Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) Demonstration Program & Career Pathways Training (CPT) Program 1115 Waiver Amendment
Public Hearing Transcript
November 25, 2024

Hello everyone. Welcome and thank you for joining us today. We still have some folks joining the call, so we're just going to give it a couple more minutes and then we will start this public hearing. Thank you so much for your patience.

Alright, welcome everyone and thank you for joining us today for the public hearing on the Medicaid Buy-In Program for Working People with Disabilities Demonstration Program and Career Pathways Training Program 1115 Waiver Amendment Public Hearing. Before we begin today, I'm going to turn it over to my colleague Georgia, to describe how to enable the closed captioning feature and make the two ASL interpreters easier to see. Georgia?

Good afternoon, everyone. We do have closed captioning as a feature available today and as you'll see from this slide, all you need to do is find the CC icon located in the lower left of your screen. Click on that icon and select show closed captions.

Additionally, we do have two ASL interpreters with us today, Denise and Miriam, who both have video feature enabled, so they will be switching on and off throughout the presentation. If you'd like the ASL interpreter to be more visible on your screen, you can drag their video down near the presentation and make them part of your stage. So right click on the interpreter's video or drag and select move to stage. If you have any questions about these features, feel free to send them through the Q and A.

Thank you, Georgia, and thanks to our two ASL interpreters Miriam and Denise. My name is Simone Milos. I work in Strategic Operations and Planning at the Office of Health Insurance Programs at the Department of Health. Thanks again for joining us today. To walk through the agenda, first, we will provide some background information on the public hearing format. Then we will provide an overview of 1115 waivers generally. Next, we will provide an overview of the Medicaid Buy-In Program for Working People with Disabilities Amendment and Career Pathways Training Program Amendment, and we'll end with time for public comments. Next slide, please.

Here we have some information on the public hearing format. Today's public hearing is the first of two scheduled public hearings for this amendment request and the purpose of today's public hearing is to provide information about the proposed amendment and afford the public an opportunity to provide comments. This process is required by federal regulations, and it's detailed in New York's 1115 waiver Special Terms and Conditions, or STCs, which are the agreement between the Centers for Medicare and Medicaid Services, or CMS, and the State. A recording, transcript, and the slides will be available from today's public hearing about seven to ten days after and language translation is available upon request. Next slide, please.

Here we have some 1115 background information. Section 1115 demonstration waivers grant flexibility to states to implement innovative projects that advance the objectives of the Medicaid program. Under Section 1115 of the Social Security Act, these waivers authorize the Secretary of Health and Human Services to waive certain provisions and regulations for Medicaid programs and allow Medicaid funds to be used in ways that are not otherwise allowed under

federal rules, i.e. making certain investments eligible for federal match. Typically, 1115 waivers are approved for three-to-five-year terms. Next slide, please.

New York's 1115 waiver is also known as the Medicaid Redesign Team, or MRT, waiver. The MRT waiver is formerly known as the Partnership Plan and has been in effect since 1997. The MRT waiver was last renewed on April 1, 2022, and is effective through March 31 of 2027. The proposed amendment that we're discussing today is an amendment to the MRT waiver. The goals of the MRT waiver are to improve access to health care for the Medicaid population, improve the quality of health services delivered, expand coverage to additional low-income New Yorkers with resources generated through managed care efficiencies and advance health equity, reduce health disparities and support the delivery of health-related social need, or HRSN, services. Next slide please.

I'm going to turn it over to my colleague Mary Frances, who will provide an overview of the Medicaid Buy-In Program for Working People with Disabilities Demonstration Program.

Thanks, Simone. Good afternoon, everyone. My name is Mary Frances Carr, and I'm with the Office of Health Insurance Programs in the Division of Eligibility and Marketplace Integration, and we oversee the Medicaid Buy-In Program for Working People with Disabilities or MBI-WPD for short. So, I'm happy to talk a little bit about the demonstration that we're seeking for this program. Next slide please.

So as Simone mentioned, we are seeking permission to implement a new MBI-WPD Program. And the goal of this is to establish enhanced Medicaid financial eligibility rules for this program and other enhancements to the program. It will replace our current MBI-WPD Program, and it is going to help more New Yorkers with disabilities find and maintain employment while they're obtaining critical services that they need to live and work independently in the community. As Simone mentioned as well, implementation of this program does require approval from the Centers for Medicare and Medicaid Services which is in the US Department of Health and Human Services at the federal level. Next slide, please.

We thought it would be helpful to, for context, to give you an idea of the current MBI Program in order to explain where we're going with the demonstration program that we are seeking. So that's what this slide is doing. It's describing what our current MBI-WPD Program is. It is a work incentive program, a Medicaid program, for certified disabled or certified blind individuals who are working and between the ages of 16 and 64. Working means that the individual is engaged in activity through which they receive financial compensation and are paying any applicable state and federal income and payroll taxes. So again, it's a work incentive program that requires work activity. Disabled means that the individual is meeting the definition of disabled as that term is defined by the Federal Social Security Administration's Supplemental Security Income program. Our program is comprised of two groups, the Basic Group and the Medical Improvement Group. The program has income levels that are above the regular Medicaid limits. It has favorable resource treatment of retirement funds and retirement accounts which are disregarded from countable resources in the eligibility determination. The program also authorizes premiums. They're not being collected today as we implement a state contractor for those, but we do have those that apply in the current program. The program uses SSI-related budgeting methodology and that means it’s a methodology that's patterned after the Social Security Administration's eligibility rules as they determine someone's eligibility for Supplemental Security Income. So, under that methodology, some items are disregarded or deducted from earned income and unearned income. And so, you can start out with a gross income and have that reduced by these applicable deductions and disregards. That

methodology also requires that the income and resources of a legally responsible relative such as a spouse be included in the Medicaid budgeting. So that's a note about that particular budgeting methodology that's used for this program. Let's see. Again, between the ages of 16 and 64, so a minimum of age 16 and it caps out at the age of 64 for the current program. Why are we establishing a new program? And why did we establish this program to begin with? This program really addresses the fear of individuals who are disabled and are working and have the fear of losing their health insurance coverage, if their employment earnings take them above certain levels that would jeopardize their Medicaid and their Medicare. Especially if they're unable to get insurance through an employer, this coverage is crucial to individuals being able to receive health care that they need and services that they actually need to actually get to work or perform work. So, this program with enhanced income levels and these favorable resource rules, has helped us again assist individuals who are disabled and working. So, when the federal statute permitted establishment of this program back in 2003, the state, New York State decided to implement these programs and established the Basic Group and the Medical Improvement Group. So again, we've had this since July 1, 2003.

The Basic Group means that you meet all of these eligibility rules that I just mentioned, so everyone that begins the program with us enters the Basic Group. There are no minimum number of hours that you have to work in a month, no minimum amount of wages or earnings that you have to attain. The Medical Improvement Group is comprised of individuals who lose their eligibility in the Basic Group and move to the Medical Improvement Group because their medical condition improves and they get to the point where they're no longer meeting the definition of disabled under that Supplemental Security Income definition that I mentioned, but they still have a severe impairment. So, individuals that leave the Basic Group and go into the Medical Improvement Group do have a work requirement where they are employed must be employed at least 40 hours a month and earn at least the federally required minimum wage. Next slide, please.

This slide tells us where we're going, which is the MBI Demonstration Program that we are seeking. It will continue to be just as the current program is, a work incentive program for the certified disabled and the certified blind who are working and are at least age 16 years of age. However, as you can see here, there's no longer an age limit of 64 because we're seeking to cover and include individuals who are age 65 and older in this program. So that's one of our key changes for this program. Our demonstration program would also be comprised of the Basic Group and the Medical Improvement Group. It will also have more favorable income and resource rules under the Medicaid budgeting methodology that we'll use. It will also implement premiums. It will, as a new function, cap enrollment of the program. We don't currently have a cap. We have about 12,500 participants in the program, but under the demonstration program we would cap participation at 30,000 participants. And this demonstration program would replace the current MBI Program that I just explained to you in the previous slide. One thing I want to mention from the last slide and this slide is there is something in our current program which we'll also carry over to the demonstration program and that's a grace period. A grace period means that if you lose your employment, you have you suffer a job loss through no fault of your own, either because the employer discontinues your service or you medically improve or you've lost your job you can apply and receive a grace period whereby you can continue to stay in this program for up to 6 months in a 12 month period of time. So that's a grace period that applies currently and we will also have that in the demonstration program as well. Next slide, please.

So, upon implementation of this demonstration program, if we receive approval, our current MBI-WPD Program enrollees that are in the Basic Group or the Medical Improvement Group will

be redetermined under the new demonstration program rules at a Medicaid renewal so that they benefit from the enhanced eligibility rules that I just mentioned. And so, they'll be transitioned to the MBI-WPD Demonstration Program if they're found eligible and they'll be included in the program enrollment cap of 30,000 participants that I mentioned as well. Next slide, please.

So, this slide and the next few slides will help us look at the current MBI-WPD Program and the demonstration program that we're seeking so that you can see a side-by-side comparison of all of the eligibility elements. You can see currently that the income limit that that an individual would have to meet would be income of no more than 250% of the federal poverty level. Under the demonstration program that we're seeking, we would increase that income level to 2,250% of the federal poverty level. So, an individual will have the opportunity to earn or have much more earned income and unearned income in the new demonstration program. For the Medicaid resource limit, you can see what our 2024 resource limit is for the MBI-WPD Program. So, for instance, for a household of one, or a single individual that's in the MBI-WPD Program now, they can have $31,175 in resources, non-exempt resources, so, you know cash and accounts, stocks, things of that nature. Under the new demonstration program, that resource limit will increase to $300,000. For retirement funds, you'll recall that I mentioned the favorable treatment of retirement funds in the current program, so it's a disregard of all funds that are held in retirement funds or retirement accounts. We also have some other liberal treatment of resources that we have received federal approval for. So those are in our current program, and we would continue those in the new demonstration program as well. So, there'd be no change to those favorable resource rules as well. Next slide, please.

We've talked about the concept of legally responsible relative, which under our SSI related budgeting methodology we're required to incorporate. So that means, as an example, the income and resources of a spouse would be counted in our MBI-WPD Program participant's Medicaid budgeting. That's our current rule. What we're seeking under the demonstration program is authority to waive that criteria so that the income and resources of a legally responsible relative would not have to be counted. And so, for instance an individual who is married would potentially be considered a household of one and wouldn't have to have those income and resource rules applied to them for their spouse. For premiums, as I mentioned, we currently have premiums that apply in our program. Currently, they apply when your income is between 150% and 250% of the federal poverty level. And the premium calculation is 3% of your net earned income plus 7.5% of your unearned income. For the new demonstration program, we'll have premiums that apply, as I mentioned, and they will start when your income is equal to or greater than 250% of the federal poverty level. And there'll be a four-tier structure which we'll look at in a moment. For enrollment cap, as we talked about, there's no limit on the number of eligible participants now in our current program, but moving to the demonstration program, we would limit the enrollment of eligible participants to 30,000. For age limit, as we discussed, the age limit now is a minimum of age 16, but no greater than the age of 64. So, what we're seeking to do in this demonstration program is permit individuals who are over the age of 64. So again, be a minimum of age 16, but the upper age limit would be removed in the demonstration program. Next slide, please.

This is a look at the premium structure that we're seeking under the demonstration program. As I mentioned, there are four tiers to this. The first tier, as you can see, or the first line is that there's no premium that applies when an individual has income less than 250% of the federal poverty level. And then the structure starts at an individual who has income at 250% of the federal poverty level or more, but less than 300% of the federal poverty level. In that case, the monthly premium would be the lesser of $347 or 4% of their monthly income. Moving to the next tier, if an individual has income at 300% of the federal poverty level or more, but less than 400%

of the federal poverty level, their monthly premium would be the lesser of $518 a month or 6% of their monthly income. As you can see the next tier, 400% of the FPL or more, but less than 500% of the FPL, the premium would be the lesser of $779 a month or 8.5% of the monthly income. And for the highest tier, that's 500% of the FPL income at that level or more, but less than or equal to the cap of our income in the demo program which would be 2,250% of the federal poverty level-the monthly premium would be the lesser of $1,033 or 8.5% of monthly income. Next slide, please.

So that is in total, the changes that we're seeking for the demonstration program. Really what this is doing - and our goal here - is to extend to more of New York's working individuals with disabilities the opportunity to maintain financial independence through employment, retain their Medicaid coverage and access to critical services that they need despite their earnings that might result in income or resources in excess of the regular Medicaid limits. And apply and continue participating in the program if that's who you are, regardless of being 65 years of age or older, so seeking to really reach as many individuals as possible and removing that upper age cap. Next slide, please, and I think I'm turning it back over to Simone for the Career Pathways Training Amendment.

Thank you, Mary Frances. Next, we'll provide an overview of the Career Pathways Training, or CPT, Program Amendment. Next slide, please.

The CPT program is an education and training program that was authorized as part of the New York Health Equity Reform, or NYHER, Waiver Amendment that was approved earlier this year in January. This program is designed to create a reliable workforce pipeline to address workforce shortages by funding education and training for health, behavioral health, and social care workers throughout New York State. Under the CPT program, Workforce Investment Organizations, or WIOs, are authorized to make backfill payments to providers for employees attending education or training programs during work hours in order to preserve access to care. Next slide, please.

Currently, backfill payments for the CPT program are limited to a maximum of two days per week. We are seeking to amend the current two day maximum to allow for up to five days. CPT participants may require up to five days of backfill coverage for more intensive periods of certain educational programs, while other titles may need fewer than two days of backfill coverage due to less extensive training and educational requirements. This variability highlights the need for a more flexible approach to backfill based on the demands of the academic program. Next slide, please.

This brings us to the end of the proposed amendment overview and now we will move to the public comment portion of today's public hearing. Next slide, please.

I'm going to provide some guidelines for public comment. We have a list of pre-registered commenters. These individuals will be called on in the order in which they registered to speak. When it's your turn to speak, I will call your name and manually unmute your line to allow you to provide your comment. Comments will be timed. Please limit your comment to five minutes. We are accepting written comments through December 14 by email at 1115waivers@health.ny.gov or by mail at the address shown here and that's Department of Health, Office of Health Insurance Programs, Waiver Management Unit, 99 Washington Avenue, 8th floor Suite 826 Albany, New York 12210. Next slide, please.

If you have any questions, comments, or need any additional information, you can reach us at 1115waivers@health.ny.gov. Next slide, please.

This slide contains some resources, including the New York 1115 Waiver website, the current STCs, and a direct link to the MBI and CPT Amendment application. Again, at the bottom of this screen, we have included our email address for ease of use. Next slide please.

As I mentioned previously, we are timing the public comments today. This slide will simply alert the speaker that there's one minute remaining of their five-minute presentation. Next slide, please.

And then this last slide here will just alert the speaker that their time is up. So, with that being said, we do have some pre-registered speakers. If you haven't already registered to speak and you would like to provide comment today, you can either raise your hand or send a note in the chat and we can add you to the speaker list.

So, without further ado, our first speaker is Nina Bakoyiannis and Georgia, can you please unmute Nina's line?

Okay, Nina should be unmuted.

Good afternoon, thank you everybody. My name is Dr. Nina Bakoyiannis and I'm speaking today on behalf of Downstate New York ADAPT. We're a chapter of the nation's largest grassroots community of disabled people, and we support the proposal to expand the Medicaid Buy-In Program. Increasing the income and asset limit, ridding the marriage and age penalties will allow our community to have real choice in whether they and where they build a career. Our community experiences significantly higher rates of poverty due to governmental policies that sanction our second-class status. Disabled people have been forced to choose between the services that keep them alive and financial stability. Social services traditionally define disability as a condition that prevents one from employment and while it is true, that many disabled people cannot work due to medical status, access to disability services should not be based on this. We have been fed a lie that our care should be tied to finances. We have been fear-mongered into not starting careers, we're prevented from marrying, from saving money, we're forced into an impossible choice: a well-paying job or our home care. In a country so focused on freedom and personal choice, we have been left out of that conversation until now. Medicaid home care services are not a luxury, they are our survival. We're a group of people who need help with the most basic tasks of living, taking a shower, getting out of bed. Every month we read something in the news about what a drain we are on the system, how much we cost the taxpayers. Imagine for a moment you are made to feel guilty for just asking to go to the bathroom. Holding a job does not mean our home care needs magically end or we somehow produce enough money for around the clock care. In fact, those disabled people who can work are able to do so because they have home care, myself included. I just finished a PhD in clinical psychology, and I would not have been able to do that without my Medicaid home care. The current income cap for buy-in is $75,000 a year, and this expansion is needed because so many careers have salaries that exceed this. Mine included, as a psychologist, plus teachers, doctors, holding public office, all of these careers we have been systematically excluded from. And this is a glaring example of systemic oppression, and you have the power to remedy it with this proposal. And as much as we support this, we also do have concerns about setting a participant cap. There's already over 12,000 people enrolled in buy-in, so setting a cap at 30,000 people is concerning. This was likely proposed out of a fear of an influx of applications, however, the large majority of New Yorkers who will benefit from this expansion are not all of these magical

disabled people somehow holding these six figure jobs this whole time with no home care, right? It's the ones already in the Medicaid system who have been not able to try out a job because doing so would jeopardize their services. So, we ask you not to say so many people will be running to Medicaid, we're asking you to acknowledge all of the opportunities that those who need home care will now be able to have. And we're concerned that implementing a cap will place deadly consequences on current Medicaid recipients, right? Because we can't accept, I mean, we can't request buy-in status until after the first month of employment. So, if we're already on Medicaid, accept the job and then the cap is reached, would we just get denied? And we're already working, so we wouldn't be eligible for regular Medicaid anymore, and we would lose services. So, implementing any cap is irresponsible and it causes harm that really just could have been avoided. And why would anyone want to put a cap on an investment anyway, right? This proposal is the State's investment in disabled New Yorkers. Expanding income and asset limits will allow working disabled New Yorkers to be able to contribute to the State's economy, our local communities. We are so tired of hearing that an investment in home care is a drain on the system. There is great return on any investment in disabled lives, and all we're asking for is a real choice. And for policy that is both fiscally responsible and makes us happy. And finally, the great irony is that current buy-in rules say any disabled person could get into the program so as long as their salary does not exceed a certain limit. So, with this proposal, however, few of us would be able to work so that the select few who got in before the cap could make these high salaries. This proposal sacrifices employment being available to all in order to prioritize the ability for a select few to make well into six figures and that is a glaring socioeconomic issue that needs to be addressed. So, with all of that, we recommend the overall expansion of the Buy-In Program, but without a participant cap. Thank you for your time and we hope that you do what is right and what is ethical.

Thank you for your comment. That brings us to the end of the list of registered speakers for today's hearing. Again, if you'd like to speak and you haven't pre-registered, please either raise your hand or send a note in the chat and we can give you an opportunity to provide your comment now. We can give it another couple minutes just in case anybody else would like to speak.

Okay, I am seeing a hand raised. Give me one second. Okay, your line should be unmuted Mbacke.

My name is Mbacke Thiam, I'm the Housing and Health Community Organizer at Center for Independence of the Disabled New York. We advocate for people with disabilities in the five boroughs of New York City. We are a non-profit organization founded in 1978 and we are part of the independent living center movement. Today we are here to say thank you for providing the opportunity to express our concern and comments on the Medicaid Buy-In. We think that it is a great program for working people with disabilities, but there are several challenges and criticism associated with the program. One, lack of public awareness. Many individuals with disabilities as well as their employers are unaware of the Medicaid Buy-In Program. The lack of awareness of the program points out a need to build some outreach strategies and advertisement to include the hard-to-reach family team members. Two, complex eligibility rules. While the program allows higher income threshold, individuals still face restrictions on total earning and assets, which can discourage career advancement or higher savings. As individuals can have a gross income of up to $75,385 and couples can have a gross income up to $102,285, a couple who make each 55,000 may feel discouraged to get married and file jointly. Also, we deplore the resource barriers as individuals are only allowed to have nonexempt resources up to $31,175 and couples $42,312. Removing these restrictions will expand the program and will definitely help our community members. Thank you.

Thank you for your comments. As a reminder, if you'd like to speak, please either raise your hand or send a note in the chat.

Georgia, I'm not seeing anybody. Are you seeing anybody with a hand raised on your end?

Nope, I'm not seeing anybody on my end, but I will just check one more time here.

Sure.

I don't have anybody with hand raised. Oh, we do. Gail. So, I'll go ahead and unmute Gail.

Thank you, Georgia.

I have a comment more on what the first speaker was saying. I don't understand why you would take away the age limit, but then put a cap on how many people can be eligible for this program. Thank you.

Thank you, Gail. And just a reminder, if you'd like to provide comment today, please feel free to either send a message in the chat or raise your hand and we can unmute your line. Give it another minute.

I do see we have somebody in the Q and A who would like to speak, Angelo. So, I will go ahead and find Angelo in the list here and unmute them.

Thank you.

Alright Angelo, you should be unmuted.

Hello? Hello?

We can hear you, Angelo.

Oh, hello. Thank you very much for explaining all the information, I'm here with my wife. I was receiving this program prior to age 65. I was carjacked at a young age, and with a family, and I lost all my health insurance, and this Medicaid Buy-In Program helped me drastically. I had no insurance, I had no medication insurance, and my wife is disabled also. We are both disabled and to take the benefit away at age 65 was very devastating for my wife and I, because at this point now my prescription drugs, my wife just had a heart attack a couple of years ago and she has Lupus, and she's significantly disabled. And this would help us drastically pay for our medical bills, pay for our prescription drugs, and I feel that the $30,000 limit is really, should be raised because I think that's limiting to the amount of people that would accept this, would be eligible for this program. And it would really benefit my wife, and I also have two disabled children that are both on the program also which are under age 65. And they are benefiting from the program, but I'm concerned when they turn over age 65, they won't be eligible. I have a daughter who has epilepsy and muscular dystrophy. She's trying to work out there as much as she can, and she's so disabled and she pushes herself every day to try to go to work. She cannot drive, she has to take a TRIPS bus, and she pushes herself to try to make an effort to work and to take this away from her when she gets older is not really beneficial to her and same with my son. And I think that, you know, if they can implement the program, it would help us who were previously on the program be eligible to go back on the program. And that's what I'm

concerned about because we were on the program prior to age 65 and then 65 we were - we were turned off the program. The Medicaid allowance have changed drastically, and we are no longer eligible for Medicaid. We have a very large spend down and this would basically help us drastically. I lost my house, I lost my pension, I lost everything and it's devastating to have a life like this now, all because of a carjacking. I lost part of my vision, ok, I have a prosthesis in my skull, and I am devastated living day by day. How am I going to pay my bills? How am I going to pay my medication? I'm on a lot of medication. My daughter's on 8-to-$10,000 worth of medication a month. I'm on about $6,000 worth of medication a month and my wife's on a lot of medication, we can't afford the medication and this would, we'd be homeless. And at this point, you know, they're pushing us to be homeless at this point because we have the choice of either you have medication, or you have food. You know, I'm highly educated. I was an engineer prior to this, computer engineer, and I was in transition between jobs, and I was going back to school for learning a different career, and I joined the union temporarily and they cut all my benefits off at 62 years old 'cause they said I didn't have enough points. And I just I sold everything out to live now today and I have no pension, no nothing. I have minimal resources in banking right now and it's changed my life 180 degrees, and please, if they can implement this program, it would help my wife, myself, and my two children. Like I said, not to recap everything, I was eligible for the program at 62 years old, at 65 I was terminated, and I think that the people who were on the program prior to age 65 should be eligible again to return to the program. Thank you very much for your time.

Thank you for your comment. Okay, just a reminder, if anyone else would like to provide comment today, you can either raise your hand or send a message in the chat and we can add you to the speaker list.

I just have a, hello?

Yes.

I have a quick question. At this point, when do they think that there'll be a vote on this when or if they get it implemented? You think it'll take two months, three months because I'm trying to allocate my resources to see how I can afford to get my medication and food at the same time. Do you have any idea when this will be voted on?

More information will be made available as the process evolves. We are just beginning the transparency progress at this point, but we will send out updates as we become aware of them.

So, this could take up to a year than most likely, right?

Well, we're not sure. We'll do our best to keep everyone updated as the process evolves.

Alright, I'm just finding it very difficult right now and that's why I'm trying to, next year I lose all my benefits, and I don't know what to do at this point. That's why I only have one more month left. And after that I lose everything, you know? So, I'm very concerned. Okay, thank you very much for your time and I appreciate all the explanations that you've given us, and please see if they can proceed faster. Thank you very much.

Thank you for your comment.

Okay, just a reminder, if you'd like to provide comment, please feel free to either raise your hand or send a message in the chat.

Georgia, I'm not seeing anyone else on my end. Just want to check if you were seeing anybody else who wanted to provide comment today?

I don't see anybody on my end either.

Okay. Well, I want to thank everyone for your time today. We really appreciate the thoughtful comments. And as a reminder, we do have a second public hearing scheduled for next week on December 4, and it's from the same time, 1pm to 3pm. Thank you again for your time today. Take care.