

Centers for Medicare & Medicaid Services
 Skilled Nursing Facilities/Long-Term Care Open Door Forum
 Thursday, December 5, 2024
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Webinar recording:

https://cms.zoomgov.com/rec/share/JiaGN2_uEU5aym50ee8P2UREk5mwRBEMbS2SnZxQjNENB6j3WLFA7ViIl_ZIL55r.4zn8xhVMHMTweFO5?startTime=1733425325000

Passcode: ^9^=hHhV

Jill Darling: Thank you so much. Good morning and good afternoon, everyone. My name is Jill Darling, and I'm in the CMS Office of Communications, and welcome to today's Skilled Nursing Facilities Long-Term Care Open Door Forum. Thank you for your patience as we were letting more folks into the webinar today. I do have a few announcements. For those who need closed captioning, I provided a link in the chat, and I can send it out again. This webinar is being recorded. The recording and transcript will be available on the CMS Open Door Forum transcript webpage, and that link was on the agenda, and I'll share it with you in the chat. If you are a member of the press, please refrain from asking questions during the webinar. If you have any questions, please email press@cms.hhs.gov. All participants are muted upon entry. For today's webinar, I will be displaying the agenda slide that you see, and then during Q&A I will provide the resource slide of the portion of the webinar today. We will be taking questions at the end of the agenda today. We note that we will be presenting and answering questions on the topics listed on the agenda. We ask that any live questions relate to the topics presented during today's webinar. If you have any questions unrelated to these agenda items, we may not have the appropriate person on the call to answer your questions. As such, we ask that you send any of your unrelated questions to the appropriate policy component, or you can send your email to the Open Door Forum resource mailbox that I will provide, and we'll get your question to the appropriate component for a response. You may use the raise hand feature at the bottom of your screen, and we will call on you when it's time for Q&A. Please introduce yourself with the organization or business you're calling from. And when the moderator says your name, please unmute yourself on your end to ask your question and one follow-up question, and we'll do our best to get to all of your questions today. So, we will begin with Kim. Over to you, Kim.

Kim Roche: Thank you. Good morning and good afternoon. This is Kim Roche, and I'm going to discuss the long-term care acute respiratory illness reporting requirements. These requirements were published on November 7 in the Federal Register, and Jill is going to put the link in the chat. So, these new acute respiratory illness requirements are part of infection control efforts to protect the health and safety of residents. This rule finalizes long-term care facility requirements for ongoing streamlined respiratory illness reporting in a standardized format and frequency as specified by the Secretary. So, beginning January 1, facilities must report the acute respiratory illness information to CDC's (Center for Disease Control and Prevention) National Health Care Safety Network, also known as NHSN. Facilities will be required to electronically report data

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related to acute respiratory illnesses, including but not limited to the following: flu, COVID, and RSV (respiratory syncytial virus). The data to be reported includes facility census, resident vaccine status, confirmed resident cases of respiratory infections, flu, COVID, and RSV, and hospitalized residents with confirmed cases of flu, COVID, or RSV.

What I just described is ongoing reporting that will be effective January 1, 2025. Now I'll discuss additional data reporting during a declared public health emergency for acute infectious illness. This rule also requires additional data reporting during a declared public health emergency for an acute infectious illness. During a declared national, state, or local public health emergency for an acute infectious illness, a long-term care facility must also electronically report data elements in a standardized format and frequency specified by the Secretary. The data to be reported includes relevant confirmed infections for staff supply, inventory shortages, staffing shortages, and relevant medical countermeasures and therapeutic inventories.

So, in summary, the current regulation at 48380 small G, which is COVID reporting, will no longer be required as of December 31, 2024. And a new requirement that I just described will be effective January 1. That is the acute respiratory illness reporting. So, in a nutshell, there are two components of this regulation, ongoing reporting and PHE (public health emergency) reporting. Starting January 1, 2025, requirements will be in place at 48380 small G focused on ongoing reporting regarding flu, COVID, and RSV, ongoing reporting of cumulative vaccinations coverage, new positive tests, and new hospitalizations with confirmed cases of flu, COVID, and RSV that occurred during the week of the reporting. Again, the second component is the additional data reporting during a declared public health emergency for an acute infectious illness. So, with this rule, we have streamlined data reporting, collecting minimal necessary data needed to maintain a level of situational awareness that we believe will protect resident health and safety across the country while reducing the burden on facilities. That's it for me for right now. So now I'd like to send this back over to Jill.

Jill Darling: Great, thanks, Kim. Next, we have Ellen Berry, who has an announcement on the iQIES (Internet Quality Improvement & Evaluation System) MDS (Minimum Data Set) user interface.

Ellen Berry: Thanks, Jill. As mentioned on previous Open Door Forums, CMS will no longer update the iQIES MDS user interface, the UI, beginning October 1, 2025. This is the manual entry aspect of iQIES for MDS completion and submission, not the XML format, which a majority of providers use, or your vendors use. Due to CMS not updating the UI, this means that assessments with a target date of 10/01/25 and later must be submitted in the XML format. The upload function for submitting assessments will remain in place and will be the only method to submit assessments to CMS. A majority of you will not be impacted by this change. For the small minority, the providers who use the iQIES UI will need to use vendor, third-party, or company software to complete MDS records. Providers may submit MDS records themselves or use a third party to submit on their behalf. Out of almost 16,000 MDS providers, less than 100 rely on the MDS UI, of which a good portion appear to have received high-tech funds because

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they are part of a hospital system. The take home for providers who only use the iQIES MDS UI for MDS submission, you have just over nine months to transition to MDS software. That is all I have, Jill. Thanks so much.

Jill Darling: All right, thank you, Ellen and Kim. So that wraps up our short agenda for today. So, we will open it up for questions. Reminder to use the raise hand feature at the bottom of the screen if you have a question or comment. We are able to assist with any of these links and emails. So, we will see if there's any raised hands.

I am currently not seeing any raised hands. We'll just give it another moment, even if it's to, you're not able to obviously click on these links and emails—we can send them through the chat if you would like. Again, please use the raise hand feature at the bottom of your screen and we will call on you and you can unmute yourself. All right, last call. OK everyone, well, in the chat, I put the SNF LTC (Skilled Nursing Facilities Long-Term Care) ODF email for you to send in any questions or comments. We'll do that again for you. All right everybody, well this does wrap up the year 2024 for the SNF LTC Open Door Forum. Oh, wait a minute, I'm speaking too soon. OK, I see some hands.

Karen Mohr: Heather White, you may unmute and ask your question. Heather, I see that you've unmuted, but we cannot hear you. Please check your device to make sure it's not muted. We will circle back around to you Heather. Carol Maher, you're welcome to unmute and ask your question.

Carol Maher: Hi, I am Carol Maher from Hanson Hunter and Company, and the raise hand went away for a while and so the chat wouldn't let us put anything in. That's why no one's asking. But will there be special training from NHSN CDC about this new, required reporting before January 1?

Kim Roche: Jill, we have some CDC people on board. Perhaps they could give that answer. They can give more detail than I can.

Hannah Reses: Yes. Hi everyone. I'm Hannah. I'm from CDC. We do have two trainings planned to specifically talk about these requirements and how to report the data in NHSN, and we can drop this information and the links in the chat to register. Let me see everyone. OK, so it's all there in the chat. There's one training on December 11 and then a replay of that training on January 7.

Carol Maher: Thank you.

Karen Mohr: Mary Gracey-White, you may unmute and ask your question.

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Mary Gracey-White: Thank you. Thanks for today's call. I appreciate it. Will this new reporting be a component of the quality reporting program, or is it just a weekly reporting similar to what we did for COVID, and now it'll just be all three of the respiratory illnesses?

Kim Roche: Hi, this is Kim. I can say from a regulation perspective that this is separate. The regulation is separate from the quality measures program. They complement each other. I don't know if anyone else, any of the other speakers that work with the quality measures, can speak to it.

Heidi Magladry: This is Heidi, the SNF Quality Reporting Program Lead. This is not being adopted currently in the SNF Quality Reporting Program as one of the measures. If that were to happen in the future, that would go through separate notice and comment rulemaking to be adopted into the SNF QRP (Quality Reporting Program).

Mary Gracey-White: Thank you.

Karen Mohr: Joel VanEaton, you're to unmute and ask your question.

Joel VanEaton: Hi, thank you for taking my question. Joel VanEaton with the Broad River Rehab, and I have a quality measure question, suggestion, and question as far as the discharge function score. I've mentioned this a couple times on this call, but I want to continue to encourage CMS to work with the provider community to try to create more actionable reporting out of iQIES QRP reporting for the discharge function score. I've talked to so many people around the country who are frustrated with not being able to really use the data. Whether somebody triggered or not isn't the helpful thing, it's why. We're wondering, if possible, that CMS could engage the provider community to help design and create some actual reporting out of iQIES that will help us with that. Secondly, as far as the discharge function score is concerned, can we anticipate a revision of the achievement threshold and benchmarks for the discharge function score from the baseline year of 2023 now that we have new parameters related to how that score is tabulated and is a different score now than the old score was? Will we have new baseline data at some point before 2027 that we could be aware of?

Karen Mohr: OK, let's see. Lynda Jennings, you may unmute and ask your question.

Lynda Jennings: Thank you for taking my question. I just want clarification on the end of the NHSN reporting. I typically report the data every Monday, but it is of course due Monday through Sunday. So, the official last day of reporting you said was the 31st, but technically it would extend into the January time frame. I'm just trying to figure out if I still need to submit that last Monday of the year. Does that make sense? Because you're always looking back.

Kim Roche: This is Kim. Perhaps I could have somebody from the CDC with NHSN answer that question because I don't know the particulars of how the data collection is set up. I don't know the nitty-gritty, and I don't want to lead you astray with that.

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Lynda Jennings: Right. I just don't want to get a little notice that we didn't report something and get a fine, I'm not even sure if they're still auditing it, but—

Hannah Reses: I just wanted to clarify the end of reporting—with what reporting are you referring to as ending?

Lynda Jennings: The NHSN reporting that ends at the end of the year on COVID.

Hannah Reses: So, the requirements that Kim was describing at the top of the very beginning call are replacing those requirements. So, you will continue reporting into the respiratory pathogens and vaccination form—the resident form that exists now will continue to be the place that you report those data in January.

Lynda Jennings: But it's going to look different is what you're saying.

Hannah Reses: The form actually already has been updated to reflect all of the data elements. The only difference will be that the RSV and flu questions will be required beginning in January, whereas now they're optional.

Lynda Jennings: OK. So, we're not discontinuing reporting, we're still reporting, and this will be both for residents and staff? I walked right in when y'all were talking about this, so we'll still have to report resident and staffing even though that was supposed to be discontinued?

Kim Roche: No. This is Kim. Staff reporting to NHSN under the regulations will not be required, and I don't want to speak out of turn here, but for quality measures, you'll still be reporting that, but perhaps on a different frequency. But I think the bottom line, and this may help you, is that CMS and CDC have worked closely together with NHSN and what you see when you go to NHSN will support what the requirements are as to the date that you're going into the NHSN system. Does that make sense?

Lynda Jennings: I mean I guess it does. I'm just wondering if it's still weekly. The challenge we have is that we had a couple of managers leave, so I'm the only one that has the SAMS (Secure Access Management Services) card, so that was why we were like, OK, we need a backup besides just me reporting this information. So, I just want to get clarification. We thought it was ending because we thought the data was going to be pulled from the MDS as far as COVID.

Speaker: That's for the quality measure.

Lynda Jennings: Right.

Kim Roche: My recommendation would be to absolutely get in there and get that NHSN training for more than one person in your facility.

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Lynda Jennings: Well absolutely, but it usually takes about six weeks. So, since we had two people resign that had those cards, like I said, it just, that means I bring my laptop wherever I go. Even if I take a vacation, as I have to report this every week, which is fine, I'll do it.

Hannah Reses: The process for getting new individuals added to NHSN has actually been streamlined in the last few years, so it no longer takes weeks. It's now just a couple of days.

Lynda Jennings: OK, well that's good to hear.

Hannah Reses: Yeah, so if you submit a user support ticket, the user support team can help troubleshoot and get additional users added.

Lynda Jennings: OK, I think I understand. I'm disappointed. I thought this was going to be ending. It was pulled from the MDS, but it is what it is. OK, thank you.

Karen Mohr: All right, Kim Wellman, you may unmute and ask your question. Kim, we are unable to hear you. You may want to check your device and make sure it's not muted or make sure you're not double muted. All right, we will circle back around to you, Kim. All right, Heather Newton, you may unmute and ask your question.

Heather Newton: Hi, this is Heather Newton, the MDS Coordinator for Wisconsin, and periodically, we get asked from providers how to submit their assessments if their software vendor went down or other circumstances where they couldn't utilize their current system. Now as of October of '25 with the user interface, I'm not a hundred percent familiar with the XML format. I think that's probably more like an Excel-type of format, but how would you recommend we advise providers when they have those circumstances when they cannot submit their data through their current process?

Ellen Berry: This is Ellen Berry. They're going to need to use a third-party vendor software. The user interface (UI) does not interact with any software, and they can't download. It's not like jRAVEN where it was almost like a replacement of their software. The user interface is nothing like that. It does not interact with anything. So, the UI is not useful except in extreme circumstances. So, they will need to find another software vendor. We have less than 100 people who rely on the user interface out of 16,000.

Heather Newton: Yep. Thank you, Ellen. And I'm not sure that that's necessarily, I understand that, but sometimes the vendor software goes down that they utilize, and so they're worried about submitting their assessments timely. So, are they just to report to us if their vendor software goes down for a day or two? Sometimes three.

Ellen Berry: I mean if it's short term, I mean they can report to you and to the CMS location, but remember they have a specific amount of time after they complete an assessment to transmit it.

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So, if it's one or two, or three days, there should not be an overall issue except obviously their workload builds up, which is not something fun to deal with, but that is a reality, I guess.

Heather Newton: Thank you.

Karen Mohr: Derek Parris. I'm sorry Caleb, you may unmute and ask your question.

Kyle Miller: Hi, yes, this is Kyle Miller from Epic. I had a question around the NHSN reporting. We often see that the NHSN updates, the up-to-date definitions for the vaccinations, and we've had customers reach out to us to tell us that these updates are coming, but we ourselves do not get those updates from NHSN until they're posted on the website. Is there any way that as a vendor we can sign up to get those updates—the same updates that our customers are getting?

Hannah Reses: Hi, yes. I think we can add you to our distribution list where we send announcements and emails to both users and partners. So how about, can I take down your email? Actually, if you just drop your email in the chat here, we can get you added to our partner list.

Kyle Miller: Perfect, I can do that.

Hannah Reses: Thanks.

Karen Mohr: All right, Derek Parris, you may unmute and ask your question.

Derek Parris: Hi, this is Derek Parris with Life Care Centers. With the change of the NHSN reporting requirement and it being included in the payment rule, the interim final rule that initially had this requirement in it had an associated F-Tag F884, however, there is no mention of it continuing to have an associated F-Tag of F884 with this new payment, the new update that's included in the home health payment rule. And it also is absent in the updated draft of Appendix PP that came out on 11/18. So, seeking some clarity as to if that was just an oversight or if, in fact, F884 is, in fact, going away.

Celeste Saunders: Hi, good afternoon, Derek. This is Celeste Saunders, the acting Division Director for the Division of Nursing Homes. The subregulatory guidance related to this NHSM requirement has not been released yet, so when we have those updates, we will provide them.

Derek Parris: OK, perfect. Thank you.

Karen Mohr: Laurie Laxton, you may unmute and ask your question.

Laurie Laxton: Hi, thank you. It ties into what Kyle said from Epic. My name is Laurie Laxton. I'm with Inovalon. I would like to be added to that vendor list as well, but the chat seems to be disabled, and I just wanted to let you know.

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Jill Darling: So yes, the chat is disabled for attendees. If you could email.

Laurie Laxton: Yeah. Where would you like us to email?

Jill Darling: The SNF Open Door Forum. It's right here on the screen. It's the first one.

Laurie Laxton: Awesome. Thank you very much.

Jill Darling: And we'll get them to Hannah.

Terri Rowe: And I just want to say, this is Terri from CDC, we do have an option now where you can go to our webpages, and I can put them in the chat and opt into our NHSN newsletter. So, you can sign up and put in your email, and you can receive all the NHSN newsletters that we put out. So, I'll go ahead and drop those into the chat, and yes, anyone can sign up to receive those newsletters.

Hannah Reses: Yeah, I would just add, if you're looking for long-term care specific updates like the up-to-date definition changes, I would do both. So, email that email mailbox on the screen, and I would opt into the newsletter just because the newsletter is NHSN-wide, but if we add you to our long-term care distribution list, you'll receive more frequent communication and more detailed information.

Laurie Laxton: Thank you.

Karen Mohr: OK, we're circling back now. Mary Gracey, you may unmute and ask your question.

Mary Gracey-White: Thank you. Appreciate it. Thanks for taking the question. Mary Gracey with Greater New York Health Care Facilities Association, and I know Hannah, was discussing the SAMS access, and we've been getting contacted by providers who are not getting a quick turnaround at all and actually waiting weeks for access. So, is there some information that we can provide to them to make this process smoother?

Hannah Reses: Our colleague, Molly, just dropped in the chat a few minutes ago, a few resources on adding users to NHSN. There's a video and an enrollment guide. So, I would say definitely start there. And then if you run into any issues submitting a ticket to user support, there's a team of individuals that are there to help with problems with enrollment and adding users.

Mary Gracey-White: And although we're not daily users at the association, we get frequent calls, and we share your training and all the information, and we've gotten a question regarding the health care personnel influenza survey and asking why is there an optional assessment

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besides the required one because I think some providers might've inadvertently completed the optional one versus the one that was required. Just wondering why there is an optional one.

Hannah Reses: The optional annual survey for—

Mary Gracey-White: Yes.

Hannah Reses: I think it was just a matter of reporting burden and not requiring it for all users. So, we encourage each user to fill it out.

Mary Gracey-White: In every state. All the people represented on this call, there's a lot of state reporting as well as the federal reporting, which is very burdensome although necessary as a clinician, as a nurse, I agree with the collection, but to streamline things and also if things aren't needed to maybe not have them because people are reporting through the long-term care component, then they're reporting through the health care personnel surveys, and it does get a little confusing on their end. They also do a lot of state reporting in New York five days a week regarding COVID.

Karen Mohr: All right, thank you. And circling back to Joel VanEaton, you may unmute and ask your question.

Joel VanEaton: I've got no unmute button.

Jill Darling: We can hear you. Joel, do you have a question?

Joel VanEaton: There's no mute button.

Jill Darling: OK, thank you. I can mute you. All right, at this time I don't see any more raised hands. Joel, do you have another question?

Joel VanEaton: Can you all hear me?

Karen Mohr: Yes, we hear you.

Joel VanEaton: I'm so sorry. I don't know what was going on. I'm driving and I'm on the phone, so that's probably the issue. I had asked a couple of questions before, but I didn't hear a response. Were you all able to hear me?

[Inaudible]

Joel VanEaton: OK. Well, I had a couple of questions related to quality reporting. First is a suggestion that I had mentioned before in relationship to some more actionable reporting on iQIES for the discharge function score. I talked to a lot of providers across the country who are

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frustrated because they can't really, the reporting that comes out of iQIES for discharge function doesn't really, all it tells you whether it's triggered or not. I'm wondering if CMS would consider engaging the provider community on designing and implementing reporting and iQIES, that would be more actionable. The second thing is, would we expect an update to the baseline year data for the discharge function score, since that discharge function score quality measure has changed at least once since the baseline year before 2027?

Jill Darling: You had asked that question previously, correct?

Joel VanEaton: Yeah, and I didn't hear a response, so I don't know if it was my phone, or I apologize.

Jill Darling: We heard you.

Joel VanEaton: OK, I'm sorry.

Jill Darling: So, I did send the question over within CMS, so I have your email, and we can get you the answer.

Joel VanEaton: OK.

Karen Mohr: Paula, do you have a question?

Paula Konomos: Yeah. The response to Joel's question, can that, will that be shared in a fact to everybody that's attended this call? I'm also interested in those answers.

Jill Darling: Yes, absolutely. So, I put together a Q&A document with all the questions that get asked on the call. And so, we'll put it on our transcript and webpage once we get the edited transcript. And then after I put together the Q&A documents. So, it will be posted online, and I can put that web address and send it out to you again, so you know where to find it.

Paula Konomos: Will there be a notice when it's posted or do, we just need to check the website?

Jill Darling: Just check it periodically, yes.

Paula Konomos: And which one is that?

Jill Darling: It is the Open Door Forum transcript webpage. Here's the link right now.

Paula Konomos: OK, thank you.

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Jill Darling: You are welcome. All right, we'll just give it a couple more seconds in case anyone does have any questions. OK. Well, since I oh, I do see. OK everyone, well this will conclude Today's Skilled Nursing Facilities Long-Term Care Open Door Forum. Yep. These hands are coming in. Tara?

Tara Davis: Yes. Hi, everybody. My question is on the Open Door Forum transcripts, is there a recording for this call? And I think they had a call last week—or how often does the transcripts get updated?

Jill Darling: Yes, these are recorded, and on the webpage, each Open Door Forum is listed with the dropdown of all the previous Open Door Forums, and it should have the Q&A document attached to that as well. So, once you click on it, within the transcript is the webinar link, which is the recording. So, we'll get those posted before the year is up, and it'll be on the page.

Tara Davis: OK, thank you.

Karen Mohr: Looks like Jessie McGill has a question. You may unmute and ask your question.

Jessie McGill: Thank you for taking my question. I have two questions. The first is, there was an Open Door Forum on September 5, and that transcript is not yet posted. And secondly, for the changes that are coming with the January 2025 Care Compare refresh, will there be any announcements on the page to help consumers understand the changes with the unfreeze this January?

Celeste Saunders: Hi Jessie, this is Celeste Saunders from the Division of Nursing Homes. Can you clarify your question about the Care Compare measures? Were you asking if information will be posted, or what was your question?

Jessie McGill: Yes. Will information be posted for consumers to help them understand the major changes with the unfreeze that will come this January?

Celeste Saunders: I need to circle back internally to clarify what information will be posted exactly.

Jessie McGill: OK, thank you.

Celeste Saunders: You're welcome.

Jill Darling: Hi Jessie, you said September 5 was the last SNF LTC Open Door Forum. Are you referring to a different call?

Jessie McGill: I have it on my calendar.

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Jill Darling: OK. It might have been canceled, but I'll have to look back in my records.

Jessie McGill: OK.

Jill Darling: Thank you.

Paula Konomos: What is the most recent transcript and Q&A that should be posted on the site? I see for skilled nursing October 17, although somebody had indicated there was one last week.

Jill Darling: Yeah, there was not an SNF LTC ODF last week. Could have been a different webinar within CMS because I am on each of the Open Door Forums, Jill Darling. So, you might be referring to a different webinar.

Paula Konomos: OK. So, for the questions that I have to be circled back on then it would just, is there something that indicates in the Q&A that something wasn't answered on the call that will be answered there? Is that somehow highlighted or marked or do we, I'm just trying to figure out a way to defer what's the verbal transcript on here versus what has been come back. Yeah, kind of differentiating what's been answered here versus what will be circled back to reading verbal answers versus ones that are additional.

Jill Darling: Right. So, all questions that are asked on today's call, in all Open Door Forums, are put onto the Q&A document that I put together. If a question is unable to get answered on the call, I reach out after the call once I receive the transcript and get the question verbatim, send it to the [inaudible] within CMS to provide an answer. So, then all questions—answered and unanswered—will get put onto the document, the Q&A document.

Paula Konomos: OK, thank you.

Jill Darling: You're welcome.

Karen Mohr: No further hand raises at this time.

Jill Darling: OK, well thank you, everyone, for joining us today. This is the last one of the year, so just want to wish everyone happy holidays, we'll see you next year. Please use the links that were sent out in the chat for you and any of these helpful emails and links, please utilize them. That will conclude today's Open Door Forum webinar. Thank you, everyone. Have a great rest of your day.