

WEBVTT

1

00:00:00.805 --> 00:00:12.804

1, quick note that I'd like to make before I turn it over to now if you haven't noticed in the chat box, I did make mention that we have January through March 2021 posted now. So you can register for those.

2

00:00:12.804 --> 00:00:24.804

Anytime you would like, they are on the divisions upcoming page as well as the web page down at the bottom, under that last accordion and with that is all, you.

3

00:00:28.890 --> 00:00:38.939

All right good morning. Everyone and thank you. Hi, Deb. My talking into my phone, but I'm trying to look at my camera, so I can't hear me drop. I know you'll drop it in the chat. I rely on that.

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00:00:38.939 --> 00:00:43.409

So wanted to just start 1st with, um.

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00:00:43.409 --> 00:00:49.710

You know, we've had many losses to our dB world this week on the, and we have losses every week.

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00:00:49.710 --> 00:00:59.729

But this week, we lost 2 really great advocates and I know I'm I know we've lost more people than this, but I know the loss of Bill committing with Jefferson County PD advocates.

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00:00:59.729 --> 00:01:06.689

And then also the last and Michelle haufe nicer she was a member of the BD counsel. He was a member as the St Francis county.

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00:01:06.689 --> 00:01:19.170

Senate bill, 40 board, she worked for the Department of corrections where she had sent a courier really advocating on behalf of people, mental illness and developmental disabilities in the correctional system. So.

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00:01:19.170 --> 00:01:31.439

So, there are tough losses, and there's health losses for the system. They're tough losses for all of the folks that have worked with them over the years in their top office for the individuals that they have supported across time and their families. So.

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00:01:31.439 --> 00:01:42.120

Just didn't want to go through this call without bringing that up because it is a start reminder that is here. It's very real. We all know that. And we feel it every day.

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00:01:42.120 --> 00:01:50.969

With that we will not be right now we're not planning on having this is going to be our last 7 for the year.

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00:01:50.969 --> 00:01:55.439

Or whenever we're calling this webinar, I'm not sure for the year.

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00:01:55.439 --> 00:02:04.709

We have where we would be having it on new year's day, and I don't think I get a lot of participation on new year's day. So.

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00:02:04.709 --> 00:02:12.539

If we need to push stuff out, we will be using the and anything we would need to push out between now. And next year.

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00:02:12.539 --> 00:02:22.949

Would be around the vaccination, we've got lots of channels to test that information out. If we feel like we need to have an emergency set so we can also schedule 1 of those right? As of now.

16

00:02:22.949 --> 00:02:35.425

It is not the plan to do any more of these for the rest of this year and we'll start again next year and high to pointed out how to how to register for January through March. So we're not going off the air. We're just going off the air for a couple of weeks.

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00:02:35.485 --> 00:02:41.754

We'll still be back and then we'll have the legislature because session that we've had that there'll be lots of other reasons. Hopefully to listen.

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00:02:42.060 --> 00:02:49.740

We could talk about the number of the vaccinations that have occurred and I know that's on a list of things to talk about today. Before I get to that though.

19

00:02:49.740 --> 00:03:02.610

Want to give you an update overall about what we're seeing among our community code. 19 cases for the individual new support. We are up to 1342 positive individuals that we support.

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00:03:02.610 --> 00:03:11.129

We have had 9 new cases today, but the number of new cases, this week per day has been downside a bit compared to what we had been seeing.

21

00:03:11.129 --> 00:03:25.259

I've got to see new cases in double digits. I prefer to see 0T, but that's not very likely right now. We did have another desk today. We're at 39, total desk for individuals in the community, which makes our mortality case.

22

00:03:25.259 --> 00:03:31.620

Case, big salary ratio higher than average, uh, what we're seeing for the average Missouri, and we, we know that.

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00:03:31.620 --> 00:03:42.419

We also have 232 providers that have been active by token, and we keep adding new providers almost every day. So, new providers are impacted by cobit every day in our system.

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00:03:42.419 --> 00:03:47.400

With that we have a testing update.

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So, we are going to we do continue to cover testing talks now through the end of December thirtieth at this point.

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00:03:54.569 --> 00:03:57.840

Not sure what that will look like in the new year.

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00:03:57.840 --> 00:04:05.939

Uh, so we will need invoices end by January 10th for anybody who is actively using testing in the community.

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00:04:05.939 --> 00:04:17.009

The need for testing will probably change based on. He's investing who has not been vaccinated we don't have that all figured out yet. So I don't want you to think about something. We're not talking about.

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00:04:17.009 --> 00:04:22.470

Is that our really primary concern right now is to get people access to vaccination.

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00:04:22.470 --> 00:04:34.199

I am before I go into vaccinations, I do want to just give a final update on the carefax spending that the division puts out to both. They have employment group some providers.

31

00:04:34.973 --> 00:04:45.233

So we actually, we initially started with 20M dollars to push out the door. We got 14.6M of that process by December. 1st, which was our date to get things done at that point.

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00:04:45.233 --> 00:04:52.824

In time we were allowed to reallocate what had not been spent at that 5.6M dollars. And we were able to put out another 3.9M of that.

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00:04:55.528 --> 00:05:05.249

Then fast forward to December 7th, I think, and we were notified that we had another 2.4M allocation for day, have an employment provider.

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00:05:05.249 --> 00:05:15.718

That 2.4M, we spent 2399277 dollars and 20 cents. We had 1 provider. We chose not to attack.

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00:05:15.718 --> 00:05:21.209

So, that was really, really good and we're, we're happy to put that many out.

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00:05:21.209 --> 00:05:26.098

Right now, at the federal level, I mean.

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00:05:26.098 --> 00:05:34.798

What we're hearing is that any stimulus bill that passes this time and remember there's multiple stimulus fills out there, but any stimulus cell that happens to sign.

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00:05:34.798 --> 00:05:39.658

Is not going to have any funding additional funding and our for state and local government.

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00:05:39.658 --> 00:05:53.369

So, that's what we know now, but that is likely to change. And if you follow any of the federal spending stuff going on right now, you'll understand that what you read at 8 o'clock in the morning is different at 2 o'clock in the afternoon. So.

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00:05:53.369 --> 00:06:00.478

We will keep you updated as we can on what's going on at the federal level with federal stimulus funding for, for all of us.

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00:06:00.478 --> 00:06:05.428

that was gone to vaccination i can you pull up that first first .

42

00:06:07.079 --> 00:06:15.569

We have a lot of questions this week and that we'll go to the yeah, we'll go to that next. We have a lot of questions. We have to pull it up on my screen because that is.

43

00:06:15.569 --> 00:06:26.934

Tiny, hold on 3rd, but we did get I'll try to talk while I'm doing this. We got a lot of questions this week about vaccine distribution. We continue to get lots of questions about, you know, really?

44

00:06:26.934 --> 00:06:35.754

How do I make sure I'm on the list to get vaccinations 1st and I want to show you, there's some stuff on the sheet. I want to specifically speak to that. I'm going to try to pull it up. 1st.

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00:06:36.569 --> 00:06:41.848

So, I can see it better.

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00:06:42.959 --> 00:06:46.168

You got to find it.

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00:06:46.168 --> 00:06:50.699

Got it.

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00:06:50.699 --> 00:06:55.079

Thank you for being a patient with me, I sort of pulled it up. I realized I was going to have.

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00:06:55.079 --> 00:06:59.939

I don't want so bad the video on the day. I don't want to get super close to the camera. That's scary. For everybody.

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00:06:59.939 --> 00:07:05.968

Okay, so the, she's on Hi, guys showing right now is is talking specifically about the vaccination.

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00:07:05.968 --> 00:07:18.598

At the top is what we know about the vaccine, we know the status of it, the advocacy of the 2 doses, that stuff of that top box. I think everybody on this call should be relatively familiar. And we have talked about that a lot.

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00:07:18.598 --> 00:07:29.369

There is information about minimum orders of vaccines there. So this is for folks that are vaccinate, or if they're ordering the Pfizer vaccine if the minimum order of 975.

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00:07:29.369 --> 00:07:38.098

If they're ordering the Missouri vaccine at the minimum order of a 100 part of the reason, that is the case and because of the storage temperature issues.

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00:07:38.098 --> 00:07:45.028

So, we know the Pfizer has to be kept at ultra cold and the vendor can just be tested in, like, a regular refrigerator. So.

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00:07:45.028 --> 00:07:59.189

That's part of the reason why the Pfizer it has to be shipped differently with dry eyes and that's why they require a larger order. So, a lot of what we are going to be seeing in Missouri, for our folks is probably going to be the Madonna vaccination.

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00:07:59.189 --> 00:08:10.559

Just keep that in mind, that's at least what we're hearing. A lot of, at this point, everything I have is anecdotal there is I know everybody wants to see things in black and white just like this.

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00:08:11.303 --> 00:08:26.033

It's so fluid. This is what we've got right now. Okay. So, I need you just to understand that, um, but we are constantly at the table trying to represent what our needs are and we are we're hearing good things in the community about being able to access fascination. So.

58

00:08:26.338 --> 00:08:39.629

There is something called the federal pharmacy partnership for long term care programs out there. And I know a lot of our if we get a little lost in the words here. But this really applies to congregate care settings above serving long term.

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00:08:39.629 --> 00:08:43.379

People in long term care type populations are situations.

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00:08:43.379 --> 00:08:53.729

So, I know we have a lot of folks that were able to access the vaccine through this program and those folks could probably likely start seeing vaccinations the week of December, 28.

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00:08:53.729 --> 00:09:06.509

For our state ICF facilities I know we have been contacted at 2 locations, and we've got 1 vaccination date set right now for December 2008 for the both locations it's the Madonna vaccination.

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00:09:06.509 --> 00:09:11.759

Also, just some information insight on that process. We are.

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00:09:11.759 --> 00:09:15.058

Required to fill out a vaccination record.

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00:09:15.058 --> 00:09:19.408

And part of that before we can get the vaccination administered by person.

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00:09:19.408 --> 00:09:25.048

And part of that vaccination record includes includes a consent that has to be done.

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00:09:25.048 --> 00:09:32.219

So, yes, we will actually there's a question in the chat about this vaccine vaccine available online. I'm pretty sure it is.

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00:09:32.219 --> 00:09:40.469

So, we'll also send it out too. I mean, this is this was supposed to be this, this was available to go out for large and we'll go to the website also to look at that to.

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00:09:40.469 --> 00:09:53.489

So, this is available for large distribution. The next thing I want to talk about is if you'll scroll down, hike it to the population part, because I know we're getting a lot of information.

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00:09:53.489 --> 00:09:59.609

Our questions around the population actually, let's look at that potential timeline. 1st, so that's a good place to stop.

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00:09:59.609 --> 00:10:07.259

Very common plan consists of 3 phases phase 1 phase 2 phase 3 and so.

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00:10:07.259 --> 00:10:17.938

Phase 1, the goal is to reduce the morbidity and mortality of the coven 19 within Missouri while reducing healthcare system stress and remember we have minimal doses coming to the state.

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00:10:17.938 --> 00:10:31.048

And in December of 2020 and slightly increasing through early of 2021, so we have to pick and choose who gets the vaccination and we have talked about that upfront.

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00:10:31.048 --> 00:10:34.528

So, if you look down in that phase 1, a.

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00:10:34.528 --> 00:10:40.769

You are going to be long term care staff, that skilled nursing facilities.

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00:10:40.769 --> 00:10:49.288

Those are the 1st population at paid and entail facing healthcare workers with comorbidities. Those are that's going to be a.

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00:10:49.288 --> 00:10:55.558

We fall into that category. A lot of our employees fall into that category so that's all of our hospitals fall into that category.

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00:10:55.558 --> 00:11:05.068

Anybody else remaining patient facing health care workers and again, patient facing healthcare worker means that you are doing something with those activities and daily life.

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00:11:05.274 --> 00:11:17.634

That are going to require you to probably be a little bit more intimately involved in some of things. I know what that means. So, I'm not going to send any more time on that. I know you want us to be able distracted as far as we can.

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00:11:17.634 --> 00:11:23.484

And I always tell people, it doesn't hurt to try what can they do, but tell you now. And so that's what you need to be doing.

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00:11:23.788 --> 00:11:31.828

If you've got questions, I know we got a question in the chat already. Will they have programs? They'll be the 1st tier vaccinations.

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00:11:31.828 --> 00:11:39.688

And it was originally mentioned, but now the focus seems to be long term care facilities and group home. So, again, you can see.

82

00:11:39.688 --> 00:11:51.839

Yeah, I do, I think you will be because if you're doing patient facing healthcare work yes, but it is going to these other places. 1st, so just because you haven't heard anything yet doesn't mean you won't hear something.

83

00:11:52.224 --> 00:12:04.583

To give you an idea, we actually just heard on Tuesday that we had to have our vaccination information to Walgreen by Friday of this week. So it will move quickly when it moves.

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00:12:04.583 --> 00:12:07.614

So please please be paying attention to emails.

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00:12:07.918 --> 00:12:12.658

Phone calls and responding, because you will have to move relatively quickly.

86

00:12:12.658 --> 00:12:20.609

So, the estimate of population over there on the right, that's the number of people they estimate to be in these categories we're seeing on the.

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00:12:20.609 --> 00:12:25.318

Staff side based off of the anecdotal surveys across the system.

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00:12:25.318 --> 00:12:35.428

Between 30 and 50% of staff are are comfortable, already getting the vaccination. We also know that. Yes and we, we've talked about this several times.

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00:12:35.428 --> 00:12:44.158

We believe the do fall under 1 a, and we said that many, many, many times. They are patient centered.

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00:12:44.158 --> 00:12:57.389

Patients facing healthcare workers, so but it is going to be your there is no way for them to get a vaccine and the 1 and category without going through the provider. So it's.

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00:12:57.389 --> 00:13:01.678

You're a provider in it, your responsibility to access it.

92

00:13:01.678 --> 00:13:04.739

For your employees for the folks that you support.

93

00:13:04.739 --> 00:13:10.048

So, I want to make sure that is very, very clear.

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00:13:10.048 --> 00:13:17.999

Next we have, so, so that's the list in phase 1 a.

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00:13:17.999 --> 00:13:26.399

Phase 1, B, individuals that are 65 years are older and when when we move at the state to phase 1 B.

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00:13:26.874 --> 00:13:40.823

What we're hearing right now is that, for the most part individual, say, 65 years older are likely going to be able if they haven't got a vaccination in phase 1 a, probably just going to be able to go to local pharmacies that are allowed to administer the vaccines.

97

00:13:41.849 --> 00:13:48.599

Walk in freezer, a, get access to the vaccine, save for high risk individuals 18 to 64.

98

00:13:48.599 --> 00:13:58.408

Likely going to be something you get from a doctor that you then take to the pharmacies to get access to the vaccine. We don't fully understand that yet. So I'm.

99

00:13:58.408 --> 00:14:10.739

There was a question in the chat about 2 to the minimum, or the order numbers apply to those are the so you have to either be registered as a vaccinated for those minimum to order to apply to you or.

100

00:14:10.739 --> 00:14:22.469

You have to be working with the pharmacy who is it who is or another provider to the SQS fees are also enrolling as vaccinate anybody who's been early on the vaccinated staff to the minimum order.

101

00:14:22.469 --> 00:14:34.619

Would apply to, um, so then, um, and you can see high risk individuals  
1st, responders, essential employees of high risk categories.

102

00:14:34.619 --> 00:14:40.379

That's going to be people like jail, essential employees, tired,  
childcare, school, energy. So.

103

00:14:40.379 --> 00:14:54.864

That's the difference between phase 1, a, and phase 1 being I will tell  
you that we have a lot of individuals with developmental disabilities,  
intellectual and developmental disabilities out there that are not going  
to fall into that high risk category and 18 to 64.

104

00:14:55.678 --> 00:15:10.494

That are also, uh, not living in any sort of congregate, living  
environment and that's okay. They will fall into later categories but  
remember, we have limited supply and we have a lot of people in the  
pipeline to get the vaccination.

105

00:15:10.673 --> 00:15:13.283

So, I wanted to just put that out there again.

106

00:15:13.619 --> 00:15:18.778

The next thing I wanted to talk about, because there has been a couple of  
articles yesterday and today.

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00:15:18.778 --> 00:15:27.538

About the access to the vaccine that's going to be coming to the state of  
Missouri and I know a couple of weeks ago we reported to you all.

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00:15:27.538 --> 00:15:40.798

The state of Missouri, the week of December 14th through the 20th would  
be getting 51675 doses of the Pfizer vaccine. We did get 51675 notice as  
a Pfizer backseat.

109

00:15:40.798 --> 00:15:53.339

For next week, December, 21st through December, 2007, we had originally  
estimated that we would be getting 63000 doses of the Pfizer vaccine and  
105000 doses to the Madonna vaccine.

110

00:15:53.339 --> 00:16:06.958

We have now changed that in our new estimate for the Pfizer vaccine is 37000. so we're down 26000 doses there. And as the nurse, the nurse vaccine new estimate estimate has not changed. It's still at 105000.

111

00:16:06.958 --> 00:16:20.908

So, if you look at these populations, 70000 staff in long term care facilities, 102000, paid and paid patient facing healthcare workers 250000 remaining patient facing health care workers.

112

00:16:20.908 --> 00:16:26.849

You look at those numbers, and you look at the number of doses of vaccines that we are getting into the state.

113

00:16:26.849 --> 00:16:35.999

You can see that it is going to take a while to get through that phase 1 a category before we even get to the early tier of the phase. 1. B.

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00:16:35.999 --> 00:16:47.038

Okay, so we can December 28 through January 3rd, our, we had estimated beginning 76000 dollars of the Pfizer vaccine and 46000.

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00:16:47.038 --> 00:16:53.068

Both of those have been lowered. We're now getting 37 that 1000 doses of the Pfizer.

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00:16:53.068 --> 00:17:00.389

Which is a decrease of 76000 dollars a month, or? No, it's just a decrease of a little over 9000. so.

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00:17:00.389 --> 00:17:08.759

Not sure why that change has happened. We're still looking into that. There's lots of speculation on the Internet, but.

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00:17:08.759 --> 00:17:16.528

I I want to make sure I don't care. I mean, I, I pay attention to that, but I want to make sure, you know, these numbers.

119

00:17:16.528 --> 00:17:21.298

And these numbers on population, so you, you have a better understanding of where we stand.

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00:17:21.298 --> 00:17:29.159

Now, hi again, because I know I just on the chat with perfect timing. Thank you. I've got the wrong I've to mouth to mouth is going here.

121

00:17:29.159 --> 00:17:43.528

Okay, now, can you clarify what I think I heard you say the tcm's are eligible for save 1 vaccine I actually doubled the tcm's are eligible for phase 1 back date. I do not consider you to be patient facing healthcare workers.

122

00:17:43.528 --> 00:17:50.249

I feel like they're probably more in phase 1 B, essential employees of high risk essential employees.

123

00:17:50.249 --> 00:17:57.054

I don't feel like you're phase 1 a group so but definitely, I think you would fall into phase 1. now, that is going to be.

124

00:17:57.084 --> 00:18:07.644

You need to register if you want to get vaccine in phase 1 or 1 B as a provider you're going to need to register and I know we're going to have him come on next to kind of talk through that.

125

00:18:07.888 --> 00:18:11.038

Let me go back up and the questions if I missed anything.

126

00:18:11.038 --> 00:18:15.689

Oh, okay, good. I think we're caught up there.

127

00:18:15.689 --> 00:18:28.679

Um, so I know another thing that we're getting, how do they determine what is high risk that isn't the determination that happens at that pharmacy level you're going to ask answer questions they're going to say your high risk, but.

128

00:18:28.679 --> 00:18:41.249

Diet all those categories that CDC has listed historically about people that we think are high risk of cobit diabetes as those types of conditions are the conditions that they're going to be looking at, for hybrid.

129

00:18:41.249 --> 00:18:44.249

Okay, I can can you go to the website.

130

00:18:44.249 --> 00:18:54.028

Please, I just got to leave sent those to you guys, we've gone through this website with you all before. We're going to put it back in the chat. We're going to go through it again with you.

131

00:18:54.028 --> 00:19:08.249

There are lots of questions around the vaccine, and a lot of missed out there and so this, this website was put together to help people understand all of the different questions. You're asking this out right now and I highly recommend you go to an, and look around.

132

00:19:08.249 --> 00:19:22.919

There's information for residents about are you ready to get vaccinated when we think we can't tell you what day vaccines are going to be here? I mean, that's as good as what I just gave to you as close as we can get, but we just can't tell you that.

133

00:19:22.919 --> 00:19:29.848

There's information for people who want to be vaccinated and then I love, get the fact. So Hi, can you please go to get the back.

134

00:19:32.398 --> 00:19:38.909

Okay, and then scroll down a little bit. There's a section there called rumor controls.

135

00:19:38.909 --> 00:19:50.699

Oh, I'm sorry. Yeah, there we go. So there's lots of questions in here that can help you if you read through this, that will help you get answers on the vaccination and this is also updated regularly.

136

00:19:50.699 --> 00:19:57.568

So, please, please, please take time to look through this and get as much information as you can about the vaccinations.

137

00:19:57.568 --> 00:20:03.148

I know. Can you confirm that? Same same health care workers will only be no you okay.

138

00:20:03.148 --> 00:20:10.048

I can't confirm anything about the vaccination and I, and trying to drive that point home over and over and over again.

139

00:20:10.048 --> 00:20:18.778

Even this black and white feed that I shown you is constantly changing the number of activations that are coming into the state. It's constantly changing.

140

00:20:18.778 --> 00:20:28.259

You gotta be scrappy. This is a very fluid process. So, the question was, can you confirm that facing patient patient health care workers will only be able to receive the back thing.

141

00:20:28.259 --> 00:20:41.969

In phase 1, a, if their employer is a provider, I think your best best to get the vaccine and say 1, a, is if their employer is a provider, and they are working on securing it for you I, that is 100% what I believe.

142

00:20:41.969 --> 00:20:47.939

Now, that rolled out in February I am not sure. So I wanted to make sure that we shared that. Um.

143

00:20:47.939 --> 00:21:00.509

I joined late and this is the 1st meeting. I've intended to sell side fall on the 1 day category. Yes, we do believe that fall into the 1 a category, but as a provider, you will need to find.

144

00:21:00.509 --> 00:21:06.269

The vaccination partner to make sure that you can get your employees and the individuals who support vaccinated.

145

00:21:06.269 --> 00:21:15.388

Okay, so back to the website, thank you my guest that there's Roomer control on here. There's all sorts of stuff. We actually just on the fuse himself.

146

00:21:15.388 --> 00:21:25.828

We did a whole exercise with 150 different state employees that follow the seeds and sell that listen to this stuff regularly. And we just had them grow into the chat. I don't want you to do this.

147

00:21:25.828 --> 00:21:36.898

I said if you wanted all the different things that we're hearing out there about the vaccine, and it's effectiveness and doesn't work in, does that not work? And what scares people about the vaccine deferring those in the chat.

148

00:21:36.898 --> 00:21:45.388

And it was really good because it was great. The person that put together, this show me back the website that.

149

00:21:45.388 --> 00:21:51.898

All of that is answered in the show me back website. So there's nothing that's been thrown out there. That's not been answered in this.

150

00:21:51.898 --> 00:22:02.578

Is there any videos to show employees about the vaccine? We're all working on those and I will tell you at the department this week. Dr stannis Lawson an interview on the vaccination.

151

00:22:02.578 --> 00:22:14.128

That we're going to share with our employees, so whenever that is done, we will share that with everybody. Also we're doing another kind of free video on why we're getting back today to why we think it's important.

152

00:22:14.128 --> 00:22:19.919

I think it's important because it's my responsibility to do it as a citizen and it's an easy way to help.

153

00:22:19.919 --> 00:22:27.659

So, is there anything we should be doing at the state level to help ensure that we have backing for our residents and staff okay.

154

00:22:27.659 --> 00:22:32.939

You know, I know a lot of people want to do advocacy. I feel like.

155

00:22:32.939 --> 00:22:36.659

Our voice is heard, and I'm not feeling like.

156

00:22:36.659 --> 00:22:42.298

I feel like the frustration right now is more around the fact that.

157

00:22:42.298 --> 00:22:49.108

They're so limited doses and so many people in that 100 category and no, I knows. Um.

158

00:22:49.108 --> 00:22:55.979

Where they fall when someone's going to call them, I can tell you, we feel the exact same way with the state facilities.

159

00:22:55.979 --> 00:23:01.318

And we really know where we fall so you just have to be scrappy.

160

00:23:01.318 --> 00:23:06.388

You have to be diligent and learning and keeping up and, um.

161

00:23:06.388 --> 00:23:12.659

And that's the best advice I have for you right now, we, if you run into problems.

162

00:23:12.659 --> 00:23:23.459

Where you think someone is not think putting you in the correct category, you're going to need to let us let us know that on an individual basis because for the most part, that's not what we're hearing across the system.

163

00:23:23.459 --> 00:23:35.368

So, if you run into something where you, if you can't find anybody, or no, I think you qualify, let us know, and we'll try to work with those, those providers or find to a different provider that, that that does not believe that.

164

00:23:35.368 --> 00:23:42.479

So, um, but again, I cannot express enough how fluid the vaccine situation is.

165

00:23:42.479 --> 00:23:47.489

So, please, please bear with us and now we're going to try to get you as much information as possible.

166

00:23:47.489 --> 00:23:58.709

Okay, I think that covers that topic and I'm going to turn it over to Kim right now, because she wanted to kind of finish up on vaccine.

167

00:24:00.953 --> 00:24:13.644

Thanks for out. So I did so again, just now in the chat for everyone, we do have a designated mailbox. If you have any questions where we can, we review those through central office. We're developing and I, thank you.

168

00:24:14.159 --> 00:24:22.919

We're going to take the the questions from the chat today so please keep the questions coming are very important and we'll do our best efforts to get responses out to, you.

169

00:24:23.124 --> 00:24:31.943

Just really quickly we're following the same process somewhat similar to what we did with the testing efforts from the feedback received that seemed to work pretty well.

170

00:24:32.483 --> 00:24:43.104

So, thank you to all of the 116 agencies as of yesterday that took time to respond to our survey on your vaccine needs for your direct support.

171

00:24:45.354 --> 00:25:00.054

Care staff, we had a really good response on that you can still continue to do. So those letters went out for provider relations and we also send a courtesy letter to those agencies that are on this call that are residential providers to your end.

172

00:25:00.568 --> 00:25:04.919

We also provided just some of the information we were covering today.

173

00:25:05.663 --> 00:25:14.574

With that being said, the intent of that survey is now that we have, you establish an agency contact, we have your contact person's name.

174

00:25:14.933 --> 00:25:29.663

We have their information as soon as we get the information from the state regarding specific contact information for those approved vaccinated that Val just mentioned what we're going to do is individually communicate back to you and your

175

00:25:29.663 --> 00:25:31.493

agency with who,

176

00:25:31.493 --> 00:25:35.693

and your respective counties where you're needing those vaccinations to occur.

177

00:25:36.269 --> 00:25:47.788

We can link you with and so then it's gonna be up to you, though, to reach out to those back. Right? And to communicate with them to try to work out the logistics of how you're going to get your teams vaccinated.

178

00:25:48.324 --> 00:25:49.733

With that being said,

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00:25:50.064 --> 00:25:50.784

right now,

180

00:25:50.784 --> 00:25:53.034

until you receive that notification from us,

181

00:25:53.034 --> 00:26:00.683

and that additional information you can do the frontline efforts that Val was mentioning if you have a direct relationship with a pharmacy that has an approved,

182

00:26:00.683 --> 00:26:01.913

vaccinate her and,

183

00:26:02.064 --> 00:26:02.513

you know,

184

00:26:02.513 --> 00:26:07.794

that please work with them on your plan right now don't wait for us to send the information.

185

00:26:08.094 --> 00:26:14.453

1 of the other efforts that we're going to do is once we get that final listing of the vaccinated and their contact information,

186

00:26:14.784 --> 00:26:22.673

we are also going to be compiling the information that we received from all of you in that survey and sending it back to our pharmacy state,

187

00:26:22.673 --> 00:26:23.693

pharmacy contact,

188

00:26:24.354 --> 00:26:30.653

then those accelerators understand when you reach out to them and contact them that you are truly a 1 a.

189

00:26:31.048 --> 00:26:39.328

Prioritization categorization needs, so a lot of effort's going on to support you in those areas.

190

00:26:39.328 --> 00:26:47.159

Again, just keep the questions coming. We'll do our best efforts to support you guys as bowel mentioned. Things are changing constantly.

191

00:26:47.159 --> 00:26:51.989

On an ongoing basis and so I think that's all I have about.

192

00:26:51.989 --> 00:27:04.469

On that front. Okay. I want to follow up on the question that I tried to type it in but sometimes I think they call.

193

00:27:04.469 --> 00:27:10.769

Better than I try to relay by typing, this is on the cost of the vaccinations so.

194

00:27:10.769 --> 00:27:20.578

There's over 200M doses of the vaccination that have already been paid for by the federal government. So the actual vaccination should not cost anybody anything.

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00:27:20.578 --> 00:27:26.459

The administration of the vaccination that person that fills out the paperwork touches it in your arms.

196

00:27:26.459 --> 00:27:31.618

That will have a cost now, Medicare, Medicaid, private insurance.

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00:27:31.618 --> 00:27:35.608

All of that should be covered through that that path.

198

00:27:35.608 --> 00:27:47.608

Um, if someone's, I didn't sure there's a mechanism for pharmacies to go back to her health resources Services Administration. I think that's right. Anti nodded her head.

199

00:27:47.608 --> 00:27:52.709

And they can get reimbursed for the uninsured with that said.

200

00:27:52.709 --> 00:28:03.538

I feel like this could also look a lot like testing and again, we're just not going to know until we're in there but the labs all have the ability to charge insurance for this test.

201

00:28:03.538 --> 00:28:09.388

None of them did it, it wasn't worth the effort. So the volume of tests that they were doing, um.

202

00:28:09.388 --> 00:28:12.989

If they can get reimbursed from somewhere else, so.

203

00:28:13.644 --> 00:28:20.874

The vaccine itself is covered. No, it should be paying for that. Especially in 1 a, and 1 B, um, levels of coverage.

204

00:28:20.874 --> 00:28:35.394

But after that, I'm not sure, but I will tell you the vaccine and the administration is covered by Medicare and Medicaid private insurance would be covering it. It's just if it's going to be after the vaccine administrator, if they are going to go through the process to get to get it paper that way.

205

00:28:35.574 --> 00:28:36.384

So I just.

206

00:28:36.659 --> 00:28:42.269

I would not be surprised if some of them are, and that's something you should be paying attention to. If you're a provider.

207

00:28:42.269 --> 00:28:56.699

Okay, I think, is there anything else in there before we go on there was another question about for small providers who would we contact and help us partner with the vaccinate? I know Kim is working on that. We're hoping by the before the middle of January.

208

00:28:56.699 --> 00:29:01.078

To have a list of vaccinated in the state available for you all.

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00:29:01.078 --> 00:29:07.919

That can help facilitate if you've just not been able to find someone to vaccinate them for you that will help facilitate that.

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00:29:07.919 --> 00:29:17.939

I'm fortunate to be able to work with children's division division of youth services and see their correspondence with their pharmacies and talk to a lot of you guys about this.

211

00:29:17.939 --> 00:29:30.598

And I am hearing, you know, their pharmacies are being very straightforward with them either. They think they're going to be able to help them, or they tell them I'm not going to be able to help them. So, really, it just starts to having those conversations and.

212

00:29:30.598 --> 00:29:36.808

And he just like I say, I've said this since the beginning of token, man, you got to be scrappy and.

213

00:29:36.808 --> 00:29:45.118

You know, you guys are always scrappy whenever you support both of your staff, and the individuals that we serve and now you guys see being scrappy.

214

00:29:45.118 --> 00:29:49.108

So, okay, I think we're going to go on.

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00:29:49.108 --> 00:29:55.648

To, uh, amber, I'm going to turn over to amber to talk a little bit about investigation.

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00:29:57.659 --> 00:30:09.868

Things like that. My name is amber dardy. I am the director of the Department investigation unit, so my team is responsible for completing investigation.

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00:30:09.868 --> 00:30:14.608

Into allegations of abuse, and when the alleged perpetrator is a staff member.

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00:30:14.608 --> 00:30:18.538

Of either the state operator facility, or a contracted agency of.

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00:30:18.538 --> 00:30:27.118

So, like, everyone kind of on this call, we've also had to adapt our internal procedures and consideration of.

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00:30:27.118 --> 00:30:30.118

So, happy to stay over the last 8 months, we haven't.

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00:30:30.118 --> 00:30:34.409

At any point staff accepting or completing investigations.

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00:30:34.409 --> 00:30:46.288

But, of course, we have had to change our operating procedures and we have several times over the last 8 months as we learn a little bit more about cobit and kind of how to minimize our risk.

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00:30:46.288 --> 00:30:52.739

And we were able to kind of drill down into our procedures and see what part of our field work still needs to be completed.

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00:30:52.739 --> 00:30:57.118

Uh, in person at your age, and what we can kind of do remotely.

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00:30:57.118 --> 00:31:03.628

So, what I thought I do today with my time is is kind of tell you about 3 main points. So.

226

00:31:03.628 --> 00:31:12.898

1st, I want to tell you what you can expect at your agency under these temporary procedures. If an investigation is opened at your agency.

227

00:31:12.898 --> 00:31:26.848

2nd, I want to kind of tell you what we can do to help each other through this process. So to make this as quick and painless as possible as we're working on investigation under these kind of temporary procedures.

228

00:31:26.848 --> 00:31:40.348

And then 3, I want to tell you a little bit about our mitigation strategies that we're taking to ensure the safety of your staff, and anyone else at your agency when we do have to complete in person field work at your agency.

229

00:31:40.348 --> 00:31:47.098

So, 1st, let's talk about expectations. So, what can you expect if an investigation is opened at your 8?

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00:31:47.098 --> 00:31:55.739

Under these temporary procedures. So, 1st, thing that you're going to notice that a little bit different is going to be our document collection and evidence review.

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00:31:55.739 --> 00:32:08.034

So, historically, the investigations unit what's come out to your agency, and they would collect all of this information on their own they make their own copies and take everything back to their office to complete their investigation.

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00:32:08.483 --> 00:32:11.604

We have backed away from that under our temporary procedures.

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00:32:11.909 --> 00:32:17.909

So, we're, we're currently collecting all of our documentation audio evidence, video evidence.

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00:32:17.909 --> 00:32:21.479

Remotely so through electronic means by.

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00:32:21.479 --> 00:32:24.929

By the help of an administrator at your agency.

236

00:32:24.929 --> 00:32:33.719

So, we're using encrypted email, fax, a file share program and kind of getting all of that through electronic.

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00:32:33.719 --> 00:32:39.808

The 2nd thing that's going to look a little bit different during this time. Our interview.

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00:32:39.808 --> 00:32:47.189

So, historically, the investigations unit, what conduct 99.9% of our interviews in person.

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00:32:47.189 --> 00:32:59.519

And now we're kind of in a hybrid approach so we're doing some in person interviews. We're doing some interviews through virtual web conferencing and then we're also conducting some interviews over the telephone.

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00:32:59.519 --> 00:33:10.229

So, there's lots of variables that the investigator will look at, depending on a specific investigation, to determine what the interviews might look like with your particular agency.

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00:33:10.229 --> 00:33:13.439

So, the investigators looking at the type of allegations.

242

00:33:13.439 --> 00:33:19.499

Are we looking at a Mr funds investigation? Or are we looking at a physical or sexual allegation?

243

00:33:19.499 --> 00:33:28.769

We're also looking at the severity of the allegation. So, is there something that can't harm to the alleged victim or potential harm to the, to the alleged victim?

244

00:33:28.769 --> 00:33:42.719

We're looking at who the interview is so, as an alleged perpetrator that maybe we need to have an in person interview with, or is the interviewee, just indirect witness or expert witness that make a telephone interview with, besides.

245

00:33:42.719 --> 00:33:47.368

We're also looking at the need of the interviewee.

246

00:33:47.368 --> 00:33:57.298

So, if we have an alleged victim's who may have a communication for us to a web conference, or do an in person meeting that, we're, we're doing that as well.

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00:33:57.894 --> 00:34:06.743

Also, we're looking at request of the interview we have had requests by witnesses and alleged victim that the investigator actually comments, conduct the interview in person.

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00:34:07.344 --> 00:34:14.994

So, she can see, there's just lots of different variables that we're taking into consideration when determining whether, or not it's appropriate to do in person field work.

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00:34:15.298 --> 00:34:18.389

Versus maybe remote, or over the telephone.

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00:34:18.389 --> 00:34:22.199

Interviewing, so we're always constantly weighing.

251

00:34:22.199 --> 00:34:26.429

The investigative value versus potential risk of closure.

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00:34:26.429 --> 00:34:35.458

The 3rd thing that looks a little bit different with our investigations right now is the identification and collection of any cobit related evidence.

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00:34:35.458 --> 00:34:42.539

So, certainly, we understand that some of the events that we're looking at is somebody investigation cobit.

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00:34:42.539 --> 00:34:46.378

Could potentially I'll play a role in that investigation.

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00:34:46.378 --> 00:34:56.969

So, the investigators are not turning a blind eye that our, our objective is always to collect whatever information would be relevant to that particular event.

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00:34:56.969 --> 00:35:03.838

Or investigation, so collecting and considering Kobe related information for us to pass on to the division.

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00:35:03.838 --> 00:35:09.088

Is now kind of became part of that overall investigative procedure.

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00:35:09.088 --> 00:35:23.753

So those are kind of the 3 different things that you can, that you would think of, as maybe a little bit different under our temporary procedures. But everything else is the same. So we're still looking at the same types of allegation. We're still meeting our statutory that wives the timeline.

259

00:35:24.268 --> 00:35:35.909

Um, and and June on train die, our investigative report really looks just the same as so. Really? Overall process is still.

260

00:35:35.909 --> 00:35:40.018

It is still the same as it was prior to.

261

00:35:40.018 --> 00:35:48.449

So, the 2nd thing I want to talk to you about today is what are some things that we can do to kind of help each other through this process.

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00:35:48.449 --> 00:35:52.259

So, we certainly understand that as a provider you have.

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00:35:52.259 --> 00:35:58.498

A vested interest in making sure that an investigation as quick as possible and it's painless profitable.

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00:35:58.498 --> 00:36:03.659

So, what are some things that we can do to kind of help each other out during that process?

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00:36:03.659 --> 00:36:10.918

The 1st thing is making sure that you have a dedicated central agency contact for the investigation unit.

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00:36:10.918 --> 00:36:23.759

So, even now, or especially now that we are trying to select documentation and evidence remotely really need to have a responsive person at your agency that's responsible.

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00:36:23.759 --> 00:36:27.539

For contacting the investigator with that information.

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00:36:27.539 --> 00:36:41.039

I would also recommend having a backup person, so we understand that some of you are working with cellophane crews, you may be working remotely you maybe providing some sort of direct character. So having a backed up.

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00:36:41.039 --> 00:36:46.559

1st thing to work with the investigator is also a probably a good idea.

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00:36:46.559 --> 00:36:49.829

Along those same lines.

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00:36:49.829 --> 00:36:59.278

Whoever your designated individualist at your age to work with the investigator, they need to make sure that they have the ability and knowledge to.

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00:36:59.278 --> 00:37:09.833

Send that information and an electronic form, so make sure they have access to a scanner or a fact shape make sure they understand how to send encrypted emails.

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00:37:10.463 --> 00:37:14.784

Do they know how to save audio and video to get that investigator?

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00:37:16.284 --> 00:37:29.603

We understand there are definitely technical challenges with doing, kind of some of this collection remotely, but if you are experiencing issues, I would encourage you to reach out to your investigator. They've been doing this now for 8 months.

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00:37:29.634 --> 00:37:33.083

They're very creative and as far as I know there hasn't.

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00:37:33.389 --> 00:37:39.298

Been an issue that we haven't been able to solve as far as getting getting the information that we need from your.

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00:37:39.298 --> 00:37:49.858

So, if you're having difficulties with that, please reach out to your investigator, and we can probably solve on how we can get the documents and evidence that we need to work our investigation.

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00:37:49.858 --> 00:37:59.068

The 3rd thing that that we need to keep in mind is the investigators still need to have energy space at your agency.

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00:37:59.068 --> 00:38:08.818

So, just like Pre investigators have the ability it needs to conduct some in person interviews.

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00:38:08.818 --> 00:38:14.880

And they need to do that at your agency. So kind of think through that, if your agency is, is.

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00:38:14.880 --> 00:38:19.650

Evolved in an investigation, where is that interview going to occur?

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00:38:19.650 --> 00:38:24.329

If there are precautions that you would like the investigator to take to help.

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00:38:24.329 --> 00:38:30.090

Minimize risk, please communicate those to the investigator. You know, we have agencies that.

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00:38:30.090 --> 00:38:39.539

You know, anywhere from washing your hands and sanitizing when you get there using a side door back door. So you're not walking through the main administration area.

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00:38:39.539 --> 00:38:44.489

Come in at a certain time so that we're not in contact with a lot of your agents.

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00:38:44.489 --> 00:38:57.360

Staff on any sort of those precautions that you would like to put in place certainly communicate those the investigator, but know that we

still need to have some energy space to be able to lead our investigation.

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00:38:59.155 --> 00:39:09.954

The next thing that I would encourage is making sure that your agency staff are very back when the investigator process at your agency to do any in person field work.

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00:39:10.434 --> 00:39:18.204

So, an investigator is going to have a mass on before they come to your agency during the course of their InPerson field work.

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00:39:18.510 --> 00:39:22.320

During their interviews and all the way, until they leave your agency.

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00:39:22.320 --> 00:39:35.695

So, it gives the investigators a lot of anxiety when they present to do some in person field work and agents that are not wearing back. So, please make sure that you're asking your staff to do that and enforcing that.

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00:39:35.695 --> 00:39:38.875

When an investigator would have to present to your agency.

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00:39:39.420 --> 00:39:46.949

And then, lastly, just asking for open communication. So if you have a staff member, that's.

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00:39:46.949 --> 00:39:51.510

Involved in an investigation or or relevant for an event.

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00:39:51.510 --> 00:39:58.530

That may be under quarantine or medical isolation. We're feeling sick that day called in sick.

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00:39:58.530 --> 00:40:12.989

Called in sick, then please make sure you're communicating back to your investigator so that they can plan their field work accordingly and can make whatever changes they need to. As far as their kind of investigative plan with that particular individual.

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00:40:13.525 --> 00:40:13.704

So,

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00:40:13.704 --> 00:40:28.525

there's some things that we've kind of identified over the last couple of months that would really help our process along and make sure that we're getting our investigation turned around as quick as possible for you and making sure that that we're able to stay within our our timeframe that we

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00:40:28.525 --> 00:40:28.914

expect.

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00:40:29.400 --> 00:40:43.500

And lastly, I just want to talk a little bit about our precaution and our mitigation strategies that our investigators are taking to ensure your safety of your staff. Basically I'm going to enforce the safety of our investigators as they're working out of fields.

300

00:40:43.500 --> 00:40:51.480

I know back in March and April, there was a lot of anxiety and fear with investigators coming to your agencies.

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00:40:51.480 --> 00:40:55.829

And kind of moving around and so I'm, I'm hopeful that ensuring.

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00:40:55.829 --> 00:41:06.329

What we're doing to help mitigate risk that you will feel a little bit more comfortable. The next time an investigator may have to come to your agency and do any sort of a person's fieldwork.

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00:41:06.954 --> 00:41:21.144

So all of our investigators are going through an 8 week testing rotation and in, between those 8 weeks, there may be even additional testing on top of that. So an investigator may be subject to a rapid test.

304

00:41:21.144 --> 00:41:24.775

If they presented a state operator facilities to conduct an investigation.

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00:41:25.289 --> 00:41:32.820

If they're identified as the post contact, the investigator is asked to take an additional test before the field work.

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00:41:33.264 --> 00:41:45.655

Or, if they just have a reasonable request for a test, because they've been placed a situation where they feel that was necessary before they

would complete their field work, then we're offering that to our investigators as well.

307

00:41:45.684 --> 00:41:49.224

So testing, of course, a huge part of our mitigation strategy.

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00:41:49.530 --> 00:41:54.480

E, the investigators have all been.

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00:41:54.835 --> 00:42:00.655

Provided with what we feel, the appropriate for them to move around safely in the community and in the field.

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00:42:00.985 --> 00:42:01.135

So,

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00:42:01.135 --> 00:42:02.574

they have surgical face mask,

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00:42:02.605 --> 00:42:03.204

last base,

313

00:42:03.204 --> 00:42:03.655

covering,

314

00:42:03.715 --> 00:42:04.074

blood,

315

00:42:04.105 --> 00:42:04.375

stand,

316

00:42:04.375 --> 00:42:05.215

sanitizer,

317

00:42:05.755 --> 00:42:06.204

axis,

318

00:42:06.204 --> 00:42:12.235

affected by the effects interview spaces and have all been educated on social distancing,

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00:42:12.264 --> 00:42:17.605

how to set up the interview room to prevent exposure and all of those sort of things.

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00:42:17.605 --> 00:42:20.784

That they're keeping in mind. As they're working in the field at your agency.

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00:42:21.090 --> 00:42:31.650

Next the investigators are all completing a self assessment so they are checking for temperatures going through science and symptoms of illness, or they would go out as to the field.

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00:42:31.650 --> 00:42:35.039

They're also doing free interview questionnaire, so.

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00:42:35.039 --> 00:42:41.610

Before they would ever bring anyone into interview at your agency. They are asking that interview me.

324

00:42:41.610 --> 00:42:55.500

All those science stuff are they under 14 medical isolation? Are they sick today? Any reason why they don't feel that an, in person interview should be should they move forward with an 1st interview on the day of the.

325

00:42:55.500 --> 00:42:58.860

Interview if they're asking the interview, all of those questions.

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00:42:58.860 --> 00:43:07.440

Contact Tracy log, we're keeping a log of everyone that we come into contact with at your agency. So if we have to turn around and notify anyone.

327

00:43:07.440 --> 00:43:19.829

Um, that we think may be a close contact during work of our fields during our work in the field that we have that contact information and would contact you back. So that you can take the proper steps at that time.

328

00:43:19.829 --> 00:43:31.860

We're following all CDC recommendations for quarantine medical isolation. Investigators are not working in the field, or would present at your agency. If they would be under any sort of foreign being restrictions.

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00:43:31.860 --> 00:43:36.655

And then, lastly, we're just really keeping on top of all the code base data that we can do.

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00:43:36.715 --> 00:43:36.925

So,

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00:43:36.925 --> 00:43:43.135

we're lucky that community transmission we're looking at possible outbreaks that your facilities or agencies,

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00:43:43.735 --> 00:43:51.775

and just trying to make really educated decisions on when we think in person still work as appropriate and how we can kind of mitigate,

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00:43:51.925 --> 00:43:54.744

mitigate risk to everyone that's involved.

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00:43:55.079 --> 00:44:04.050

So those are kind of 3 things I want to talk about expectations. I wanted to tell you about how to help each other and then also our precautions. So, hopefully yourself.

335

00:44:04.050 --> 00:44:09.389

Uh, a little better about the investigators kind of being around at your agencies.

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00:44:09.389 --> 00:44:16.019

And then last before I move it over back to the division, I just want to plug that reporting for just a minute.

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00:44:16.019 --> 00:44:23.730

Please please keep in mind that we're still doing investigation. Nothing has changed with that reporting obligation.

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00:44:23.730 --> 00:44:27.179

We rely so heavily our self reporting.

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00:44:27.179 --> 00:44:39.355

It is critical that you're keeping an eye on that, and make sure that that events are being reported as required by the division. So I appreciate all of your cooperation on that.

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00:44:39.355 --> 00:44:45.175

I know you have a lot on your plate, but just something so critical that we really just don't want to fall through the cracks.

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00:44:45.750 --> 00:44:49.260

That's it for me, if I'm going to hand it back over to, you.

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00:44:56.250 --> 00:45:05.969

Thank you amber, right? In mid drinks, but that's good. I'm going to move it over to Leslie. Now. Luckily we've got some updates on what's going on in waver world. So, Leslie.

343

00:45:07.405 --> 00:45:11.485

Found the division submitted in formal requests for additional information known,

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00:45:11.485 --> 00:45:11.605

as,

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00:45:13.315 --> 00:45:28.284

for the factor C waiver amendment and we've moved to for removal of and counseling waiver amendments as well the comp and community support renewal application and the partnership for hope and no kit amendments to align with those renewals went out for formal

346

00:45:28.284 --> 00:45:30.715

public comment on 1211 and no,

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00:45:30.715 --> 00:45:35.275

health net will accept written public comments until the end of business day on January 11 2021,

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00:45:35.275 --> 00:45:38.485

the division sent out an email blast last week with that link.

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00:45:38.875 --> 00:45:42.594

So that's there for you to access. And that's all I have about.

350

00:45:44.159 --> 00:45:50.969

All right, thank you, Leslie and he doesn't really have any updates today.

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00:45:50.969 --> 00:46:02.429

I know we Wendy, I'm going to go to UNIX. I did want to address because partly, because this is how we talked to each other too. There were a lot of questions that came in, but we've been on for a while today and I do want to address a few more questions in the chat.

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00:46:02.429 --> 00:46:15.210

So any questions I got submitted early, we will likely just go ahead and answer those in the essay. C. R. and the do the follow this because I want to be mindful of everyone's time. So when the yeah, when your next.

353

00:46:16.945 --> 00:46:30.295

Hi, good morning. Everybody and I just wanted to take a few minutes to say, thank you and we appreciate all the work that everybody is doing and we know that everyone is so overwhelmed with dealing with cobit.

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00:46:30.295 --> 00:46:44.485

However, that impacts you and your, and your line of work, and in your professional or your personal life, but also want to just put out a reminder. This is an extremely difficult time for providers as they continue to wrestle with their staff shortages.

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00:46:44.514 --> 00:46:54.445

They have staff that get sick themselves with coke that they have family members that get sick that they have to step out and take care of. And they have kids that aren't in school.

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00:46:54.835 --> 00:47:09.235

And so all of those things are really piling on and complicating and already very serious and critical issue for our providers. So, just a reminder that everyone's 1st, goal is to keep people safe and healthy.

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00:47:09.655 --> 00:47:13.824

And we're just asking the individuals and the families and public administrators.

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00:47:13.824 --> 00:47:26.905

And guardians and support coordinators are all working in partnership with the providers when they need to when the providers are needing to look to alternative solutions to help with staffing arrangements,

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00:47:27.144 --> 00:47:31.675

combining homes or or just looking for some alternatives there.

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00:47:31.675 --> 00:47:41.485

So, please, please work in partnership with providers to help them find solutions to the challenges that they're facing. So, thank you so much.

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00:47:41.880 --> 00:47:45.840

And balance, that's all I have. I'm going to let you go back to your questions.

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00:47:45.840 --> 00:47:53.969

All right, thank you, Wendy. And I can I ask all of her sentiment. I mean, we know just living as a provider through this right now to.

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00:47:53.969 --> 00:47:59.940

And it's, it's, it's not, you know, we don't get weeks to plan for these kind of things. We get.

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00:47:59.940 --> 00:48:05.519

Someone walks in the door and they screen out, so we get minutes to plan. So it it is really, really challenging.

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00:48:05.519 --> 00:48:17.099

There was a question of the chat early on about telehealth and if we're going to allow it, extend this task, the January deadline, everything we're hearing on telehealth is really, really positive right now.

366

00:48:17.099 --> 00:48:26.130

Um, what we're trying to do is so we know that there's lots of ability to approve a lot of stuff we want to do with telehealth. It's just how do we fill out that paperwork to get it done.

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00:48:26.130 --> 00:48:29.730

So my short answer to that question is yes.

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00:48:29.730 --> 00:48:35.639

The plan is, is that we'll be able to continue to and Anthony haven't thrown the ball at me yet. So I think we agree.

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00:48:35.639 --> 00:48:41.369

And the short answer is, yes, I think we should be able to continue to do a lot of that stuff. We just have to fix.

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00:48:41.369 --> 00:48:46.530

Figure out the mechanisms in which we continue to do that. And a lot of stuff is is is.

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00:48:46.530 --> 00:48:55.500

We're going to know at the end of January and I know everybody wants more days to know those kind of things, but that's that's not the case. We're going to go with the sanitary. So you can telehealth.

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00:48:55.500 --> 00:49:03.059

We are definitely continuing safe and D, so, please know, 1 thing that's going away at the end of this month. It is not, um.

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00:49:03.059 --> 00:49:06.210

So, please continue to access space and empty.

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00:49:06.210 --> 00:49:18.510

There's another question in the chat about can will you be required as a state employee and really just kind of applies to all employees to get the vaccine when it becomes available to the general public.

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00:49:18.510 --> 00:49:25.829

At this time, because the Maxine is emergency use authorization and because the.

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00:49:25.829 --> 00:49:35.250

Does not recommend that emergency use authorization being mandated it is not the intent that the vaccine will be mandated at this time.

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00:49:35.250 --> 00:49:45.150

With that said when the vaccine becomes available to the general public in your a state employee, I don't know the answer to that. I don't think it's something we're, we're interested in doing.

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00:49:45.150 --> 00:49:56.545

But with that said, we do require the flu vaccine in some of our within, within parts of in order for you to go to work. So it may be that we follow that same protocol.

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00:49:56.545 --> 00:50:04.644

If you don't get the vaccine, you have to wear a mask all time you'll have to get tested regularly. I'm not sure what that's going to look like. It's again a very fluid situation.

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00:50:05.280 --> 00:50:11.639

I'll tell you 1 of the questions, we get a lot around this mandate vaccine. So the, the.

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00:50:11.639 --> 00:50:15.449

Equal Employment opportunity group has said.

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00:50:15.449 --> 00:50:22.469

There is no law against mandating this back thing and we agree with that. There is no law that says you can't ban data back theme.

383

00:50:22.469 --> 00:50:30.690

However, scientific best practice for emergency use off emergency, authorized vaccines like the kill this vaccine.

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00:50:30.690 --> 00:50:38.369

If not to mandated, so that's that's kind of where we're at right now. Could you yet?

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00:50:38.369 --> 00:50:42.300

Is it best practice? Probably not. Is it going to increase.

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00:50:42.300 --> 00:50:48.659

Vaccination you think yes. Do we have enough vacuum for everybody right now? No. So.

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00:50:48.659 --> 00:50:58.469

There's lots of questions that that play into all of that. Um, but I, it's it's a very good question. I'm not saying that, and it's just very, very fluid.

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00:50:58.469 --> 00:51:02.940

There are some other questions in here that I know kim's going to address directly.

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00:51:02.940 --> 00:51:09.059

Around the vaccine with so so please, just because I don't address your questions. It doesn't mean we're not going to.

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00:51:09.059 --> 00:51:17.394

1 of the questions that we got was, if you've already got an agreement with the vaccinate, or should you do the survey? Well, you know, we, I want your data.

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00:51:17.815 --> 00:51:31.945

So the other reason I would suggest to do the survey is, and this is kind of how I laid it out to help them senior services earlier this week,

because we're getting them list of all of our providers and we're working with the pharmacy Association.

392

00:51:31.945 --> 00:51:34.284

So that we can help try to facilitate these connections.

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00:51:34.619 --> 00:51:38.849

When we got that back as we get more vaccine available in this state.

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00:51:38.849 --> 00:51:53.280

And I said my goal is to have vaccinate or 70 to Kevin and vaccinate folks in my community settings. And the thing was for my provider. I mean, if I want it to be a popularity contest, and I want 7 people trying to get to a back to me.

395

00:51:53.280 --> 00:52:07.079

So, with that said, um, that would be the value of answering the survey on top of already having your vaccinate or in place. We, there may be a net Walgreen family, get X amount, and we may be able to get something from a different pharmacy faster for you. That would be the.

396

00:52:07.079 --> 00:52:11.309

That's I don't know that That'll be the case or not remember how fluid is, but that there is.

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00:52:11.309 --> 00:52:17.639

There's benefits to getting more than 1 way to answer this question for you as a provider. Um.

398

00:52:17.639 --> 00:52:20.789

There was another question about, um.

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00:52:20.789 --> 00:52:26.760

A provider that had reached out to a CBS pharmacy, and they'd asked if you were registered through the CDC.

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00:52:26.760 --> 00:52:38.639

So, early on that, that federal, which was on that, that seat, you showed you earlier and we kind of said folks, how in a call, I think in November, how to sign up for the federal pharmacy partnership for long term care program.

401

00:52:38.639 --> 00:52:49.795

So, when they ask that question, that's why they're asking you that they want to know if you signed up for that federal pharmacy partnership program. Now, the sign up for that it's over. That's not that that's not actually available anymore.

402

00:52:50.034 --> 00:53:03.144

If it gets free open, we will let, you know, but there's also a link to that on this website. They're probably asking you that question, because they need to know what allotment. So, they're going to get a lot for the federal pharmacy partnership program.

403

00:53:03.144 --> 00:53:12.925

They may get another allotment from the state, just as a vaccinate, or they're going to need to know what allotments to get your vaccine outta. So that's why they're asking those questions. Okay.

404

00:53:13.230 --> 00:53:25.920

I think, like I said, I'm going to like, Kim kim's going to address these specifically with folks we have them all. We download them. We will go through them again. Thank you all for what you do. Please stay.

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00:53:25.920 --> 00:53:30.090

This is the next 2 weeks are going to be hard for a lot of folks.

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00:53:30.090 --> 00:53:36.869

We're, you know, people want to see people people want to touch people. People want to talk to people face to face and.

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00:53:36.869 --> 00:53:47.820

It's if we're getting married, this was a historic weekend with Larry, and in the country that please, because we've got vaccination in arms, but likely told you over and over on this call.

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00:53:47.820 --> 00:53:55.559

The vaccinations, 1 component, you still got to wear the masks. We've still got a social justice until we get.

409

00:53:55.559 --> 00:54:02.219

The reproductive rate of this, this virus down low enough where you don't have community transmission.

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00:54:02.219 --> 00:54:16.224

Um, where you don't have to worry every time you go out about tracking it. So the vaccine is huge and helping us get all of that under control

but it's 1 piece of the big puzzle. And really, at the end of the day, it's getting those community transmission levels down.

411

00:54:16.224 --> 00:54:21.414

It's getting the reproductive rate in the back of the virus down. And that's what we still have to be working on. So.

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00:54:21.750 --> 00:54:26.820

Thank you very much for all you continue to do. It's not getting easier.

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00:54:26.820 --> 00:54:34.920

It gets harder because now you have to test, you have to screen your employees. Oh, he's got to figure out how to get vaccinated. He say for the individuals that we support that.

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00:54:34.920 --> 00:54:42.780

Appreciate everything you do have a happy holiday season, and we'll see you next year. If we don't see you earlier. Thanks everybody. Bye.