

WEBVTT

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Did and with that, that is all you.

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00:00:05.009 --> 00:00:09.329

Thank you. Hi guys, I'm guessing you can hear me thank you for making me a panelist.

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Just got off if you himself, so and obviously we're talking about vaccinations so that's probably what we're gonna spend. Most of this call today, talking about is vaccination.

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1st of all, just overhaul the numbers for the division and the community. We now have eclipse 1000 cases. We're at 1164 cases of individuals who support in the community that have contracted coded 19.

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We had 10 new today and those numbers have slowed a little bit. They were in the twenty's every day now that they're 10.

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But we don't, we just kind of expect that we're having a bit of a low right now and, and everybody fully does expected to pick up after.

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Next week that gives you enough time for the Thanksgiving break to.

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So really impacts the unfortunately we are seeing at least 1, new death additives day. We're at 31 desk now for individuals in the community that a contract at 19.

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And as those cases, go up, that number will also go up.

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We have 218 different providers who have been supporting, or are supporting somebody with 19.

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As a state, we're still at a very high rate. It's not as high as we were last week, but we're still at a very high rate and we're still at a 20% positivity rate for individuals that get tested for it. So.

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Those numbers while they are going down, they're still remember we're not good till we're below 100 per 100000. we're still over 466 for 100000 cases.

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So, we're not even good at a 100, but we're at least that considered at the high, extremely high rate of transmission in our.

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The CDC this week, issued a new quarantine guidance.

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It's a little bit confusing so I, I kind of want to talk a little bit about that. 1st, of all. We've been in a central workforce this whole time.

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So, individuals that are working to support the individuals that are getting services had been in a central workforce. So, for the most part, unless it's a household transmission or something I know.

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At least on the safe side I think a lot of our providers are doing this too. We are not quarantining staff just because they're a contact of someone the new CDC guidance is around a change in quarantine.

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And what it's saying is that if you have no symptoms, and you test negative after day, 7 or day 10, and there's some nuances in that guidance, that, while you still are risk for it.

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And if you're going out to the community with a mask, you need to be wearing a mask, but you don't necessarily have to quarantine in your home anymore. There's a lot while that is guidance.

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That's not a law that people should be following. And I think that's what's really confusing.

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00:03:00.865 --> 00:03:12.955

Quarantine 14 days is the least risk opportunity and so when I'm talking about it, I'm really talking about in terms of our families. I'm talking about it in terms of the individuals that we support.

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00:03:13.705 --> 00:03:25.134

So, I mean, and I'm talking about in terms of our central workforce, so our central workforce, we're testing, and they're working and they're masking and they're screening and we've been doing that.

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00:03:25.164 --> 00:03:38.155

We've been doing that really successfully for a long time census census, pandemic, started. So this is really more for the rest of the world who just really struggle with following that quarantine guidance.

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00:03:38.814 --> 00:03:46.014

But it doesn't it's not that it's okay to be out in the community with your mascot go into choir practice.

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I'm just saying those, those are high risk activities so if you're a high risk person, which, if you're a contact, you're a high risk person. Don't do high risk activities. And the same for the individuals that we support.

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00:03:59.754 --> 00:04:10.375

If they're high risk people, if they are not going to be mass compliant, if they're not going to wash their hands, then this quarantine guy, this new quarantine guidelines, probably not for them.

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And we know that individuals as developmental disabilities are really high risk of having very poor outcomes if they can track of it.

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00:04:17.995 --> 00:04:32.485

So, to me, all of that says that the 14 days really is still the best practice that we should be following for quarantine. When that's the practice we've been previously using also, as a central workforce continue using the practices.

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You've been using us in a central workforce. So, I don't know if there's gonna be questions about that. If they're all take a look at them. I think there'll be some more information.

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00:04:42.653 --> 00:04:55.374

Come out on this from the state. I know there's been lots of articles. Headlines are a little tricky, because they'll say things like quarantines now 10 days. That's really not what that messaging is about.

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00:04:55.853 --> 00:05:08.994

So, just wanted to spend a little time talking about that. A little bit the other thing I wanted to talk about, and then we'll get to vaccination a couple other things. The testing update. We're getting a lot of questions from community providers about acts.

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00:05:08.994 --> 00:05:22.434

I think some have been able to access rapid testing. Some have not, we're trying to really understand what it means. If you're a provider that wants to access that rapid testing, the antigen testing. I did just hear on a call, though.

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Your ability to obtain those tests is going to be pretty limited. Those are still not available on the open market at this time. So how do States get antigen, test? Rapid test there are if you're a long term care facility and some of you may be able to access through that. I'm not sure.

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00:05:38.244 --> 00:05:42.593

But if you're classified as a long term care facility, they will directly ship you those test.

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If you meet all the criteria that includes being a Cleo waived lab and so Kim stock and I have been learning about being a Cleo waived lab.

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We'd always kind of approached it from the medical lab side of things, but we're learning the medical lab side of things really isn't necessary for the Cleo waiver for these kinds of tests. So we'll continue to look into that.

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Some of you may have already had success with that, but the understanding that, but if you're trying to think you're going to be able to order a bunch of rapid test, whether those be Abbott ID now, they're tour by next.

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00:06:19.793 --> 00:06:25.014

Now, those tests really are not available on the open market to order at this time.

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So the way the state gets them is, there's they shipped directly from the manufacturers, avoid whatever pharmacy, whatever, pharmaceutical company we get them from to this day. And then the state distributes them primarily long term care.

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00:06:38.423 --> 00:06:41.124

And there's a plan from the federal government on how we distribute.

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Higher Ed institutions, elementary, secondary education, institutions, long, term, care, facilities, congregate facilities and so that is really what has been been being worked on this time. So we, we will continue to look into that.

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00:06:55.649 --> 00:07:08.723

And it's done, have you been able to access that? That's great. But overall, just to, I can't write a paper that says do X Y, and Z and then you'll be able to start using by next now testing but we're working on that. I wanted to share that.

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I know that we get a lot of questions from the providers on that front, the budget update. So, federal efforts around extending cares, and getting the States more money is gaining momentum.

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All of the national partners seem to agree with that.

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And things that, there's a really good shot that before December 30, is that there will be some sort of extended stimulus package and also looks, but that will include some money that will be directly shipped to states and local governments.

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00:07:39.084 --> 00:07:52.973

So that's really good information. Remember we're using that money to pay for we're using that money to pay for testing and if there's anything that comes up on the vaccination side, we would be able to use that money for the vaccination site.

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00:07:53.004 --> 00:08:05.514

We also use that money for direct grants to our providers for their invoices, for their cost or business interruption that we have done. So very valuable of any for the Department of mental health and our providers. And we're happy to see that.

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There is some true movement in that direction. The federal level remember, the federal budget right now is operating under continuous resolution. So that's just the regular operating budget for the federal government. Not this stimulus funding.

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That has to be either either a federal budget has to be adopted by December 11st, or another continued resolution has to be put into place by December 11st.

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So, between now, and December 11th is when, I would expect to see most of that action around either a stimulus bill and the federal government, federal budget, or both together. So, but really feeling a little bit more optimistic about that.

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00:08:42.774 --> 00:08:51.203

Now, that I was say, before the election cares act update so we are still as a state using our care's funding.

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And as the Department of mental health, we're still using our cares act funding that is still used to cover provider testing and congregate care settings. That's also still were able to purchase and if you need, we're able to get you access to some of that. Also.

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00:09:05.754 --> 00:09:15.563

Also, we did find out on Monday or Tuesday. We call them covered Dave. Now. I think you all can attest to the fact that they do seem to run together.

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We did get confirmation from the governor's office that we have an additional 2.4M to spend and they have for our day, have an employment providers and we can do that as business interruption or invoices directly for overtime.

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The same kind of costs that we had on the residential side. I know that provider relations and the regional office. Angie Angie Christie all of

our folks from central office are working really hard to get that out the door.

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So that folks can apply forward and we can get those checks into people's hands. We'd like to have information from providers by December 15th so that we can get everything processed.

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So before the December 30 deadline, so please, if you've not heard about that be on the lookout for that if you've got questions about that and you think your eligible reach out to your provider relations staff, that's your regional offices.

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00:10:12.354 --> 00:10:26.724

Next we want to talk. Okay let's go to. Well, I want to do 1 more thing and then we'll go to vaccinations and then Kim, and I will do a little tag team on vaccinations. Cool thing going on. We've talked a little bit about staffing challenges.

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I think it's, we're at the point now, and it's not, it's not getting better across the entire healthcare spectrum, and we're in that healthcare spectrum, there will be a virtual job fair December 22nd. This will be a healthcare specific job.

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They're focusing on entry level, clinical and non clinical physicians get pulled up are doing that. We sent out. This is a really great opportunity for our providers to register for this job. Fair.

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00:10:54.173 --> 00:11:08.994

1 of the challenges we have is when I go to meetings with people from the Department of economic development or the Department of labor and industrial relations, or even the governor's office and I say that we don't have enough employees. We don't have enough data.

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00:11:08.994 --> 00:11:22.254

That shows that we don't have enough employees registering for these kind of opportunities really improve our ability to show that we need help in the staffing front.

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00:11:22.254 --> 00:11:32.423

So please consider registering it's all virtual there's an employer registration form, and that needs to be completed before December 16th. Okay.

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Now, I'm gonna go on to vaccinations and we actually had a lot of questions on vaccinations. So I'm going to actually.

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00:11:42.083 --> 00:11:56.244

I went at 1 of the questions that we had on vaccinations. I'm going to try to find it when will back when when oh, wait hold on. Basically, they want to know what's the timeline on when we're going to do we have a timeline for when we expect back seems to be available.

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00:11:56.543 --> 00:12:06.744

I just got this. So, Pfizer who has got 1 of the vaccinations, it's the 1 that require both vaccinations that we're going to get in Missouri right now we'll require 2 doses.

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So 1, those 21 days later a 2nd dose Pfizer, it's supposed to be their emergency use authorization meeting at the level is supposed to be on December 10th.

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00:12:18.624 --> 00:12:31.553

So, if that is approved on December 10th, then we, they have to go through another process. That should be done by December 14th 15th vaccinations should be prepositions before that period of time.

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And that 1st round of vaccinations Missouri's estimated to get 52000 doses. Those will probably primarily go to hospitals to direct care workers direct.

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00:12:42.869 --> 00:12:56.879

Care essential health workers, patients facing health workers and hospitals. 1st so we expect that that vaccine will be in place by December 14th, December 15th by December 21st.

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00:12:57.474 --> 00:13:08.153

We expect to be getting access to the Madonna vaccine and the Pfizer vaccine and we're estimating that we'll get about a 105000 doses of the Madonna vaccine and 63000 doses of the Pfizer vaccine.

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00:13:08.153 --> 00:13:16.943

The difference between the Madonna and the Pfizer is the storage, the dirt vaccine can be stored in a refrigerator. It does not require the Ultra, ultra cold storage.

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00:13:16.943 --> 00:13:17.124

So,

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the Madonna E a meeting,

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00:13:19.224 --> 00:13:24.413

that's the emergency authorization meeting is not officially scheduled,

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00:13:24.413 --> 00:13:27.984

but we here is going to be the,

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00:13:27.984 --> 00:13:30.293

and it may have gotten officially scheduled since I've seen this,

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00:13:30.293 --> 00:13:33.293

but it should be that next week.

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00:13:33.293 --> 00:13:46.104

So, not the week of December 10th the week after that as soon as all of the, all of those. And then we'll get another round of doses scheduled on December 2008th. And at that point in time, we're estimating to get about a 110000 doses from Pfizer.

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00:13:46.104 --> 00:13:57.803

And 56000 doses, so we should be start in the state of Missouri health care workers. Essential healthcare workers should start getting shots and they are and we think before December, 21st.

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00:14:02.724 --> 00:14:15.504

Again, most of those will be hospitals. I think that our Congress anybody who has worked on getting their vaccination getting in their vaccination pipeline working, either with their local public health agencies, or with their local pharmacies.

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00:14:15.894 --> 00:14:26.004

I think that those vaccinations should start to become available for our folks. I would say, even possibly before the 1st of the year, remember, it's our employees. 1st and our resident.

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2nd,

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00:14:26.813 --> 00:14:29.394

I know that for us in our facilities,

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00:14:29.754 --> 00:14:38.484

we ever we've gotten confirmation from CBS that we're in the pipeline to get it and so we send back how many we think we're going to need,

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00:14:38.514 --> 00:14:42.323

and then they will get that put in that order for us.

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00:14:42.323 --> 00:14:56.783

And when they get there, so let us know, also, I will tell you that so remember and emergency authorization vaccine cannot be mandated. We cannot mandate these employee employees get it. We cannot mandate that residence. Get it. What?

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00:14:56.783 --> 00:15:08.333

I can tell you, though, is through surveying our staff. We're seeing that about 60% of our staff are ready to get the vaccination. So we continue to educate about the vaccination.

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00:15:08.333 --> 00:15:18.114

And I think you'll see a lot of big, heavy hitting education on the vaccination just over the course of the next 2 weeks. But wanted to share that with you. Okay.

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00:15:18.144 --> 00:15:25.553

Now I'm going to go to the question specifically, because I think I've covered everything there.

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00:15:26.249 --> 00:15:32.908

And then I'll already did that. Okay sorry if you guys could see my notes, they're kind of in a circle.

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00:15:34.043 --> 00:15:48.953

Okay, so, to the question, the 8th, because that's how I get it the recommended today that residence of long term care facilities, be included in the phase 1, a category along with staff. So that so that they can be vaccinated at the same time.

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00:15:48.953 --> 00:16:02.783

Well, this clients follow the vaccination process so both staff and residents are in that 1 a category. Now before we had staff in the 1, a category residence at the top of the 1 b category. So, the answer is yes.

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00:16:04.464 --> 00:16:17.964

But if you actually looked at the state hierarchy, it really doesn't change anything there. I mean, it moves them up, but there wasn't anybody between the residents and the staff that they got dumped ahead and in Missouri's plan. Anyway.

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00:16:18.384 --> 00:16:32.634

So so, that that kind of, I think helps explain that. So, we went from the top residence, went from the top line in the 1 b category to the bottom line, and the 1 a category, and they didn't jump over anybody, but it's good recommendation by a sip.

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00:16:32.634 --> 00:16:42.533

That that was included. We appreciate that in your prior. You said, nurses who are currently completing visits through telehealth calls would that be included in the phase? 1 a category?

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00:16:42.774 --> 00:16:50.964

Does this apply to community care or just ends if the community our end as well? What category with community care install to.

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00:16:51.894 --> 00:16:52.403

Again,

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00:16:52.433 --> 00:17:02.514

it's going to depend on if the care services provided are considered patient facing direct care that would be category 1 a now as an,

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00:17:02.514 --> 00:17:03.114

our end,

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00:17:03.114 --> 00:17:05.394

you're going to get access to this vaccination,

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00:17:05.394 --> 00:17:07.044

not through your primary care provider.

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00:17:07.044 --> 00:17:21.384

You're going to get it through your employer. So, if your employer, if you've worked with your employer and your employer has gotten you into

the, what a category to get vaccinated, because they have a relationship that's going to be your best way to get this vaccination.

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00:17:21.384 --> 00:17:33.324

At this point, in the 1 category, you're not going to just be able to show up a Walgreens or CVS and say I'm 1 a, here's my nurse license. At this point in time that's not how this is going to work.

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00:17:33.743 --> 00:17:47.693

So you need to be working with your employer to get categorized into that 1 a category. I answered the question. Do we have a timeline for when we expect vaccines to be available? Definitely will become available in the state.

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00:17:47.693 --> 00:17:50.213

We definitely believe during the month of December,

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00:17:50.723 --> 00:17:51.713

small doses,

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00:17:51.743 --> 00:17:53.124

limited allocation,

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00:17:53.153 --> 00:17:54.834

hopefully by January,

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00:17:55.223 --> 00:18:05.453

and maybe even the end of December it will start getting to our locations can talk about the process to sign up for the vaccine but I'm going to move on.

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00:18:06.263 --> 00:18:19.074

When Kelvin vaccines are made available to those and long term care facilities, including our DD folks and wavered residential supports well, those that are medically fragile and have self directed supports waiver be eligible also.

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00:18:19.523 --> 00:18:26.003

So, again, how we are accessing the vaccine for all of these different folks is through providers.

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00:18:26.814 --> 00:18:39.683

And right now we don't have any reason to believe that primary care doctors, which is probably more likely. We're a self directed, support,

per individual and self, directed, supports, receiving personal assistance would be getting.

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00:18:39.683 --> 00:18:54.294

The vaccine is probably their primary care provider. So, the really upfront focus is on those very large, congregate care facilities, and the direct patient care workers in those locations. So you're still going to be high on that priority list.

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00:18:54.294 --> 00:19:07.074

And we'll probably definitely come into 1 B, category when, when we're trying to really get vaccine out more directly to people that want a area really is more heavily focused on employers.

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00:19:07.733 --> 00:19:18.473

Securing vaccines for their their staff, their residents that meet those qualifications. Okay. I think. Oh, wait. Okay, here we go.

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00:19:18.473 --> 00:19:32.183

I have an individual that receives through the comp waiver at her home, because her mother prefers this over group. Homer support the individually individuals medically fragile. If she qualified were her caregivers qualify for the 1st round?

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00:19:32.453 --> 00:19:44.183

What about her designated rep her mother and again, just that question also falls under. Exactly what I just said really access to 1. a round of vaccinations is going to be through an employer.

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00:19:44.933 --> 00:19:59.423

And then the 1 b area, it will be more, they will be more readily available at those at, at that local level. I believe at this point of time now, when they actually roll in here, and we're putting shots in the arm.

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00:19:59.878 --> 00:20:12.413

You know, gets you gotta get scrappy. I mean, we get scrappy on testing. We gotta get scrappy on vaccinations too, and as I learn more and and we're scrappy here on your behalf. So, as we learn more, we will share that. We can point this out.

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00:20:13.314 --> 00:20:26.814

But right now, remember limited doses lots of people in that 1 a category. So, okay. I am oh, thank you for pulling up the vaccination information in case. I still really enjoying. This takes a lot.

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00:20:27.203 --> 00:20:30.114

So, if you haven't had a chance to browse through it, please do. So.

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00:20:30.419 --> 00:20:36.239

Also, okay, I'm like this right now. Okay.

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00:20:37.463 --> 00:20:45.953

Oh, yeah, okay. Okay. So very, very Sullivan. Thomas. How do I obtain the PB? I need and 95 in gloves please yes.

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00:20:45.953 --> 00:20:58.854

So, again, still work through your regional office folks, or and Kim may be able to answer that better on how to get to the, because that's been awhile. I will tell you though, and 95 and gloves continued to be our struggle.

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00:20:58.854 --> 00:21:10.044

But, um, yeah, there is a way that we can work through that at the local level to how do we get included in the 1 a category? I talked about that quite a bit. So I'm going to move on from that question.

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00:21:11.338 --> 00:21:16.739

Is the job or something that TCM agencies to participate in?

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00:21:17.453 --> 00:21:29.213

I mean, I don't think there's any reason not to participate in it. I mean, and this is what I love this question actually, because when we were talking through oh, is that too many ways to put information out there?

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00:21:29.213 --> 00:21:42.983

And I just said, I can tell you that my facilities and my providers try every angle they can try to get employees. I just don't think a lot of people understand how desperate we already get employees. So I, you know, try it.

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00:21:42.983 --> 00:21:57.443

That's all, I can say, try it and my understanding that will be mandatory for employees to have the vaccine for Coke and 19. absolutely. Not. You. And I said this multiple times that I will say it again you can not. And that's a can and I'm not.

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00:21:58.078 --> 00:22:10.229

You cannot mandate an emergency use authorization vaccine. The coven 19 vaccine is an emergency use. Authorization vaccine is not mandated for employees or for residents.

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00:22:11.094 --> 00:22:24.594

We are asking all of our employees, because we have to be and I'll tell you why we're asking our employees if they want to get the vaccine or not. Because then we have to turn around and tell the pharmacies that we're partnering with, how many vaccines to order on our behalf.

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00:22:25.074 --> 00:22:38.693

And so I don't want to tell them to order 450 vaccines, but I'm only going to have 150 employees show up to get vaccinated. So that's why we asked that question, but we asked it in a way, there's no HIPPA issues or anything like that. It's a very clear survey.

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00:22:38.693 --> 00:22:40.824

Would you get the vaccine or not?

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00:22:40.824 --> 00:22:54.023

Then we can give the pharmacy our order, please know, that we know people are going to change their mind, they're gonna say oh, I decided, I don't want to or I've decided, I do want it and we continue to do our best but again, we're trying to plan for that very limited supply.

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00:22:59.608 --> 00:23:03.538

So, the backseat no, and again.

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00:23:03.538 --> 00:23:13.739

The vaccines are not mandatory for employees employers, we can't, they cannot be mandatory a big question. I know that.

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00:23:13.739 --> 00:23:17.489

So.

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00:23:18.263 --> 00:23:25.284

It would be submitting the list of 1 a employees too, so that's whenever you go in to sign up. So there and kim's going to talk about this a little bit.

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00:23:25.493 --> 00:23:37.913

But when you go into sign, UPS, get access to the vaccine, you're either going to be submitting the number of vaccines you need to a local public health agency, a pharmacy or on behalf of yourself. If you choose to do it on your own.

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00:23:38.459 --> 00:23:46.888

And that's all the questions I've got. So I'm going to turn over to Kim stop now and she's going to talk about again all those ways to get access to the vaccine.

142

00:23:46.888 --> 00:23:57.778

Thanks good morning. Everyone so our frontline efforts right now is about mentioned are focusing on supporting all of you out. There are a CBS community providers.

143

00:23:57.778 --> 00:24:01.588

Who meet that criteria for the phase 1 a prioritization.

144

00:24:01.588 --> 00:24:10.469

What we've done this week is you should be if you've not already received through PR, through provider relations at your local regional office and email.

145

00:24:10.469 --> 00:24:18.118

With 2 your agency contacts so if it's not cross your deck, that's check with your other administrative team members.

146

00:24:18.118 --> 00:24:30.719

That letter email, communication is providing you with some current links, such as a stronger together website. The has posted here, which is a good resource where you can stay up to date and current.

147

00:24:30.719 --> 00:24:41.818

Also reminds everyone to stay registered to for our email blast or notification, because, as we get information, we will be making sure that we disseminate and communicate that out to all of you.

148

00:24:41.818 --> 00:24:45.689

And then we also included in that notification.

149

00:24:45.689 --> 00:24:52.259

Communication effort information in regards to a survey that we develop. It's a quick ask.

150

00:24:52.259 --> 00:24:57.868

Please, when you receive the communications from us from provider relations.

151

00:24:57.868 --> 00:25:09.209

Take a few minutes, compile your agency information just as bound mentioned on who within your agency direct care worker staff that we spec, phase 1 criteria.

152

00:25:09.209 --> 00:25:14.759

Is interested in voluntary and receiving the coven 19 vaccines.

153

00:25:15.594 --> 00:25:30.294

When you compile that information, if you could take a few minutes and send us back what we're asking in the survey, and we don't want any identifiable information, we're just meeting estimated counts. And then, what counties are you currently providing services to individuals and.

154

00:25:30.719 --> 00:25:36.898

The reason that we're asking for this information is we're going to take the same approach that we've done with testing.

155

00:25:36.898 --> 00:25:44.788

And that we're going to compile that, and then we're going to be communicating and reaching back out to your contract that you've listed in that survey directly.

156

00:25:44.788 --> 00:25:50.544

And as we get information about what backs are in those applicable counties,

157

00:25:50.544 --> 00:25:51.953

where you're providing services,

158

00:25:52.433 --> 00:26:04.403

we will do our best efforts as we did with testing to try to connect you get you the contact information and kind of support you to walk through that process with either your local public health agencies,

159

00:26:04.673 --> 00:26:07.584

or some of those other approved vaccinate or across the state,

160

00:26:07.584 --> 00:26:07.794

which,

161

00:26:07.794 --> 00:26:08.784

by the way is still,

162

00:26:08.814 --> 00:26:11.903

that's the process is still occurring in partnership with.

163

00:26:12.713 --> 00:26:15.054

And that could be some of your larger chain pharmacies.

164

00:26:16.284 --> 00:26:18.263

Once we have that established,

165

00:26:18.263 --> 00:26:19.794

and we're communicating that with you,

166

00:26:20.064 --> 00:26:28.104

then it's going to be up to you to work directly with that vaccinate contact to make sure it's bound mentioned that when vaccine becomes available,

167

00:26:28.523 --> 00:26:33.683

that they understand that you meet that criteria and that you can support your agency.

168

00:26:34.108 --> 00:26:47.548

Employees to get vaccinated. So, again, that's the efforts that we're doing front line. 1st. So please be looking for that notification that communication that should be should have come out this week.

169

00:26:47.548 --> 00:26:58.199

Also, just so you're aware, we did go ahead as the courtesy and have our regional office nurses, send that same communication to the RN to provide oversight.

170

00:26:58.199 --> 00:27:01.679

For your agency as an f. Y. I.

171

00:27:01.679 --> 00:27:09.894

And again, that's because the nurses can stay up to date and current on the information through these resource links that we've provided in the communication.

172

00:27:10.314 --> 00:27:17.213

1, other thing I want to note and point out is in that communication, we also have set up a DD mail, designated melt site.

173

00:27:18.173 --> 00:27:32.064

So, if you have questions, and I know everyone probably has a lot of questions right now. Please send those to us through that designated mailbox. What we will do then is compile those, do our best efforts to get the information and communicate that back out.

174

00:27:32.423 --> 00:27:42.023

We're working on the initial draft of an epic queue document around the vaccination efforts and hope to have that posted early next week.

175

00:27:42.084 --> 00:27:47.753

And that will continue to be updated again, as we get a new information and things evolve in this particular process.

176

00:27:47.784 --> 00:28:02.513

So, again, please use that that communication efforts through that designated mailbox that's where you're going to get the best response that we can provide. And it helps us to know who we need to follow up with specifically as well.

177

00:28:02.878 --> 00:28:11.068

So, I think that's kind of a high level overview for now on those efforts. So that communications gone out.

178

00:28:11.068 --> 00:28:14.308

Anything else found that you can think that you'd like for me to cover.

179

00:28:14.308 --> 00:28:21.388

No, I mean, that's perfect. Kim, I did want to address this last question in the chat, because I think it's, it's a good question.

180

00:28:21.388 --> 00:28:35.453

So we talked about how we did ask the question in the survey if our employees have serious medical conditions and send them place, may not want to divulge just information the advantage to divulging the information of it.

181

00:28:35.453 --> 00:28:40.253

Do you have a serious medical condition is and that would be like,

182

00:28:40.253 --> 00:28:49.134

if you're going through chemo treatment or something like that is that those folks can get access to vaccines oh,

183

00:28:49.134 --> 00:28:49.284

wait,

184

00:28:49.284 --> 00:28:49.403

no,

185

00:28:49.403 --> 00:28:51.864

they can't get it all if you've got diabetes or something like that.

186

00:28:51.864 --> 00:28:55.614

I'm sorry, I don't mean to confuse anybody, so, let's go back to rewind.

187

00:28:55.913 --> 00:29:08.334

Okay, the survey you've asked us to complete ask if arm's ask ask if our employees have serious medical conditions employees may not want to bulk information advantage to divulging this information again.

188

00:29:08.334 --> 00:29:20.604

We're not asking for names or anything is that the pharmacy may call if you're working with a pharmacy or a local public health agency or if you're trying to order vaccinations the 1st round that you may get access to order.

189

00:29:20.814 --> 00:29:27.233

May only be for your employees who have serious medical conditions. So, let's say you've got 450 employees.

190

00:29:28.679 --> 00:29:42.534

150 employees have said, yes, they're interested in getting the vaccination and 50 of those employees have a serious medical condition. It just helps us know how much vaccine to order and that and that's why we ask that question. Okay.

191

00:29:42.534 --> 00:29:56.483

So, it's an employee does not want to devote that information. That's fine. They don't have to. It's just part of how we can put in how much vaccine we get to order. Because again, we think this is how much we're getting, but we're not. Sure.

192

00:29:56.483 --> 00:30:04.644

So that's why it's limited supply and we want to make sure we get the most vulnerable at most vulnerable essential workers vaccinated. 1st.

193

00:30:07.044 --> 00:30:18.834

Anything else? Yeah, so I mentioned earlier that the department has surveyed damage employees that survey did not have any ask the team members for any identifiable information.

194

00:30:19.223 --> 00:30:25.253

And so they completed that out and submitted it to their local facilities or regional offices.

195

00:30:25.648 --> 00:30:29.669

And we just tabulated the information.

196

00:30:29.669 --> 00:30:41.669

So, again, if you want to take that approach as an agency, that seems to work, well, again, it's just trying to figure out frontline. Initially the number of vaccines that you might need up front and how to prioritize those.

197

00:30:47.249 --> 00:30:53.278

And then, I think if it's all right, I'll move on to 1 other item that I had today, which is.

198

00:30:53.278 --> 00:30:59.398

Still come in related we've had conversations in the past about monitoring individuals.

199

00:30:59.398 --> 00:31:11.874

Ongoing and monitoring their, their pulse ox levels and so we did a frontline effort. We're working on an observed site act document on the importance of that particular monitoring aspect.

200

00:31:12.263 --> 00:31:17.574

And when we are sending out the communication this week and next to the nurses, who provide our.

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00:31:17.574 --> 00:31:30.354

And oversight, we're also asking them to complete a brief survey and we're providing them with a link on your agencies, current policies around that particular aspect of monitoring. And if you currently have access to.

202

00:31:31.199 --> 00:31:33.834

Pulse ox capabilities.

203

00:31:33.834 --> 00:31:46.913

So I think that again, if the nurses could take time to briefly fill out that survey, that would be wonderful because then what we can do is follow up with you if we find that you need some additional support in that particular important area.

204

00:31:49.288 --> 00:31:54.628

And I think that's all that I had at this time. So I believe I'm going to turn it over to Leslie. Now.

205

00:31:57.084 --> 00:32:05.153

Thanks, Kim, I just have a quick update, the factor reduction waiver, amendments, effective, January 27 2021 for comprehensive community support and partnership.

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00:32:05.153 --> 00:32:08.003

Wavers are all under review with CMS,

207

00:32:08.003 --> 00:32:21.804

and we are an informal request for additional information status also and renewals as well as the partnership and locate amendments to align with those renewals will be published and posted soon for formal public comment.

208

00:32:22.074 --> 00:32:26.243

So please watch for those. And that's all the updates I have. Thank you.

209

00:32:28.769 --> 00:32:41.818

Thank you Leslie, there's a couple of questions in the chat so I was gonna try to talk to those. Is there a way to find in writing that the emergency use vaccines cannot be mandated? I just did a quick Google search.

210

00:32:41.818 --> 00:32:55.824

I actually got that out of the vaccination task force that we're a part of here. So I didn't see it in writing, but when the Department of health in seniors services tells me, I can't mandate a vaccine as an employer. I can't mandate a vaccine as a service provider.

211

00:32:55.824 --> 00:33:05.814

I'm not going to try to mandate a vaccine. So that's what I know. I don't have a magic link with a big red button that says, no, you can't do this.

212

00:33:06.689 --> 00:33:10.403

I but I think it's relatively common knowledge,

213

00:33:10.433 --> 00:33:10.973

I guess,

214

00:33:11.003 --> 00:33:12.534

if you live in a vaccine world,

215

00:33:12.564 --> 00:33:20.034

wasn't to me until 3 weeks ago the next question that was in there is do the does the survey state,

216

00:33:20.034 --> 00:33:23.574

the definition of serious medical condition for purposes of serving staff?

217

00:33:23.574 --> 00:33:31.314

No, it just not. It's very brief. The survey. Yes. So, but I, you know, I know I don't have a serious medical condition.

218

00:33:31.344 --> 00:33:46.163

I guess if you're on the border and you say, yes, you do have a serious medical condition, and then you prevent to get your vaccination at a local public health agency or something and they ask you what your medical condition is. They don't think it's serious. And they'll make that determination at that level.

219

00:33:46.193 --> 00:33:53.124

So the surveys intentionally easy, because we really are trying to get an idea of numbers.

220

00:33:53.124 --> 00:34:05.574

We know it's not going to be perfect weed out people that say yes, now we'll say, no later, we know people that they know now, we'll say, yes later want to go get vaccinated again. It's for planning purposes and that's why we're asking those questions.

221

00:34:05.878 --> 00:34:09.119

Alex, I could add. Yeah, go ahead. Sorry.

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00:34:09.119 --> 00:34:18.509

And just as a reminder, everyone CDC has posted a guidance on individuals that are considered an increased risk for severe illness in relation to code and 19.

223

00:34:18.509 --> 00:34:21.869

And so that information is posted out on the CDC site.

224

00:34:21.869 --> 00:34:28.108

And there's another question, where are you made providers getting the survey? I think that went out as part of the packet, right? Kim.

225

00:34:28.643 --> 00:34:43.043

Yeah, you should brief as an agency please be looking. I'm talking to your administrative team because PR, sent that out to whoever they have listed as their communication contacts for your agency and again, we also sent it out as the courtesy to the our into provide oversight. Right.

226

00:34:43.193 --> 00:34:57.293

So just be looking and then hold on because they're coming in now, we got questions Kevin and now, is there a particular consent form? We should have employees in guardians complete so on the employee side unless you're actually giving the vaccination.

227

00:34:57.503 --> 00:35:08.574

You won't need a consent form. They will sign that. If they're going to the local public health agencies to the pharmacy. Okay, if you're getting vaccinations, your staff are giving that vaccination then you will need to be getting that consent form.

228

00:35:08.574 --> 00:35:19.824

If you're going to be helping individuals, you support gets vaccination look at your flu consent form. I think that's what can really have done is looked at our food consent form and just updated for cobit 19, right? Yes.

229

00:35:20.309 --> 00:35:30.293

Yes, so it's not if that That'll do it. Are we okay. Hold on are we completing info for just or other staff as well?

230

00:35:30.623 --> 00:35:36.623

So again, group 1 a, are your patient centered? Health care workers?

231

00:35:36.869 --> 00:35:50.309

Now, I know a lot of us in the provider world right now are using everybody in that role. So, I know for example, my entire HR team, who typically does not go out and do work.

232

00:35:50.309 --> 00:35:57.119

And the direct support role, or in supporting employees is is doing our testing right now. So.

233

00:35:57.119 --> 00:36:08.909

You know, it just depends they need to be in that patient centered, health role and the 1, 8 category. Okay. And yes, that that answers that. Okay.

234

00:36:08.909 --> 00:36:17.753

Um, and then, but wanted to confirm that will be providing consent forms that they do for flew right? I really do that. Now.

235

00:36:17.753 --> 00:36:32.634

I think on the resident side, it will be helpful if you go ahead and get that done but if you're working directly with a pharmacy, they may already have the consent form. They want you to use. But, yes, we assume that also, at this point in time, we okay, I think I got that question.

236

00:36:32.813 --> 00:36:35.753

Okay. I think that's all we did have some additional questions.

237

00:36:35.753 --> 00:36:36.443

I don't know if I said,

238

00:36:36.443 --> 00:36:39.563

just already of the day brain,

239

00:36:40.074 --> 00:36:43.853

but there were some additional questions about service provision that we're putting in the Q and a,

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00:36:43.853 --> 00:36:48.594

we will address those in the Q and a later because we recognize we've already been on this call for 45 minutes,

241

00:36:48.594 --> 00:36:52.523

so those answers will come out when the answers to the Q and a come out.

242

00:36:53.518 --> 00:37:04.199

Um, I know there's lots of questions about vaccine and please, though we're doing testing and funding and I do help you find these calls helpful in at least.

243

00:37:04.199 --> 00:37:11.099

Knowing what we know, and that's that's really where we're at right now. Thank you for all. You do stay safe, keep your staff safe.

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00:37:11.099 --> 00:37:14.248

Keep our residents of safe as we can.

245

00:37:14.248 --> 00:37:17.728

I know everybody is tired and.

246

00:37:17.728 --> 00:37:21.719

You know, we would you see those desks all across the.

247

00:37:21.719 --> 00:37:29.909

So, when you see those tests come in, and you're caught somewhere between frustrated and helpless, cause that's how I feel.

248

00:37:30.983 --> 00:37:44.844

And and it's hard not to just become numb to it, but you can't any wallets and so keep up the good work. Thank you all for what you're doing. We'll talk to you again in a couple weeks, and it'll be a different world than a couple of weeks. We know that for sure. Thanks. Bye.