

WEBVTT

1

00:00:01.824 --> 00:00:08.095

Good morning again I think we have everyone joined now, so we will go ahead and get started for today.

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00:00:08.335 --> 00:00:22.585

A couple things that I want to touch on before I turn this over to Kerry this morning, is wanted to let, you know, that we have made some updates. Some of you may have noticed some of, you may not have no harm.

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00:00:22.585 --> 00:00:25.885

No foul to our Web page.

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00:00:25.885 --> 00:00:29.725

Our page should so I do want to share that with you at the moment,

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00:00:30.565 --> 00:00:40.945

you will notice that those buttons that was the top regarding county status heroes and stories from the field to submit those were there.

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00:00:41.215 --> 00:00:52.465

We realized that the traction on those had had long diminished so no reason to take up that real estate that folks weren't using and so you'll no longer. See those stories listed over here.

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00:00:52.674 --> 00:01:01.494

However, we will keep in mind and be attentive to other opportunities to be able to share information and have good stuff out there on what's happening.

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00:01:01.859 --> 00:01:09.689

The next piece I wanted to mention is this email blast didn't go out this week regarding reliance listening sessions.

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00:01:10.105 --> 00:01:11.305

For those sessions,

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00:01:12.444 --> 00:01:15.415

some of you that have been using the reliable portal,

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00:01:15.415 --> 00:01:17.275

the content portal,

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00:01:17.275 --> 00:01:19.495

and if you have a sub portal of your own,

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00:01:19.795 --> 00:01:24.715

you will know that reliance was pushed out free courses early in the pandemic,

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00:01:25.045 --> 00:01:27.655

regarding hand washing and several other items.

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00:01:27.984 --> 00:01:36.174

So we know that within our own content portal that we have had a lot of traction on those courses. Lots of people taking them. So, this is.

16

00:01:36.540 --> 00:01:48.840

Designed as a couple of opportunities to listen and truly here what else is needed? What is missing? What can be done to help support that and how we can help you move getting good information forward.

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00:01:49.344 --> 00:02:00.775

And then the next piece I wanted to hit on, just a reminder that there's this education page. Actually, I'll even back up 1 screen so that I can remind you how to get here.

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00:02:01.135 --> 00:02:04.734

There's our main landing page community support.

19

00:02:05.364 --> 00:02:18.264

Education and learning, and this event training calendar has a lot of items on there that you may, or may not have seen go out in an email blast. So I will tell you that, as we speak, these are being reordered.

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00:02:18.264 --> 00:02:31.914

So the newer data is at the top, I didn't realize that those were feeding in kind of backwards. So you'll notice that we have everything on there from some 1st, responder advocacy training too. We do have a 1 stop link here to the moment.

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00:02:32.395 --> 00:02:44.455

No Health Net, virtual training schedule. So this is a nice 1 stop shop for you to come to check a variety of different training opportunities that may be going on even outside of indivision.

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00:02:44.819 --> 00:02:56.639

And with that, I am going to stop sharing my screen and I'm going to give Carrie the controls and I am going to let her run and get us started for the day.

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00:03:10.585 --> 00:03:21.685

And Carrie, you are on mute Thank you.

24

00:03:23.004 --> 00:03:32.814

So, the 1st, thing I'm going to do is share my screen, which I think you guys have already seen you can see it. Now, this is our daily situation report that we receive on the fusion sell.

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00:03:32.814 --> 00:03:41.245

It talks about our total new cases that have been added since our last report we do this while it says every day we do these meetings 3 times a week. Now.

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00:03:41.580 --> 00:03:51.300

You can see that our average total daily cases are below 10. so that is good. That gets us out of the red zone for the state as a whole. They have added.

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00:03:51.300 --> 00:04:03.180

About just under a 1000 new cases in the last 24 hour, period and you can see when you look at this chart, this is where we were early in.

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00:04:04.224 --> 00:04:10.705

Earlier on the pandemic, these are daily rates they're colored here by their that aren't colors represent different weeks or months.

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00:04:11.694 --> 00:04:26.214

And so you can see as we got into January here, these are January that we started this deep downward decline, and we are down at these much lower levels. But we have kind of plateaued somewhat at these lower levels. It's good that we're at these lower levels.

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00:04:26.214 --> 00:04:28.014

Certainly, but we would like to see that.

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00:04:28.319 --> 00:04:37.499

Downward trajectory continue and I will share just a little bit about the fatalities.

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00:04:37.499 --> 00:04:49.494

That we have experienced, so, of course, this is from March. So the course of the entire pandemic, you can see our trends and our fatalities that we went up during this time, period, in November, December and January.

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00:04:49.494 --> 00:04:53.213

That is when we have such high high rates of Kobe 19,

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00:04:53.213 --> 00:04:53.512

and,

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00:04:53.543 --> 00:04:54.053

of course,

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00:04:54.053 --> 00:04:58.494

corresponding fatalities with those high rates of community transmission,

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00:04:59.064 --> 00:05:00.144

as I mentioned,

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00:05:00.144 --> 00:05:00.473

we have,

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00:05:00.473 --> 00:05:06.324

since decreased greatly in that community transmission and our fatality rates are reflecting that.

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00:05:06.684 --> 00:05:17.634

So, we are seeing much lower rates, the fatalities, and we continue to expect that decline to continue with the increased rates of vaccinations within our communities.

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00:05:19.468 --> 00:05:29.903

I wanted to also share with you. Oh, this next slide is also those fatality ratios by month. I'll point out April and may because I'm not sure if you guys have seen this data yet before it is available.

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00:05:29.903 --> 00:05:40.014

It is out on our public facing dashboard, April, and may rates are so high. That was the timeframe when as a state. And as a country, we didn't have great access to testing.

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00:05:40.824 --> 00:05:51.473

And so we didn't, we were not testing and catching probably as many cases of we're actually occurring in the community. So when you do that math to come up with that ratio, you come up with a much higher ratio.

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00:05:52.283 --> 00:05:59.153

But you can see, overall we're in this 1 and a half to 2 range of fatality, which is also similar to what you see.

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00:05:59.608 --> 00:06:03.028

Uh, around other states and other countries as well.

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00:06:03.028 --> 00:06:08.399

Some things that I wanted to share with you from earlier from Fusion cell.

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00:06:09.053 --> 00:06:22.194

There has been a lot of change in CDC guidance in the month of March, and so I did want to share this information with you. These guidances are out there. When I get done speaking, I will put a link in the chat to the CDC site.

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00:06:22.223 --> 00:06:35.723

That has a listing of all of these guidances so that you can go out and see for yourself and read through them. There are some caveats with some of them, for instance, public health recommendations for fully vaccinated people.

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00:06:36.059 --> 00:06:42.298

And when you've been fully vaccinated, those really are written from the standpoint of.

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00:06:42.298 --> 00:06:47.608

Individuals in the community, so what can I do with my family?

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00:06:47.608 --> 00:06:49.403

Making my own decisions,

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00:06:50.514 --> 00:06:53.814

you will notice as we go through some of these that they specifically say,

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00:06:53.814 --> 00:07:06.803

you still need to follow your employers requirements and guidelines policies protocols and that's really important because there's a different level of risk and things that I can ascertain and undertake for my own family,

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00:07:07.074 --> 00:07:09.713

whether we want to get together with grandparents,

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00:07:10.374 --> 00:07:11.723

not in a group setting,

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00:07:11.723 --> 00:07:12.744

or in a public setting.

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00:07:13.139 --> 00:07:27.178

Versus how you would handle things in a workplace. So that is things to keep in mind you can certainly extrapolate from some of these things and apply them to work settings in some instances. But you do need to keep that in mind when you're reading through these guidances.

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00:07:28.259 --> 00:07:40.588

So all of these are out here, all of these links we can share with you, we can actually share these slides with you after the presentation as well. Make them available but they will also put out updated guidances for healthcare settings as well.

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00:07:40.884 --> 00:07:53.663

And so just real briefly what these guidances are based on is really new research new evidence they're studying it and its effects, and how it impacts populations and settings, et cetera every single day.

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00:07:53.934 --> 00:07:56.303

And so there's a growing body of evidence.

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00:07:56.639 --> 00:08:09.028

Coming out to support these findings and to support these guidances. And so the 1st 1 is that the vaccine's currently authorized really are effective and they do prevent severe disease hospitalization and death.

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00:08:09.028 --> 00:08:14.639

They may they do still provide protection even against the variance.

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00:08:14.639 --> 00:08:21.778

So, when they talk about this reduced efficacy against the variance, such as the South African variance.

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00:08:21.778 --> 00:08:35.183

That efficacy is the ability of the vaccine to prevent a vaccinated individual from getting coated what they're finding more and more with these vaccines is even if I'm fully vaccinated and I contract coded,

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00:08:35.423 --> 00:08:38.604

I'm still getting that almost 100% protection against severe.

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00:08:40.109 --> 00:08:48.869

Code the disease, hospitalization and depth, so that's really, really good news that so that means these vaccines are working.

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00:08:48.894 --> 00:09:02.423

Even against these variants, maybe not as good as actually preventing you from getting it. But those are some really high rates anyway for a vaccine to prevent 95% of infections. It's fantastic. And we love it, but it does that against the wild strain.

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00:09:02.423 --> 00:09:15.683

It may be slightly lower than that, against some of the variance, but still providing that almost nearly 100% protection against severe covid disease. And that's really what we're looking for is to stop folks from being hospitalized and dying of illness.

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00:09:18.864 --> 00:09:27.864

There is a growing body of evidence. There was even more information I did not have time to read it this morning, put out that is showing more and more that fully vaccinated.

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00:09:27.864 --> 00:09:36.953

People are much less likely to have a symptomatic infections and also much less likely to transmit covid to others.

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00:09:37.374 --> 00:09:44.604

And so the reason they're pointing out about this less likely to have a symptomatic infection is because that's 1 of the big spreaders of.

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00:09:45.568 --> 00:09:56.548

Is a symptomatic people, people who don't know they have it and they continue to go out into the communities because well, they don't know that they're ill or that they're reading this virus. And so.

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00:09:56.548 --> 00:10:05.009

It's great that those fully vaccinated people are much less likely to be an asymptomatic carrier and spread of coven.

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00:10:05.009 --> 00:10:15.719

So, this next bullet fully vaccinated people cannot completely be eliminated as long as their continued community transmission.

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00:10:15.719 --> 00:10:20.698

So, there's still risk, like we said, individuals who are fully vaccinated can still.

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00:10:20.698 --> 00:10:26.938

Contract cobit as long as it's still spreading in the community, however.

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00:10:26.938 --> 00:10:39.928

There are certainly benefits to relaxing some of the requirements and just going back to and resuming some of our normal activities compared to the risks. So with mitigation.

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00:10:39.928 --> 00:10:45.208

And all of the things we're doing masking social distancing testing, et cetera.

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00:10:45.208 --> 00:10:51.149

There are certainly and you guys have probably all seen it within your populations that you serve.

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00:10:51.149 --> 00:11:06.144

There are certainly drawbacks to doing those things. You do get more isolated. People are missing out on those social interactions, those important life events and that takes a toll on people as well takes a toll on them mentally.

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00:11:06.144 --> 00:11:07.583

It takes a toll on them physically.

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00:11:09.864 --> 00:11:24.714

Again, we're all about mitigation and reducing those risks, but we are never going to be in a no risk environment for cobit or anything else. There's always a trade off. How risky is it to get this food from a street vendor?

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00:11:24.714 --> 00:11:30.264

Will it give me food poisoning? Maybe is it really, really good? Yeah, I'm going to take the risk.

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00:11:30.538 --> 00:11:35.249

That's kind of how we approach life and we approach everything. So.

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00:11:35.249 --> 00:11:45.899

There is benefit to reducing some of these mitigation effort and for people going back and resuming normal activities, some normal activities sometimes still with limits.

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00:11:45.899 --> 00:11:53.219

Because the benefits outweigh the risk, so, with the rates of vaccinations with the decrease of code in our communities.

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00:11:53.219 --> 00:11:57.509

With the rate of vaccinations among those you serve and or your staff.

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00:11:57.509 --> 00:12:09.869

There's the ability to release some things and get back to quote unquote, normal, getting back out into the community and doing our visits and monitoring seeing people face to face. You just can't take away those benefits.

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00:12:09.869 --> 00:12:15.778

Of doing those activities, and those protective measures that are needed for those folks that we serve.

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00:12:15.778 --> 00:12:20.249

And we can successfully greatly reduce the risk.

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00:12:20.249 --> 00:12:20.639

So,

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00:12:20.634 --> 00:12:21.864

by still wearing our math,

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00:12:21.923 --> 00:12:23.604

when we're resuming these activities,

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00:12:23.994 --> 00:12:26.903

still looking at some appropriate social distancing,

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00:12:26.903 --> 00:12:29.183
much like what's coming out from CDC,

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00:12:29.183 --> 00:12:33.173
even today regarding schools as the need for 3 feet of social distance,

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00:12:33.173 --> 00:12:34.403
if everybody's masking,

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00:12:35.004 --> 00:12:38.573
those are all things we can do to implement and still keep us safe,

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00:12:38.844 --> 00:12:45.774
but get back to these activities that we need because we have that the
benefits of doing that outreach outweigh the risks.

100

00:12:46.078 --> 00:12:59.183
Sorry, I got a little long winded on that 1. so what is really changed?
Well, 1st of all please understand what fully vaccinated means. People
are considered fully vaccinated if you were getting that to dose shots.

101

00:12:59.274 --> 00:13:01.644
So if you're getting Madonna or Pfizer.

102

00:13:02.394 --> 00:13:15.443
Fully, you are fully vaccinated after you've had both doses, and it's
about 2 weeks after you've gotten your 2nd dose that you were fully
vaccinated for those individuals that get the single dose vaccine that
Johnson and Johnson.

103

00:13:15.774 --> 00:13:21.594
It's also right about 2 weeks after you get that shot that you are
considered fully vaccinated.

104

00:13:24.839 --> 00:13:36.264
So, for non healthcare settings, and again, I will caveat that this is
really those guidances that were put out and met for the general public,
but in a non healthcare setting quarantine has changed.

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00:13:36.293 --> 00:13:48.173

So, if you are fully vaccinated, they're saying in a non healthcare setting, and a fully vaccinated individual does not need to quarantine for a full 14 days. If you have been exposed to someone who that Toby 19.

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00:13:48.509 --> 00:14:00.028

They do need to watch their symptoms, monitor their symptoms as long as they stay symptom asymptomatic, then you should be free to go about and do what you want to do.

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00:14:00.028 --> 00:14:04.558

There are some exceptions and I'll point that out for us in particular.

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00:14:04.558 --> 00:14:11.188

People living in a group setting, such as a correctional facility, a group home, some sort of congregate care.

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00:14:11.188 --> 00:14:23.033

Or people who are around someone who is at high risk for severe illness, then you should probably do things a little bit differently. So I'm fully vaccinated.

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00:14:23.183 --> 00:14:38.153

My mother is not she has underlying health conditions that make her high risk. So, even though I'm fully vaccinated, when I interact with her, I will still wear a mask. I will still do most of those things that I'm supposed to not because I'm concerned about me, but because I'm concerned about her.

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00:14:38.489 --> 00:14:44.818

So, for social distancing and mask use, you can gather indoors with a small small groups.

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00:14:44.818 --> 00:14:53.879

Of fully vaccinated people without wearing masks. So that was a big change and hopefully a big caveat or incentive to get folks to continue to vaccinate.

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00:14:53.879 --> 00:15:05.308

You may also gather indoors with vaccinated people from 1, single household. So think along the lines of grandma and grandpa who are fully vaccinated can now come over to the house and have dinner.

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00:15:05.308 --> 00:15:08.399

With their UN vaccinated children and grandchildren.

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00:15:09.024 --> 00:15:20.693

1 household without masks, unless again, Here's that caveat that there is someone living in that house who has an increased risk for severe, severe illness from covid 19.

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00:15:21.144 --> 00:15:30.024

so, if you in this scenario, with grandparents, if the grandparents are fully vaccinated, but they're coming over to a house that has a child who is severely immunocompromised.

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00:15:30.359 --> 00:15:43.979

Then grandma will probably need to wear masks when they come over and, or the family need to wear mask when they come over they can still visit, but you probably should still wear masks and you should probably try to do as much social distancing as possible. But you can still have that visit.

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00:15:46.379 --> 00:15:49.798

For non health care settings what has not changed?

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00:15:49.798 --> 00:15:54.149

You still need to take those basic mitigations.

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00:15:54.149 --> 00:16:02.068

As far as social dispensing crowds and publicly and poorly ventilated areas. So when you're going out in the public.

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00:16:02.068 --> 00:16:06.509

If you're gathering with a bunch of UN vaccinated people from different household.

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00:16:06.509 --> 00:16:11.548

Or if you're visiting an vaccinated person, who's increased risk of severe illness or death.

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00:16:12.594 --> 00:16:18.803

Any medium or large size gathering is a place where you still want to practice social distancing and wearing masks.

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00:16:19.224 --> 00:16:28.583

Now, CDC does not really define what is a medium, small or large sized gathering, and there's good reason for that, because it's really going to depend on where you're at.

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00:16:28.974 --> 00:16:36.504

So, for instance, I'm sitting in a conference room right now by myself that is typically slated to have 10 to 12 people in it.

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00:16:37.078 --> 00:16:50.729

Putting 10 to 12 people in here would not be a small gathering and I would need to wear a mask because there's we have our normal ventilation, but it's a small room. And if we had 12 people in here, that would not be a small gathering for this space.

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00:16:50.729 --> 00:16:54.869

If I were in 1 of our larger conference rooms that allows 50 people.

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00:16:54.869 --> 00:17:00.808

12 people kind of spaced out would be considered a small gathering. So that's why there's not actual numbers on there.

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00:17:00.808 --> 00:17:09.959

They're still recommending that you delay your travel travel is a big risk factor for exposure to covert 19.

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00:17:09.959 --> 00:17:22.763

If you have traveled or you've been in some of these groups, or you've been around someone who is sick again, this is for a fully vaccinated person. You do need to continue to watch and monitor yourself for symptoms. If you develop symptoms, you need to get tested.

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00:17:22.794 --> 00:17:25.493

And then you, you are positive, you would need to quarantine.

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00:17:28.163 --> 00:17:41.034

And then again, you still need to follow the guidances that at your workplace. So, that's the thing I was pointing out these guidances are really for an individual making decisions at home, in private, not for employers.

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00:17:41.034 --> 00:17:44.963

And so there is that is something that is important. And you need to continue to understand.

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00:17:45.894 --> 00:17:51.773

For healthcare settings, indoor visitation can be permitted with exceptions.

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00:17:52.314 --> 00:18:01.104

So, indoor visitation for UN vaccinated residents again on vaccinated residents should be limited solely to compassionate care situation.

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00:18:01.469 --> 00:18:11.219

If the positivity rate in your county is greater than 10% and less than 70% of the people in the facility are fully vaccinated.

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00:18:11.219 --> 00:18:16.259

So, what they're saying here is if you have positivity rates of greater than 10%.

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00:18:16.259 --> 00:18:24.898

I don't think there's hardly any in Missouri if any at all at this point that have that we are pretty much below 5% or right at 5%, which is great.

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00:18:24.898 --> 00:18:37.259

But if you are in a county that has a rate, that's that high and less than 70% of the folks in your facility are vaccinated. Then indoor visitations should not be occurring for an vaccinated resident.

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00:18:38.489 --> 00:18:49.888

Indoor visitation should be solely limited to compassionate care situations for vaccinated and UN, vaccinated residents that have current infections. So.

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00:18:49.888 --> 00:18:55.618

If someone is sick with Toby, they should not be having indoor visits unless it's compassionate care.

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00:18:55.618 --> 00:19:06.298

Vaccinated an vaccinated residence and quarantine should also not be receiving visitors until they have met their criteria to be released from quarantine.

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00:19:06.298 --> 00:19:15.419

And then, of course, if your facility is in an outbreak situation, it needs to follow the guidance from their local authorities and CMS, which visitation should really be paused.

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00:19:17.098 --> 00:19:30.689

Additional requirements and recommendations on visitation is that you continue to regularly vaccinate folks. Ideally a vaccinated residents who

wish to be vaccinated should not start indoor visitation until they've been fully vaccinated.

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00:19:30.689 --> 00:19:37.229

You should make sure that that visitors know the risks associated with coming into the facility.

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00:19:37.229 --> 00:19:49.108

Visitors can be screened should be screened for symptoms when they're coming in, but they are putting out recommendations that you not require them to be tested. You can offer it.

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00:19:49.108 --> 00:19:57.358

With the by next now, testing kind of things you can do that if you want, but we shouldn't be requiring them to a test as a condition of visiting.

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00:19:57.358 --> 00:20:01.378

They should still wear masks. People should still wear masks.

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00:20:01.378 --> 00:20:07.528

And then, of course, maintain that physical distancing as much as you can.

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00:20:10.259 --> 00:20:19.794

So, work restrictions, fully vaccinated healthcare workers with higher risk of exposure, who are asymptomatic, do not need to be restricted from work.

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00:20:19.884 --> 00:20:28.463

So, if you have a fully vaccinated employee who has been exposed, but as no symptoms, they don't need to be kept that of work for 14 days.

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00:20:28.798 --> 00:20:33.298

There is that exception if that employee is severely compromised.

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00:20:33.298 --> 00:20:44.009

Those who have traveled, particularly out of the country, you do need to follow those travel recommendations and I believe at this time, they're still recommending quarantine for 14 days. If you have traveled.

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00:20:44.009 --> 00:20:47.848

Fully vaccinated residents and individuals.

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00:20:47.848 --> 00:20:59.759

Should continue to quarantine if they have close contacts, outpatient should be cared for with the following recommendations. So that again, that's inpatients residence.

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00:21:01.679 --> 00:21:06.358

We will send this PowerPoint out when we're done. So folks can have this.

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00:21:06.358 --> 00:21:19.439

Quarantine is no longer recommended for residents who are being admitted to post acute care facility if they're fully vaccinated and have not had known close contact to a case in the last 14 days.

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00:21:22.344 --> 00:21:34.794

As far as testing that remains unchanged, so testing of people, if you're doing sentinel or surveillance testing, that remains unchanged testing for symptoms or outbreak testing, that remains unchanged.

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00:21:35.304 --> 00:21:46.523

The same with they have made no recommendations for the discontinuation of personal, protective equipment by healthcare professionals. Our providers, so that all still remains unchanged.

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00:21:46.858 --> 00:21:58.703

We need to continue doing them asking so there's still a lot that we don't know. And I said the evidence is growing every day and they continue to put out. They will continue to revise these things as we go through.

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00:21:59.064 --> 00:22:04.703

But as I talked about a lot at the beginning, the benefits of relaxing, some of our measures.

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00:22:05.219 --> 00:22:06.923

Such as quarantine requirements,

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00:22:07.044 --> 00:22:08.304

such as visitations,

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00:22:08.634 --> 00:22:19.794

such as allowing unmasked visits with small groups of fully vaccinated people such as going back out into the community and doing our jobs while masking social distancing,

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00:22:19.824 --> 00:22:21.683
outdoor visits as much as possible.

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00:22:22.044 --> 00:22:27.834
Those benefits all outweigh the risks because of the vaccines in the community,

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00:22:27.834 --> 00:22:34.044
because of the reduced amount of coven in the community and the ability for us to do those other mitigation things,

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00:22:34.044 --> 00:22:35.753
such as continue to social distance,

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00:22:35.753 --> 00:22:42.144
continue to do outdoor visits or visits and highly ventilated areas continue to wear the masks during the visit.

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00:22:42.534 --> 00:22:45.173
All of those things make that.

171
00:22:45.509 --> 00:22:49.019
Those activities are very low risk activity.

172
00:22:50.219 --> 00:23:01.288
Okay, so I want to move on. Actually I'm going to check the chat because I haven't checked it in a while and I know lots of things came up. So I'm going to check the chat and see if there are questions.

173
00:23:06.808 --> 00:23:17.124
Real quick so, county statuses updated. We have not been putting those on the damage website. We may get back to doing that. Specifically.

174
00:23:17.153 --> 00:23:27.894
What we were doing was interpreting all of the county data and then making a determination of visit or not or remote only visits are in person visit at this time. We're going to all.

175
00:23:28.409 --> 00:23:37.528
Um, in person as of April, 1, but on the public facing dashboard, and I will put links in a chat when I'm done speaking.

176
00:23:37.528 --> 00:23:45.384

You can look at data for your own specific county at any time you like so you'd be able to see their positivity rates.

177

00:23:45.653 --> 00:23:55.344

The number of individuals who are tested it even has the red green yellow boxes based on the federal government thresholds, or cobit in the communities.

178

00:23:57.088 --> 00:24:04.048

All right, so I am going to move now to this is the States cove is vaccine.

179

00:24:04.048 --> 00:24:12.868

Website it's covered vaccine that does and I'm showing you this for a couple of reasons. 1. I want to show you the dashboard.

180

00:24:12.868 --> 00:24:18.659

Which shows you vaccinations in Missouri and the status, and where we are at.

181

00:24:18.659 --> 00:24:22.499

So, as of today.

182

00:24:22.499 --> 00:24:29.068

We have had almost 2Million people in the state of Missouri initiate vaccine.

183

00:24:30.689 --> 00:24:33.808

I'm sorry, we've had 1.2.

184

00:24:33.808 --> 00:24:47.398

This is the number of total doses administered so we've had almost 2Million, total doses of vaccine administered in the state of Missouri. We've had almost 1.3Million people who have initiated meaning if they're getting that 2 shot series, they've gotten at least 1 shot.

185

00:24:47.398 --> 00:24:56.489

We have almost 700,000 folks that have been fully vaccinated at this point in time, which represents 21% of Missouri population.

186

00:24:56.489 --> 00:25:04.108

In the last 7 days, Missouri has administered 225,000 doses of vaccine.

187

00:25:04.108 --> 00:25:14.489

So this chart shows, a breakdown of who has been vaccinated, and this is really good. Missouri has focused this efforts on these upper age groups, because they are at the highest risk.

188

00:25:14.489 --> 00:25:23.489

Or severe coded and poor outcomes, including death. So we have made great strides in those populations and getting them vaccinated.

189

00:25:24.628 --> 00:25:27.628

But we're also seeing great uptakes here.

190

00:25:27.628 --> 00:25:41.548

In these younger populations, these are most of these individuals in here either have underlying health conditions that make them qualify, or they work in qualifying industries that would have gotten them vaccinated. If you missed the governor's announcement yesterday.

191

00:25:41.548 --> 00:25:54.114

They will be opening those additional phases. So in Missouri we were lined out with phase 1 a, which was healthcare workers by and large then there was phase 1 B, that actually had 3 different tiers.

192

00:25:54.173 --> 00:26:02.663

All of those tiers are open with the latest 1 opening on March 15th and that's allowing teachers is the big 1 to get vaccinated. That's occurring right now.

193

00:26:04.499 --> 00:26:09.028

On Monday, March, 29 phase 2 will open.

194

00:26:09.028 --> 00:26:15.568

For all of the folks in that phase to make them eligible for vaccine and on Friday, April 9th.

195

00:26:15.568 --> 00:26:19.169

Phase 3 will open at that time on April 9th.

196

00:26:19.344 --> 00:26:27.804

Any 1, in the state of Missouri age, 16, and over, who once a vaccine will be eligible to get a vaccine. So please make note of those dates.

197

00:26:27.834 --> 00:26:36.864

If you or your friends or family have not yet been deemed eligible to get vaccinated March 29th phase 2 becomes eligible and April 9th phase 3 becomes eligible.

198

00:26:39.023 --> 00:26:53.874

What's really handy about this particular site is we do have vaccination data by county. This is Joplin. This is Kansas City. They have their own independent health departments, and they cross county lines so they report numbers just on their.

199

00:26:54.148 --> 00:26:57.239

Municipal jurisdiction of Joplin or Kansas City.

200

00:26:57.713 --> 00:27:10.794

But you can see by looking at this chart, what rate what percent of the population in your county has initiated vaccine so, their county 23% of individuals in a dare County, have initiated vaccine.

201

00:27:10.794 --> 00:27:12.743

You can see.

202

00:27:13.888 --> 00:27:19.709

How many doses have been administered in the last 7 days you see the raw numbers of people who have been vaccinated.

203

00:27:19.709 --> 00:27:24.509

This can be sorted so if I want to see it based on percent of population.

204

00:27:25.044 --> 00:27:36.173

You click right there. Hopefully, it'll speed up real quick and give it to me. It always go slow and I'm trying to show it. And then you can see which counties have the highest percentage of individuals that have initiated vaccine.

205

00:27:36.773 --> 00:27:46.134

So it is, or you can look and see as far as doses administered if that's what's important to you or you want to see numbers of people that have initiated.

206

00:27:46.614 --> 00:27:59.844

Vaccine in your county, you can click here to see that. So, St Louis county makes sense. Biggest population center in the state has the most dose is administered followed closely by Kansas City and Saint Charles and Jackson those all make sense.

207

00:28:00.173 --> 00:28:06.413

But this is be really handy for you when you're looking at things and trying to decide how much vaccine has been in your community.

208

00:28:08.608 --> 00:28:14.638

Let me text my list real quick so.

209

00:28:16.019 --> 00:28:29.693

For what I have on my agenda, part of it was for your next meeting, I think, is scheduled for April. 2nd. So I wanted to also put that out there as a date for you guys. And then to talk just a little bit.

210

00:28:29.693 --> 00:28:31.374

I'm going to stop sharing my screen now.

211

00:28:31.709 --> 00:28:37.528

About the by next now testing.

212

00:28:37.528 --> 00:28:40.223

We are still working with our friends at health,

213

00:28:40.284 --> 00:28:49.374

we hope to have something out to everyone relatively soon for facilities or providers who wish to use by next testing,

214

00:28:49.374 --> 00:28:50.903

either with your residence,

215

00:28:51.294 --> 00:28:52.523

or your visitors,

216

00:28:52.523 --> 00:28:53.483

or your staff.

217

00:28:53.788 --> 00:29:06.328

By next now is a rapid antigen test and so there will be information coming out about that. How you can do it the steps you have to take requirements that you will need to do.

218

00:29:06.328 --> 00:29:14.578

So, that information will be coming out fairly soon ready, gone over the vaccinations for.

219

00:29:14.578 --> 00:29:25.854

I wanted to talk a little bit about the marketplace so, for those of you who remember the state of Missouri put together a marketplace this was done through the Department of economic development.

220

00:29:26.124 --> 00:29:40.824

It allowed a kind of a 1 stop shop where folks who needed could go in and find people who manufactured and get hooked up and connected with them. So that you could order. That wasn't a time. When was almost impossible to get your hands on.

221

00:29:41.159 --> 00:29:46.979

That TV marketplace will be shutting down as of April. 1st.

222

00:29:46.979 --> 00:30:01.763

So you won't have that resource to go to you can still utilize if you were working through that resource, and you identified providers who were providing you and you've been working with them. You can continue to work directly with those individuals and access through them.

223

00:30:01.763 --> 00:30:14.453

The marketplace will just no longer be active for those of you who may have at 1 point in time, or are currently requesting from the state of Missouri through the Department of health and senior services. That will continue.

224

00:30:14.933 --> 00:30:24.173

You will be able to continue using that as a resource and requesting things from them. And actually I'm going to share my screen 1 more time.

225

00:30:24.173 --> 00:30:32.814

Because that made me think of something in the PowerPoint from today that I will show you really quickly. And hopefully you can see it because it's a little bit hard to read.

226

00:30:33.503 --> 00:30:38.094

But this is the type of that is available at the state level.

227

00:30:38.334 --> 00:30:49.824

So if you see it in yellow, there's a couple of and 95 type masks that are special request only because they're in very small quantities but things that are in green procedure mask, surgical masks.

228

00:30:49.824 --> 00:31:01.074

Isolation gowns, base, shield, goggles, gloves. They have received some additional gloves in so many of these gloves that are yellow will be going to green.

229

00:31:02.969 --> 00:31:17.304

So, that information is out there, and you'll continue to be able to request that through the department. So I'm going to go back to the chat again because I think several things have come in a stop sharing.

230

00:31:17.634 --> 00:31:19.824

And I'll try to answer any questions that you have.

231

00:31:25.169 --> 00:31:36.209

So, as far as the screenings I've seen 1 in there about have the need to check temperatures before entering sites, some hospitals have stopped this.

232

00:31:36.209 --> 00:31:47.483

Screenings are still recommended, but they're not really required and so it's going to be dependent upon how you want to operate and what you want to do. What? I can tell you the facilities.

233

00:31:47.483 --> 00:31:58.253

We are continuing to do screenings, but in some of our facilities, we're not doing screenings of staff who are fully vaccinated. So there's definitely some flexibility in this.

234

00:32:01.979 --> 00:32:12.628

How would you know, if people in residential settings have all been vaccinated or not in the home? I have consumers that are not getting the vaccine. That's a really good question.

235

00:32:14.519 --> 00:32:24.838

I'm not 100% sure if you can as if you're the ones operating the residential setting, if you can ask those questions or not or if you're simply providing staff or folks in there.

236

00:32:24.838 --> 00:32:30.929

Um, so that's something you may need to just talk through with the individuals or with your.

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00:32:30.929 --> 00:32:35.548

With your providers as far as how you're gleaning that information.

238

00:32:37.588 --> 00:32:45.148

Harry, yep, we might need to go through some of these questions in the chat and answer them as.

239

00:32:45.148 --> 00:32:49.378

Has questions and our follow up.

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00:32:49.378 --> 00:32:53.669

Some of this, we'll just need to interpret through the divisions.

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00:32:53.669 --> 00:32:59.009

Um, eyes to, and translate some of that CBS guidance for the division.

242

00:32:59.009 --> 00:33:11.308

So, agreed, I imagine we're going to get a lot of questions on this. So, 2, we may just need to answer some of these. If we have some extra time at the end, maybe we can come back to that. How.

243

00:33:11.308 --> 00:33:18.388

What do you think? Yeah, I agree. There is 1 in here, though that I do want to address.

244

00:33:18.388 --> 00:33:30.838

About asking about that, you shouldn't go into homes unless consumers and staff are all fully vaccinated. That's actually no, that's not what we're saying.

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00:33:30.838 --> 00:33:34.828

There are still all of those mitigation efforts still work.

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00:33:34.828 --> 00:33:45.479

So, I did just want to put that out there on that particular 1 doing our, our work is not going to be predicated on every single individual in the interaction being fully vaccinated.

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00:33:45.479 --> 00:33:56.219

But, yes, Wendy, I agree. We'll look through the rest of these questions and maybe we'll be able to do some of them here or we'll have to put them out afterwards.

248

00:33:56.219 --> 00:34:02.909

Yeah, all right that is all that I have.

249

00:34:02.909 --> 00:34:07.229

So, I will turn it over to, I think.

250

00:34:07.229 --> 00:34:11.188

Oh, Andy's not on I think we'll turn it over to Leslie at this point.

251

00:34:11.188 --> 00:34:15.418

Thanks Carrie. I just have a few things.

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00:34:15.418 --> 00:34:21.929

We're currently an informal request for additional information, or with on the comp renewals.

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00:34:21.929 --> 00:34:28.079

And the kids we're working through those, those are due to, by March, 2009.

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00:34:28.079 --> 00:34:38.009

The division has also submitted to mental health net for their review and appendix K addendum for the comp, this community support the partnership and the market waivers.

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00:34:38.009 --> 00:34:50.548

Requesting to add the health assessment and coordination services for individuals receiving home and community based waiver services to coordinate care with local emergency rooms. Urgent cares and primary care physicians.

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00:34:50.548 --> 00:34:56.369

You'll probably recognize this is the type of service that is currently being provided by station. M. D.

257

00:34:56.369 --> 00:35:04.228

And last the division is working on a table to list out the code and 19 flexibility is approved to the appendix K.

258

00:35:04.228 --> 00:35:11.398

The 1135, and all the division memos that have been posted. So, as soon as that is complete, we will be posting that as well.

259

00:35:11.398 --> 00:35:15.148

So, I'll turn it over to Wendy. Thanks.

260

00:35:16.889 --> 00:35:27.954

Thanks, Leslie. Good morning. Everybody I know you've gotten a lot of really good information about what is coming out in the CMS and CDC guidance.

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00:35:28.733 --> 00:35:43.134

We will continue to review that and digest it right along with you and be updating our guidance on the website with with information but I'm going to spend my time just really focusing in on the

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00:35:43.134 --> 00:35:49.704

monitoring pieces and the support coordination monitoring pieces that we said we're returning the in person monitoring on April,

263

00:35:49.704 --> 00:35:58.463

1st is broader along a lot of questions that have been really good and your questions really do help us to improve our guidance and be clearer about it.

264

00:35:58.463 --> 00:36:11.063

So, keep the questions coming. I think what I really want to remind people is that we've done this before we've had the county map where we move in and out of remote monitoring and in person monitoring.

265

00:36:11.483 --> 00:36:13.373

So you've done this before,

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00:36:13.373 --> 00:36:14.603

and it's like,

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00:36:14.634 --> 00:36:15.563

it's just like,

268

00:36:15.563 --> 00:36:18.594

that monitoring is,

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00:36:18.744 --> 00:36:20.273

as Carrie pointed out,

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00:36:20.813 --> 00:36:24.054

it's a critical part part of our work that we do,

271

00:36:24.443 --> 00:36:28.704
and it's a critical component of our safety net for our entire system.

272

00:36:29.094 --> 00:36:29.903
So,

273

00:36:30.594 --> 00:36:38.063
it is not the same support coordinators are not visitors in the home and
with where we are in the state,

274

00:36:38.063 --> 00:36:39.864
with our prevalence levels,

275

00:36:40.344 --> 00:36:42.114
our vaccination levels,

276

00:36:43.134 --> 00:36:46.074
immunity that people have gotten from having coven.

277

00:36:46.463 --> 00:37:00.983
And the mitigation efforts that we put in place is is a pretty low, low
risk activity and we just have to get back out and start seeing people
where they live in person to ensure that they are safe.

278

00:37:00.983 --> 00:37:03.324
And the services are being delivered, is required.

279

00:37:03.324 --> 00:37:16.824
It is just it's apart as a requirement of receiving service so we do
everything we can to protect folks, but we've got to start getting back
out there and we know that this is going to be a transition.

280

00:37:17.244 --> 00:37:28.074
So, we can't wait for everybody to be vaccinated because, as Carrie
pointed out, not everybody will choose to get vaccinated. And those are
risks that they take as, and make decisions.

281

00:37:28.074 --> 00:37:37.014
They make as individuals and and live with those risks. But we need to
start resuming some of our more normal activities.

282

00:37:37.463 --> 00:37:50.123

So we had a question come up about in person meetings and in person means you are physically in the presence of the individual as opposed to virtual, and you're seeing them using technology.

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00:37:50.123 --> 00:37:53.844

That is not we talked about it as face to face meetings,

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00:37:53.844 --> 00:37:59.514

but what we're really talking about is face to face in person meetings as you are physically present,

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00:37:59.543 --> 00:38:10.793

not seeing them through a virtual piece of technology in person can include a combination of in home and open air monitoring to support the transition.

286

00:38:11.094 --> 00:38:21.773

So there's a lot of anxiety out there amongst people who even have been vaccinated, maybe be fully vaccinated, but it's been a long time since they've been out.

287

00:38:22.224 --> 00:38:29.364

And so there is a lot of anxiety about resuming some of those activities that everybody needs to really tune into.

288

00:38:29.364 --> 00:38:35.543

And how do we help to transition people to a comfort level where they feel good and,

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00:38:35.994 --> 00:38:45.143

and safe about going out and having other people around the isolation is always been a fear of what can come from that.

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00:38:45.143 --> 00:38:48.713

And now we're going to start seeing some of the implications of that,

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00:38:48.713 --> 00:38:49.164

I believe,

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00:38:49.164 --> 00:38:50.543

and the weeks to come,

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00:38:51.563 --> 00:39:01.434

there's been questions about holding meetings and we do believe that in person is considered best practice that everybody can sit around the table and meet together.

294

00:39:01.704 --> 00:39:12.684

But again, it has to depend upon the individual circumstances, and that may necessitate some flexibility. If people aren't fully vaccinated in the home and it's.

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00:39:13.079 --> 00:39:20.519

You know, difficult to social distance. You may need to invite some people virtually still at this point and then.

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00:39:20.519 --> 00:39:25.440

Just work through it and transition over time as you can.

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00:39:27.630 --> 00:39:37.554

You know, these are just not black and white decisions, which makes it so difficult and really does make it difficult to answer. Some of the questions that come about.

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00:39:37.795 --> 00:39:45.655

There's just a multitude of factors that have to be considered and as a division, we can't just lay out and say this is how it is.

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00:39:46.949 --> 00:39:50.880

We can't anticipate every situation in it.

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00:39:50.880 --> 00:39:59.190

Research and, and so provide support, coordinate, are going to have to work work together to figure out what is appropriate.

301

00:40:00.360 --> 00:40:04.230

Are yet given the circumstance.

302

00:40:04.735 --> 00:40:10.135

Stance of the individual kind of just in process is necessary,

303

00:40:10.135 --> 00:40:14.034

but when we talk about going back to in person monitoring April 1st,

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00:40:14.335 --> 00:40:15.474

we are talking about,

305

00:40:15.474 --> 00:40:17.605

you're either doing an open air visit,

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00:40:17.844 --> 00:40:22.405

or you're talking to them through the window through a door through the patio door screen,

307

00:40:22.675 --> 00:40:25.525

but you're seeing them you're able to see some of the house,

308

00:40:25.855 --> 00:40:31.885

or you are using all appropriate precautions and entering the home.

309

00:40:31.885 --> 00:40:37.164

I know that some providers and have expressed that they are.

310

00:40:37.349 --> 00:40:50.545

Comfortable and ready to do that. And so you may absolutely do that as you all determine your comfort level actually getting in the home versus the open air visit and there's going to need to be flexibility about that.

311

00:40:50.545 --> 00:41:04.644

But you need to be thinking through what a transition plan is the divisions going to provide more guidance. It will be we will be digesting all the guidance that's come out that Kerry was referencing earlier.

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00:41:04.885 --> 00:41:19.614

There's a lot of it. And our circumstances can be really different. So, we will be digesting that and updating our guidance as it's appropriate keeping in mind as guidance that we put out.

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00:41:19.614 --> 00:41:27.264

It's not regulation, but we hope to have more information out to you early next week. So.

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00:41:28.530 --> 00:41:31.650

Like I said was going to take a lot yes.

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00:41:31.650 --> 00:41:41.005

Just just real quick I'm sorry to interrupt, but kind of watching the things on the chat 1 of the things I wanted to make. Sure. Folks know, and know how to use.

316

00:41:41.005 --> 00:41:54.264

I think we've shared it with you all before, but just to bring it to the forefront for everyone again, at this Kobe vaccine, that mode on the website, they list vaccination events all around the state.

317

00:41:54.630 --> 00:42:03.900

It will tell you if it's a booster only event, meaning that the 2nd dose. So you can't really register if you haven't initiated because they're doing folks who getting their 2nd dose.

318

00:42:04.315 --> 00:42:16.614

But they tell you, if it's open, for instance, these that are in Johnson county for March, 30th, 31st, they have a button for you to click to register. I have registered my own kids through vaccine. Navigator. Val won't mind that.

319

00:42:16.614 --> 00:42:30.655

I'll still, I'm sure she may have already told you, she registered her family members through this. You get notifications of when vaccine is available in your area when there are events going that. You are eligible to sign up for most of you are all probably eligible already.

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00:42:30.655 --> 00:42:35.304

So you would start getting notification that will be 1 flat counting on March 26.

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00:42:37.614 --> 00:42:51.565

That you can register for, and it goes all the way through the update this all the time with these different events. So there's lots of events going on around all, around the state that you can register for to go and get vaccine several in St. Charles. St.

322

00:42:51.565 --> 00:42:55.014

Louis city, but also in the other regions of the States.

323

00:42:55.559 --> 00:43:01.349

And those I know are boosters only, but they will be getting back to them. Callaway county status. I'm going on.

324

00:43:01.349 --> 00:43:08.099

So you can come to this site and register, and they will bring you, they will send you emails and text.

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00:43:08.099 --> 00:43:12.510

When these events are going on to get, you signed up.

326

00:43:12.510 --> 00:43:19.530

You can click here for the register now button you don't have to go and look for your specific region, or your specific counties events.

327

00:43:19.530 --> 00:43:30.750

And you come in and complete this registration information. This is really painless. Like I said, I've done it. I've registered both of my children who are both over age 16. I haven't gotten notices yet, because they're not yet eligible.

328

00:43:31.195 --> 00:43:44.875

But you answer their questions, you fill in the information, and it will tell you what phase or tier that you are in. And if you are eligible and if you are eligible, you will start getting notifications to get you signed up to get that vaccine.

329

00:43:44.875 --> 00:43:59.065

So, I wanted to make sure everyone is fully aware that this tool is out there to help you your staff. It'll get a little bit more difficult. May be complicated for consumers, but certainly for you, and all of your staff and people who are wanting to get vaccinated.

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00:43:59.304 --> 00:44:01.974

This is a great way to do it. And in addition.

331

00:44:02.844 --> 00:44:14.815

Walmart Heidi, they are also Sams clubs. They're registering folks through their systems so you can check your local stores to see if they have a way for you to sign up.

332

00:44:14.815 --> 00:44:18.804

They are also doing vaccinations around the clock.

333

00:44:19.110 --> 00:44:23.219

At those facilities as well so lots of opportunities to get vaccinated.

334

00:44:23.219 --> 00:44:27.389

Sorry, thank you Wendy for funding me. Interrupt. I just wanted to share that briefly with folks.

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00:44:29.489 --> 00:44:32.579

Okay.

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00:44:33.780 --> 00:44:34.349

So,

337

00:44:34.855 --> 00:44:35.304

sorry,

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00:44:35.304 --> 00:44:36.534

if I'm going to repeat a couple,

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00:44:36.534 --> 00:44:42.744

I'm going to find my place here just reminding folks that tcm's,

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00:44:42.744 --> 00:44:43.284

you know,

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00:44:43.284 --> 00:44:48.835

what is in your contract and what you need to provide as a part of the monitoring requirements.

342

00:44:49.585 --> 00:45:04.284

And you're gonna have to build some of your business decisions around how you meet those requirements and the, the guidances out there, and just going to take a lot of coordination and problem solving and partnership with families and providers.

343

00:45:04.284 --> 00:45:18.505

So, I think we're all up for that. That challenge, and we will help sort through things as best we can in terms of the regional offices and operations. The regional offices will be opening up by appointment.

344

00:45:18.534 --> 00:45:24.355

Only all the state departments are currently working through plans to resume operations. And what that.

345

00:45:24.630 --> 00:45:32.994

Looks like everybody has, I think, found that the remote work has been successful in many cases.

346

00:45:32.994 --> 00:45:46.494

So everybody statewide is assessing job functions it can be successfully accomplished remotely versus in the office at what the technology needs are for going on long term with remote work.

347

00:45:46.494 --> 00:46:01.405

Physical space do we need all the space that we currently have if we're going to have a remote workforce employee satisfaction is a big part of it and we'll probably lead to some positions being a hybrid model and so just revising

348

00:46:01.585 --> 00:46:05.364

our policies to align with those decisions will take us some time so.

349

00:46:06.750 --> 00:46:16.914

I wouldn't wait on us to make any of, you know, to mom off any of your remote decisions because as a state, we can move kind of slow sometimes. So it's going to take us a bit.

350

00:46:17.275 --> 00:46:23.875

But we are also resuming our monitoring through tax will also be going back.

351

00:46:24.119 --> 00:46:31.889

Out in the field and working with providers on a case by case basis if there's issues or concerns around that.

352

00:46:31.889 --> 00:46:44.969

I just had 3 questions that came in. I think that they were pretty much answered in the text that are in. You know what I have said so I will, I'm going to skip over those in the interest of time and.

353

00:46:44.969 --> 00:46:49.469

I will respond to those and in the questions after the.

354

00:46:49.469 --> 00:46:53.699

After the webinar thanks everybody and I'm going to turn over to clay.

355

00:47:04.139 --> 00:47:19.019

Play you're on mute let's try this again. Good morning. Folks I was asked to talk about 2 topics. The 1st, 1, that I'm going to go through is.

356

00:47:19.019 --> 00:47:26.639

A question that we received about how long the relief that we have from the.

357

00:47:26.639 --> 00:47:34.349

Llc being tied to an assessment that is 2 years older or earlier.

358

00:47:34.349 --> 00:47:46.440

How long that lasts for so you might remember that we have 2 avenues that we sought to to get some relief from rules and regulations. 1 of those was tied to.

359

00:47:46.440 --> 00:47:53.219

The state declaration of emergency and 1 was tied to the federal.

360

00:47:53.219 --> 00:48:00.420

The LMC 1 that allowed us to use assessments up to 3 years old was tied to the federal.

361

00:48:00.420 --> 00:48:05.099

So, as you might have heard on earlier sessions.

362

00:48:05.099 --> 00:48:09.900

We were able to get that extended to 6 months after.

363

00:48:09.900 --> 00:48:14.670

The termination of that state of emergency, so for the foreseeable future.

364

00:48:14.670 --> 00:48:23.730

Now, we're still going to be able to use copies violins, whatever we use for that level of care formal determination.

365

00:48:23.730 --> 00:48:32.429

That is up to 3 years old. Now, that doesn't mean that we don't need to pay attention to those dates because we're going to come up on some this year.

366

00:48:32.429 --> 00:48:35.730

That are going to exceed that 3 year.

367

00:48:35.730 --> 00:48:40.019

Timeline so we'll have to pay attention to it, but it does not end.

368

00:48:40.019 --> 00:48:45.360

On March 31st, because it's tied to the federal appendix K.

369

00:48:45.360 --> 00:48:50.369

Avenue that we use to get really from that particular rule.

370

00:48:50.369 --> 00:48:53.610

Hope that helps. Secondly.

371

00:48:53.610 --> 00:49:02.550

As some of you might be aware and you're probably tired of me talking about this over the years. It's been our intention to.

372

00:49:02.550 --> 00:49:08.610

Replace our current assessments with a new assessment.

373

00:49:08.610 --> 00:49:14.550

The Missouri adapted ability scale the 1st, kind of phase of that is about to kick in and.

374

00:49:14.550 --> 00:49:20.159

So, Missouri's contract with a which is the organization that.

375

00:49:20.159 --> 00:49:23.190

Developed and owns the.

376

00:49:23.190 --> 00:49:29.610

That ends at the end of June this year and division is not renewing that contract.

377

00:49:29.610 --> 00:49:36.900

Instead, we're going to be able to transition over to the, as you can call it mass or mass.

378

00:49:36.900 --> 00:49:43.289

At that time, we'll actually do it a little bit earlier than that a couple of weeks before probably.

379

00:49:43.289 --> 00:49:50.369

Here are the advantages of going that route. The main 1 is it's a much shorter assessment.

380

00:49:50.369 --> 00:49:53.489

To administer.

381

00:49:53.489 --> 00:50:00.539

So, it only takes maybe 30 to 45 minutes as compared to 2 hours to administer.

382

00:50:00.539 --> 00:50:03.570

We need 1 informant rather than to.

383

00:50:03.570 --> 00:50:09.869

Is able to be administered either in person or over the phone.

384

00:50:09.869 --> 00:50:13.110

Actually, through Webex would work.

385

00:50:13.110 --> 00:50:18.630

So, we've got the ability to to really meet the needs out there.

386

00:50:18.630 --> 00:50:31.320

We're currently developing the last part of the training that we're going to do in order to get the administrators to be able to give the mass.

387

00:50:31.320 --> 00:50:34.500

That will take place and the next few weeks.

388

00:50:34.500 --> 00:50:40.139

There'll be a period during which we're going to ask if it's possible.

389

00:50:40.139 --> 00:50:45.750

That when a person gets a basis that they also receive.

390

00:50:45.750 --> 00:50:49.260

The mask, they don't have to do it at exactly the same time.

391

00:50:49.260 --> 00:50:52.500

I'd like to have that available.

392

00:50:52.500 --> 00:50:56.159

If possible just to make some last minute checks.

393

00:50:56.159 --> 00:51:01.110

I've got my current stats, allow me to predict scores.

394

00:51:01.110 --> 00:51:05.369

Actually, a little better than a new says, predicts an old score.

395

00:51:05.369 --> 00:51:11.550

But, you know, that's somewhat theoretical and I want to make sure that we get this as good as we can get it.

396

00:51:11.550 --> 00:51:16.349

The intent is not to lower rate allocation scores.

397

00:51:16.349 --> 00:51:23.219

The intention is not to have providers, make less or more money.

398

00:51:23.219 --> 00:51:28.650

And content, it's really just to provide a better assessment experience.

399

00:51:28.650 --> 00:51:32.550

And do it more efficiently, take less staff time.

400

00:51:32.550 --> 00:51:38.940

So, yeah, N. A. S. is the name, Missouri adaptive ability scale.

401

00:51:38.940 --> 00:51:44.190

So this is a scale that we've been developing over the course of several years with.

402

00:51:44.190 --> 00:51:50.190

Missouri Institute, mental health, it's a norm referenced assessment and it goes by age.

403

00:51:50.190 --> 00:51:54.239

And as we said, the intent long term is to have it replaced.

404

00:51:54.239 --> 00:52:07.739

The violin will copy the PO in and the so the other assessments can't be moved over to the new immediately because that requires a CSR change.

405

00:52:07.739 --> 00:52:14.280

And we're in the midst of working through that very long and complicated process. So.

406

00:52:14.280 --> 00:52:18.449

In any case, so short versions of both of these things.

407

00:52:18.449 --> 00:52:23.670

The need to get a new.

408

00:52:23.670 --> 00:52:28.500

For a level of care remains.

409

00:52:28.500 --> 00:52:33.360

Remains unnecessary if the copy or diamond is less than 3 years old.

410

00:52:33.360 --> 00:52:36.480

And That'll stay that way in the procedure for future.

411

00:52:36.480 --> 00:52:40.860

As it relates to the level of care assessment and then, secondly.

412

00:52:40.860 --> 00:52:50.969

Sometime around the end of June, we'll transition from using the for rate allocation scores to the N. A. S. so.

413

00:52:50.969 --> 00:52:56.250

Questions please, I'll leave them and we'll get back to you about that, but.

414

00:52:56.250 --> 00:53:01.949

That's the information. How do I do that? I get close to the right amount of time.

415

00:53:01.949 --> 00:53:13.230

I hope so, and I believe that wraps us up for today. I don't see any additional questions coming in about that.

416

00:53:13.230 --> 00:53:24.389

So, thank you everyone. Oh, let's see. Just a 2nd, there is 1 question there. Clay that came into me. It says we'll support coordinators, be giving the new math.

417

00:53:24.389 --> 00:53:28.139

Probably not the.

418

00:53:28.139 --> 00:53:42.804

It's certainly not for the replacement for the. We're, we're gonna have to wait and see what the time requirement actually ends up being in a real world situation. Like I said, what we've done.

419

00:53:42.804 --> 00:53:50.545

So far suggest that we can greatly reduce the amount of time that families and individuals and staff members spend doing assessments.

420

00:53:50.789 --> 00:53:58.260

If that's the case, then we can probably move ultimately to having it all done by division staff.

421

00:53:58.260 --> 00:54:04.349

But immediately for the be done by.

422

00:54:04.349 --> 00:54:11.820

Of the same kind of folks, the same folks actually who were doing the interviews. We're just going to switch the folks.

423

00:54:11.820 --> 00:54:14.909

Over to M. A. S folks.

424

00:54:14.909 --> 00:54:22.050

Okay, and then 1, other question was how long to change the PSR.

425

00:54:22.050 --> 00:54:31.650

I wish I knew, you know, if I was a magic 8 ball and ship it real hard, I would say.

426

00:54:31.650 --> 00:54:37.380

A year and a half 2 years I wish it wasn't, but that's.

427

00:54:37.380 --> 00:54:45.565

Seems to be what we hear. All right and with that, we have kept everyone for almost a full hour today.

428

00:54:45.565 --> 00:54:55.824

So, we're only giving you 3 minutes back, but thank you for joining us and be watching for our next series Friday webinar registrations to come out very soon. Thanks. Everyone.