of the other webinars so we can tailor our remarks. You can do those polls now.

Christina Bowen: It is helpful for us to see who is in the room and know if you have attended the other webinars. We will see the results of that poll in just a moment. We know we need to touch on training. Quality assurance is a huge piece that we will touch on in terms of the monitoring roles of the state operating agency and claiming. We can see our poll results here. It looks like we have pretty strong state representation. We have several of you who attended the other webinars. We are glad to have you back. We are putting up this slide on every conference call in the webinar series because we feel it is important to ground this work in history and how this has all evolved at the federal level and also, the work you are doing in the state. We will keep coming back to this slide, we feel it is critical.

Christina Bowen: A quick background: the diversity of funding streams to support the development and operations of No Wrong Door systems has gone well beyond traditional grant funding. We used to have a pie chart that showed that 20% comes from federal grants. The majority of the work for building the systems was coordination and collaboration and leveraging existing resources all toward a common vision, which was to make LTSS more assessable to individuals in need of it and their families.

Christina Bowen: We have these three boxes here: we have the grants that were awarded over the years, the discretionary grant investment that ACL and CMS has made toward this, and also the Veterans Health Administration. In 2003 was the first wave of grants. In 2009 the VA invested over \$30 million to serve Veterans through Aging Disability Networks. In 2010, CMS came out with a Balancing Incentive Program which also required states develop No Wrong Door Systems. In 2012, ACL, CMS and VHA fully adopted the No Wrong Door model and funded eight states for implementation grants in which they really worked intensely to build a sophisticated system. In 2016, most relevant to this call today, CMS published a No Wrong

Door System administrative claim guidance. I cannot emphasize enough how important this is to those of you who are pursuing Medicaid claiming or want to enhance that part of your No Wrong Door System.

Christina Bowen: Prior to 2016, states had to look to guidance that was out there and primarily geared toward school-based claiming. With this new guidance, approved and authorized by CMS, specifically related to No Wrong Door Systems, it is a huge boost in putting together cost allocation plans - the infrastructure needed to claim. You are leaps ahead of other states who had to forge the path on their own. In turn, Kristen I don't know if you have the ACL website pulled up, but it might be a good time to show this (https://nwd.acl.gov/sustaining_a_NWD_System.html). They decided to build on the guidance and create a workbook and tools and that is what the webinar series has been about. You can see the website on the No Wrong Door ACL website. If you keep scrolling down, we have the link to the claiming guidance in red (<https://www.medicaid.gov/medicaid/financing-and-reimbursement/downloads/no-wrong-door-guidance.pdf>). That is the CMS claiming guidance. Down below the diagram that talks about the phases is the claiming work book and the toolkit (<https://nwd.acl.gov/pdf/NWD%20System%20Medicaid%20Administrative%20Claiming%20Workbook%2012-7-17.pdf>). We are making sure everyone knows that should be your central location for all things Medicaid claiming and No Wrong Door. Thanks so much.

Christina Bowen: On the next slide you might be asking, how much do states claim? There's a lot of variation in terms of the amounts states are claiming and factors that affect that such as, staff, the amount of available matching funds that states have. You have to match with nonfederal dollars and that affects how much states are able to draw down, and how much they contribute toward the match. Also, the way your intake processes are designed--if you are ruling out Medicaid early on in the process or if you are working with people to explore their options and talk through whether or not Medicaid makes sense for them. Most of the states that we have talked with have claimed in the range of about \$500,000-\$2 million a year. We have a state that is a pretty big outlier, Wisconsin, they are in the \$28 million range the last time we talked to them. We have been doing one-on-one calls with states in the Spring and early Summer to check-in and see how much annually they are pulling down. A rough estimate in total was around \$40 million in the country looking at what the states who are claiming are actually able to pull down, that is total together, and also includes Wisconsin's number. It is a rough estimate but we are showing a trend that more states are coming on board. The states that are claiming Medicaid funds, you can see in the second bullet are using the funds for training and staff development, for infrastructure, and also to give more staff to the initiative across the state.

Christina Bowen: The next slide shows you the progress of the states. In the blue we have the states that are currently claiming and we have states that have been claiming for quite a while like Oregon, Washington and Wisconsin, and then other states that have come on board since they received the federal grant to become ADRCs or NWD Systems. Florida, New Mexico, and a few states recently received approval for claiming. Alaska, New Jersey, and Maryland. DC also have a cost allocation plan out for review by CMS right now. You can see we have a broad range. The states in yellow are the states that have some interest in or are planning. To get a yellow, we had to see they were pretty far into their discussions with the Medicaid agency

and doing some targeted and intentional planning. There were other states also that we do not know of but this is what we know of at the time in the landscape across the country.

Christina Bowen: We have a poll question. We want to know, in case we missed your state, do you have Medicaid claiming in place for No Wrong Door functions: yes, no, planning, or do not know? If your state is not claiming, what areas of technical assistance will be most beneficial? Or even if you are claiming and you have questions? Awareness of Medicaid claiming; assistance in identifying state or local match; engaging with Medicaid agency; additional resources or planning; peer-to-peer exchange; or peer-to-peer connection. Take that poll please. I would say as you are filling out the poll, as you are beginning to learn additionally more about Medicaid claiming, you could begin to explore where claiming is happening within your state, in the human services in your state. It certainly is probably happening in other areas, maybe not related to NWD. We know states who have initiated this claiming have had success in looking at that and figuring out the players involved and what pieces they can take for their own state. Looking at what works, the codes they are using, the time tracking methodology, you may be able to share consultants or firms that are working in other areas of your state. Let's see our poll results.

Christina Bowen: We have a pretty good mix. If you put that you do not know, do not feel bad about that because they are complicated and often are not in the programmatic side. but on the fiscal side, but that is the learning opportunity, to figure out how things are working in your state on the fiscal side. That is not an uncommon answer that we have seen on these webinars. It looks like we have some awareness of Medicaid claiming.

Christina Bowen: Thank you. This is helpful to us also as we think about what technical assistance we can offer. Great. The next slide, in terms of thinking about what is needed to initiate Medicaid claiming. When we were working through the work, we came up with these two phases. Phase I being assessing your readiness as a state and figuring out how much of your time is Medicaid-related. That is Phase I. Phase II is developing the agreements and approvals needed. Establishing the MOU's or contracts, whatever is needed in your case and then securing approval from the CMS office to claim for those codes, and to track your time in a way that is appropriate. Today we will talk about the second piece. The two we talked about in the first couple of webinars, establishing a workplan, engaging case stakeholders and partnerships, like the Medicaid agencies and other stakeholders at the local level and state level. Then we talked about a tool that can help you stimulate the cost and how much you could potentially draw down given the activities that you are doing currently and how your different staff are funded at the local level. Today we will talk about the second half of the tools, developing the coding, and also the cost pool, and we will talk about the MOU template we have developed for an agreement. I will turn it over to Ami Patel to walk you through.

Ami Patel: Thank you, that was a perfect introduction to the rest of today's discussion. As mentioned, we will focus on the remaining tools in our workbook. Going right into tool five, we have code development guidance. This is a Word document that provides guidance for developing state specific codes including examples of codes that are already approved by CMS and guidance on potentially using a decision tree which can be a visual for states to inform accurate coding. Before developing codes, there are couple of things to keep in mind. First is

referencing the CMS guidance, which provides sample codes eligible for claiming. This is something we will go into in the next slide but in addition, they should consider reviewing operations and workflow. It is important that codes align with the work that is happening on a day-to-day basis at the local level. Also, they relate to the type of calls, or individuals that the local entities encounter. We will go through some processes for doing that type of analysis. Third, it might be helpful to take a look at codes that are developed by states that are already claiming. These, of course, would be codes that are already familiar to CMS and tool five provides a chart that provides examples. Lastly, we suggest that states go through a pilot phase to test the codes and definitions, which we will go into in more detail. This is a quick lesson to the codes provided in the CMS reference document. As you can see, these codes reflect the activities already happening at the local network agency. We are talking about outreach, coordination, any type of eligibility determination for Medicaid programs, even training and program planning, which are administrative related activities that support the day-to-day operations for Medicaid programs. As we explain in tool five, each of these codes must have parallel coding as well. They must include sub-codes for Medicaid related activity and non-Medicaid related activity so we can capture all the different types of activities that happen on a day-to-day basis.

Ami Patel: In the next slide we have a few examples of additional codes that states are currently claiming for. They are not listed on the guide. These have been approved for Medicaid claiming. With options counseling, having the in-depth conversation about a person's goals and preferences, and providing options for Medicaid eligible individuals is a claimable activity. Again, training is another code. In addition to program planning, some states are claiming for the time spent on training staff on Medicaid programs or even training related to Medicaid claiming itself. As you are developing the codes and training staff on the process for claiming, that can be claimable as Medicaid related. Another example here, which is actually a sub-code within referral and coordination, is referral for individuals at risk for institutionalization. This specifically relates to identifying those individuals who are at risk for Medicaid spend-down or who might be at risk of going into institutions, which is Medicaid claimable. As an example, Maryland uses this code and staff that are claiming in this area, use what is called a 180-day worksheet, which identifies whether individuals income and assets exceed the spend-down threshold, which is calculated using the average cost at a nursing facility stay over 180 days. With this code specifically, Maryland's local staff are only claiming in this area if they are using that specific worksheet, which was developed by the Medicaid agency. States that might be considering a code similar to this, have to establish criteria for classifying whether someone is at risk for institutionalization and have some sort of method for calculating that spend-down threshold. That would obviously be very unique to the specific Medicaid program within your state.

Ami Patel: Again, states have varying definitions of spend-down. This code would be established based on those unique programs. However, it definitely could be a good code to capture the work that local entities do to support the population served that are not yet eligible for Medicaid but who are at risk for spend-down. These are just some examples of other codes that states are using.

Ami Patel: In the next slide, we want to emphasize again that in order to develop the codes, we suggest state operating agencies conduct a review of local agency operations. There are state-specific operations and processes, referral protocols that can influence code definitions. For example, assessing any type of eligibility or assessment tools that might be in place to determine a person's eligibility for Medicaid programs, person-centered counseling and with that identifying whether there is some sort of person-centered plan, or action plan in place that can be used to document that Medicaid was discussed. Referrals coordination--looking again at that potential for claiming around Medicaid spend-down. Doing this type of analysis can help not only as I noted with developing the codes, but also estimating the potential amount of time spent on Medicaid related activities which leads to our next slide.

Ami Patel: This is a chat question here. We wanted to hear from you, given the activities of your systems, what percentage of staff time do you estimate is spent on Medicaid claimable activities? This is a broad question but if you are thinking about claiming, as you are entering your questions and chat, some of the factors are the Medicaid eligible population, activities or codes that might be related to determining eligibility, these are factors to consider as you think about that estimate. To give you a few examples, Maryland has a code that's specific to the universal assessment tool that is used to enroll individuals in Medicaid. But with that there is a Medicaid percentage on a quarterly basis that is about 47%. We have also seen that Alaska has specific legislation in place that mandates individuals connect with the ADRC to determine eligibility. They have a pretty high percentage, but in New Mexico, 90% of their time is Medicaid related which is mainly due to their involvement in managed care and also the higher Medicaid population. You can see the percentages can vary quite a bit. I am seeing some chat answers here. Some folks have estimated 100% eligible which could definitely be true. You can have some staff or specific entities within the No Wrong Door system that specifically do just eligibility work for Medicaid.

Ami Patel: If the task and codes are related to the states Medicaid premium infrastructure they certainly could be 100% eligible for Medicaid claiming. Thank you to those that submitted your chat questions.

Ami Patel: The additional guidance we provided in the workbook document is related to the methodology for calculating a Medicaid percentage. CMS has approved two primary approaches. One is Random Moment Time Study and the other is 100% time documentation. With the random moment the activities they perform are from a randomly selected moment in time. This is typically a survey that is generated via email at random moments through a time study system or perhaps a web-based software system. We have seen that this method typically leads to a request for an amount of staff. That means more accurate coding but it does require that at the state level there will be some sort of sampling framework or system in place to generate those random moments. With the 100% time coding, 100% of the time, usually in 15 minute increments, throughout the day. This can be burdensome if staff have to submit a daily report of their activity but we do have a few states that use this approach and it works really well because it is incorporated within their system. These are two options for identifying Medicaid percentage as a part of Medicaid claiming. In choosing the sample methodology for Medicaid claiming on the next slide we suggest that states considered pilot testing. As I mentioned before, the two different types of pilots, before developing the codes but also for

identifying the sampling methodology. The first is what we call the code clarity pilot where the states can have a statewide pilot or select a few agencies and have them become familiar with the process and the code definitions and provide feedback on whether the codes reflect the activities they are doing on a daily basis. Sometimes, a state's staff accurately being able to code is based on the definition itself.

Ami Patel: If the definition makes sense and relates to the type of individuals they talk to on a daily basis, the pilot can help you develop that. The second type of pilot to consider is for estimating the claimable amount where local entities would participate in a time study itself or in the 100% time tracking. Also work with staff to develop the methodology for determining cost. We have seen pilots to be helpful in the beginning to develop the codes, but they are also helpful while the state might be waiting for CMS approval.

Ami Patel: Another key component is training. One of the things we have learned is it is important to of course train staff on the code definitions and the reporting process, but also including examples and scenarios as a part of the ongoing training. This means actual examples of the type of calls or situations that staff might encounter on a day-to-day basis. This is the best way that staff can relate to these time study codes and understand how to accurately bill the time. The training can also be used of course to emphasize the methodology being used, making sure the staff understands how to submit a random moment survey, how to track their time on a 15 minute interval. The workbook document that we have on the website provides additional detail related to the question that was submitted in the chat earlier, as a part of the training to consider a Medicaid 101 component. That will be an overview of the states' Medicaid program, or eligibility criteria, so staff can be sure that they are familiar with the program and they can better understand how to report their time. ACL would definitely be happy to share some training examples or if there are states on the line today that would like to share their training material. If you want to send your training materials so we can share that with other states, that it's definitely very helpful to have the various examples as states consider claiming and training their staff.

Ami Patel: The next slide, along with training, the operating agency will play a crucial role in the ongoing monitoring of the claiming process to ensure accuracy in coding and efficiency. Monitoring can include answering questions, reviewing responses, and reports, and following up on any missing data. It is important at the state level that there is a person available to answer these questions as the local level staff become familiar with the process. To talk more about monitoring, on the next few slides we will review the various roles and responsibilities both at the state level and the local level. The next slide, these are the roles and responsibilities of the state operating agency. The NWD lead agency will be responsible for leading and overseeing the time studies or gathering the daily reports from the 100% time tracking, ensuring that staff are participating in time studies, monitoring that, and also with the quality assurance piece here, the operating agency is of course responsible for ensuring that staff are coding accurately throughout the process. What we have seen as an example is, as I mentioned before, ensuring that staff are in the know about the Medicaid program or if eligibility criteria has changed, making sure staff are trained on that on a regular basis, but also, we have a state that has used a survey tool to send out simple quizzes about every quarter to all of the staff participating. This survey would just be five or six questions, with specific scenarios where the

staff will then choose which code would be appropriate for that scenario. This is an option for quality assurance if a staff person is regularly getting the quiz questions wrong, or choosing a code that might not be appropriate, that could be an opportunity for the state then to reach out and possibly do additional training. This is one option. Maryland uses the SurveyMonkey tool, which is a simple online tool to send out these quizzes.

Ami Patel: Another case with quality assurance is also ensuring that the local level fiscal staff are involved in the process and are also trained to understand what it means to have the quarterly cost reports, and identify matching dollars. Training is really important all across the board, not just for the program staff but the fiscal staff as well.

Ami Patel: That leads to the next slide, which is roles and responsibility for local agencies. This would be of course monitoring staff, participating in the time study, ensuring the cost reports are submitted on a quarterly basis, allocated with the nonfederal match as appropriate, and on an ongoing basis reviewing the work load and ensuring that they align with the coding structure. And of course, making sure staff are attending the training and participating throughout.

Ami Patel: With the next slide, we will move on to tool six, which is the cost pool spreadsheet and guidance document. As we know with Medicaid claiming, calculating the reimbursement includes the Medicaid related percentage, the total cost, and the available matching funds. States may have varying methods for reporting and calculating costs on a quarterly basis. Some states are able to report electronically through existing fiscal systems or through cost pool calculations that they already have internally. Some states are using a standardized spreadsheet to document their cost. This tool is one example for states to consider and it is an Excel document. It serves as a standard template that each of the local entities can use to report their total actual expenditures for each of the staff participating in claiming on a quarterly basis. It also includes areas for them to report on state or local match percentages and costs that are related to support staff, such as the administrators or managers that might not be participating in the time study. If you download this and you look at the spreadsheet for the first time, it will seem like a lot, it can be overwhelming, but this tool does have a guidance document to go with it which provides step-by-step instructions on how to complete the spreadsheet. Again, this tool is just one option for states to consider. We know Colorado actually is in the planning phase right now and they have developed a different version of this spreadsheet that better aligns with their state procedures. You may choose to utilize existing methodologies to report on cost and it is certainly important that the Medicaid agency and both program and fiscal staff at the operating agency and the local level are involved in developing the best reporting process.

Ami Patel: The next slide goes into the last steps in implementing Medicaid claiming. These are the steps in Phase II, which is establishing agreements and gaining CMS approval. In order to ensure that all agencies understand the roles and responsibilities in place, the operating agency will need to develop formal contractual agreements. This slide shows the likely flow of agreements. The operating agency and the state Medicaid agency must have an interagency agreement for claiming activities and a contract or a MOU must exist between the operating agency and the local agency participating in Medicaid claiming. The next slide is actually related to this. We have a poll question. Does your operating agency have an MOU with the

state Medicaid agency? It is helpful for us to know if there is already an existing MOU. It could be for Medicaid claiming activities or more broadly, for other Medicaid program activities that might exist in your state. It is helpful to ask this question as you think about Medicaid claiming, whether or not you have that relationship with Medicaid and how you could possibly enhance any existing MOUs that you have in place. We will give you a second to answer the poll question.

Ami Patel: Looking at the results, we do have quite a few of you that already have an MOU in place, some of you don't know. That's okay you could be a local level entity and not be aware of MOU's at the state level. Going back to a chat question we had earlier in the webinar, engaging with the Medicaid agency is certainly the very first step in talking about claiming. One of the tools we have that we discussed in a previous webinar is a PowerPoint presentation to engage with the Medicaid agency and discuss the potential for Medicaid claiming. Really about how to have that discussion about how the local entities are valuable to Medicaid and the activities they are doing are claimable. That might be something to consider as you also think about developing the MOU at the state level. The very last tool that we have in the toolkit is tool seven (on the next slide), which is sample language for an MOU between the operating agency and the Medicaid agency. This is a Word document that serves as a template. It outlines the responsibilities for both agencies including how the local entities are involved in the claiming infrastructure. At the end of this document, we list attachments that might be included with the MOU. These are attachments that will be required to submit to CMS as a part of the cost allocation amendment approval. Take a look at this language if you do not have a MOU in place, or if you are thinking to add to the existing MOU for Medicaid claiming. It can help to get the components in place that you need to get CMS approval. With that, we have reviewed all of the tools available in our workbook through the series of calls. We wanted to end this series of webinars by hearing from you about what additional questions you have about the claiming process or anything we went over today or on the past webinars. Feel free to use the chat feature to submit your questions. We could open up the line if there is not too much background noise, but we wanted to take the time to hear from you on what your specific questions are.

Kristen Vangeloff: The lines are muted now and we will see if questions come in through the chat before we try unmuting the lines.

Christina Bowen: This is Christina, I see Nicole asked if she could see examples of other states MOU's. I would say yes that is certainly possible we could probably share some of those. Don't you think, Ami?

Ami Patel: We can definitely share some MOU's with the states that would like to see them. Part of continuing to enhance the resources that we have on the website is going to include some of the resources as well. We hope to build that out by including examples of training, the MOU's, and even case studies we are developing as we are having these one-on-one conversations with states. Definitely reach out to us if you would like to see specific examples and we can share them.

Christina Bowen: I am seeing a question come in here about a decision tree. The question is, is there something that exists or something that ACL plans to develop as a support tool for frontline staff?

Ami Patel: That is a great question. I quickly mentioned the decision tree. There is a decision tree as a part of tool five. If you download it, it is a Word document, at the bottom we have an example of a decision tree. It is helpful visual to help staff decide which code to use. The example that is provided in tool five is related to the specific codes that are approved by CMS in their CMS guidance. States can develop their own and use the decision tree as a guidance for staff to have posted in front of them as they are on a phone call and choosing a code. It has become a helpful visual.

Christina Bowen: I would say also that states have found simple scenarios helpful educating staff about what they can code and different activities that they are doing.

Ami Patel: I was just combing through the chat to make sure we don't miss a question.

Christina Bowen: Can local AAA agencies pursue Medicaid claiming on their own? Or do they need state agency assistance? That is interesting that came up on the last webinar as well. Ami, do you want to take that one?

Ami Patel: That is a question we have had before and the answer is no. The Medicaid state agency has to be the entity that submits and ultimately receives approval by CMS for these types of claiming activities. If there is a local entity that is interested in claiming, I definitely encourage you to reach out to the State Unit on Aging, or the Medicaid agency to talk about the potential for Medicaid claiming but the state agency level has to be involved, especially related to the MOUs that have to be in place and developing those approvals with CMS.

Christina Bowen: I would also encourage you to reach out to ACL also because we could help make some of the connections or facilitate discussions about Medicaid claiming. We are available to do those types of calls.

Ami Patel: Absolutely.

Christina Bowen: I do not see any more questions coming through. I will give a plug as we are waiting for additional questions. Maybe we could talk about the office hours a little bit. Like we mentioned in the beginning of the call, it is a highly interactive hour where we focus mostly on what you want to bring to the table. When you click on the registration link that will be put in the chat and also in a follow-up email, we will ask you maybe one or two topics that you want to bring to the group. We will decide, we will see who is in the room and we will have a discussion. As I mentioned, the previous two office hours have been highly interactive, lots of resources exchanged, and documents being shared after the call. Last time we shared a couple different training slide decks and some different contact information for different vendors working on random moment time studies. I encourage you to dial-in to that next week and register in advance. It is a great opportunity to hear about what other states are doing and ask questions in a casual environment.

Ami Patel: We have sent the registration link for that, it is in the chat feature. I will follow up in an email after today's webinar with information on how to register for the office hours. If you cannot think of your question now, you can join the office hours and talk to other states that are possibly in the same boat as you, whether they are claiming already or planning to claim. It is a great act opportunity to continue this discussion.

Christina Bowen: Definitely. Also reach out here at our mailbox if you want to facilitate a discussion with several folks in your state and ACL and the technical assistance team. We are available to have one-on-one calls if you have questions about the process or how things are working, we can offer ourselves in that way also.

Ami Patel: We purposely left some time on today's webinar, as we are ending our current series of these webinars, if you have questions, please use the chat feature. You know how to reach us if you are just thinking about it or want to ask us any specific questions at another time. I do not see any additional questions here.

Christina Bowen: I do not either. Maybe we should close by showing the website again so people are familiar with they can find some of these tools. From the page that says Sustaining a NWD System the tools are below the diagram. This is where we hope to post case studies on different states that are claiming and some state specific tools that correspond with some of these tools.

Ami Patel: You will also see the webinar recordings at the bottom. We have the first webinar so far, we are working on getting the second webinar from May posted here, and then today's webinar will also be here so you can check out the slides or the recordings of the webinar's. Hopefully you find them helpful.

Christina Bowen: Sounds good. This is your home base for Medicaid claiming. I think we can go ahead and wrap it up. This has been great. It is good to hear from so many of you through the chat and poll features, and we hope you are in touch with us soon if you have additional questions or just want to talk through anything related to Medicaid claiming and NWD Systems. Thanks again for joining.

Ami Patel: Thank you all very much and everyone gets five extra minutes back on their day.

Christina Bowen: Thank you, goodbye.