

WEBVTT

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00:00:14.308 --> 00:00:19.439

I just gave a great introduction to that while I was on mute. So chalk that 1 up to me.

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00:00:19.439 --> 00:00:24.089

Um, so we have a fairly full agenda.

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We shouldn't run too long, but lots of items to cover today.

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00:00:27.750 --> 00:00:30.750

So, I will go ahead and turn that over to you about.

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00:00:31.734 --> 00:00:44.575

All right, thank you. Hi guys. Good morning. Everybody sorry I missed you 2. weeks ago. I took a day off with my kids, and we had a good time, but we're back at it today. Ask you some update real quick. We did.

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00:00:44.575 --> 00:00:55.195

I just got off with using cell call mothers positivity rate right now is between 4.3 and 4.6%. Our rates per 100,000 are below 9 people per 100,000 residents that are positive.

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00:00:55.195 --> 00:01:08.275

Are reproductive for the state is also below 1 and what that reproductive rate means instead for every person that's above 1 that means that every person who has coveted is transmitting to someone,

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00:01:08.275 --> 00:01:10.254

if that rate is below 1,

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00:01:10.254 --> 00:01:14.515

that means that transmission is not taking place and so,

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00:01:14.515 --> 00:01:17.394

you want that reproductive rate below 1?

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I know we've been getting a lot of questions from folks lately about what are all the things you look at to make decisions about resuming visits, monitoring activities and the community.

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00:01:32.844 --> 00:01:47.605

And it's not just 1 thing, it's all of these different things and you really need to look at them over 7 days and over 14 days because of how things get reported to the state. And while the state is monitoring that reporting progress.

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00:01:47.965 --> 00:01:58.974

That's why we look at all of the different areas. So, with that said all of those numbers look good. What we are seeing in our positivity rates, though, is a slight uptick.

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00:01:59.004 --> 00:02:03.415

So, earlier this week, that positivity rate was between 3.9 and 4.3%.

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00:02:03.745 --> 00:02:18.414

So, at this point, we're not concerned, but we are monitoring that because it could be that we just got a bunch of positive results that we're waiting for some negative result to counter that. Because we're at that low positivity threshold for now.

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00:02:18.414 --> 00:02:31.794

So we are monitoring that, and we will continue to monitor to that for all of the activities and make sure you guys are aware of that as well. Our data community case number for March were the lowest that they have been since started a pandemic.

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00:02:31.794 --> 00:02:35.455

If you'll recall last year in April May and June,

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we would see between 19 and 21 individuals per month,

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in community services testing,

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positive for cobit March ended up with 21 people testing pub dev or cobit that are supported in the community.

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00:02:47.935 --> 00:02:58.854

So those are numbers. We really like to see all that in doesn't mean we stopped doing those important things like testing wearing our mask, washing our hands following social things.

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00:02:58.854 --> 00:03:03.985

So please continue to do those things on the testing side.

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00:03:08.125 --> 00:03:21.805

1 of the probably, and I expect this will get pushed pretty hard across the country over the next few months. In the summer. Is that rapid antigen testing? It's the product is really called by next now.

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00:03:22.224 --> 00:03:35.365

And the Department of coleson senior services is going to make that antigen testing available to our community providers. There's no cost in terms of the test various costs in terms of time and doing the test.

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00:03:35.814 --> 00:03:42.715

So on April, not not actual monetary costs. You're writing a check to somebody, but costs to your organization.

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00:03:42.715 --> 00:03:52.884

So I want to make sure we do know that, but the, by next now, testing help and senior services is going to lead that and introduce our community providers to that bind that now.

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00:03:52.884 --> 00:04:04.854

Otherwise known as agent testing, or rep testing that is scheduled for on April 6, which is next Tuesday from 12 to 1 noon to 1. to over the lunch hour.

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00:04:05.125 --> 00:04:17.545

We've sent information out via our targeted case manager tax and our PR staff to all providers. If you've not gotten that information, please go through your regional office so that they can get you that information.

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00:04:17.814 --> 00:04:21.144

If that information didn't filter down to you or filter up to you,

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00:04:21.144 --> 00:04:26.995

and you are interested please make that request again that call Tuesday,

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April 6 during the noon our,

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00:04:29.935 --> 00:04:42.084

we will be recording that so that we can make it available to folks as more information comes out so that they know how to access antigens last by next now bus,

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00:04:42.084 --> 00:04:50.035

rapid testing how we still use rapid testing and then department we for our congregate care facilities.

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00:04:50.064 --> 00:05:04.045

We are using rapid testing. Usually tried to do that twice a week. We don't necessarily do it with all staff. We always use it in the event of an outbreak, but we are trying to just make sure we know.

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00:05:04.045 --> 00:05:07.345

We're still continuing our testing rhythm, although we have scale that.

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00:05:07.350 --> 00:05:12.809

Quite a bit we are actually now to the point that we're not using testing much at all.

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00:05:12.809 --> 00:05:25.949

I want to say that at all because we are still doing a lot of it, but not to the level that we were doing and we are relying more on the by next now testing. Also we are following up any positive by next now test.

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00:05:25.949 --> 00:05:34.012

With a test, and that's the nasal swabs test either self administered or up the nose or you go somewhere to get that done.

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00:05:35.093 --> 00:05:49.704

I have we do that predominantly because we know that by next now track positivity but the, by next now cannot tell us if that is a positive test for what we can term as regular cobit.

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00:05:50.004 --> 00:06:02.483

And if that is a positive test for 1 of the variance, the variance that we're all hearing about, and so we strongly encourage everyone to follow up a buying for an antigen test with a test.

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00:06:02.483 --> 00:06:12.564

If it is positive also, sometimes by next will reveal a false positive inside the can follow up and and and get you additional information.

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00:06:12.803 --> 00:06:19.793

If someone does test positive on a test, we do treat that as a positive until we know differently.

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00:06:19.824 --> 00:06:32.454

So, and and we've come across some very unique situations across the state, but please recognize we do a lot of testing and so we can address those assets come up and we can support you in doing that, too.

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00:06:32.454 --> 00:06:46.374

But not not a lot very, very cute, but no, no testing method is perfect. We all know that it's great to be able to make that available to everybody and affordable also. And we don't have this information yet.

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00:06:46.403 --> 00:06:48.684

Hopefully, I will have it by end of day today.

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00:06:49.673 --> 00:07:00.564

Has said that if I don't, we will definitely get it out early next week, but community testing locations will be changing across the state. So please look for that information to come out to community testing.

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00:07:00.834 --> 00:07:14.454

It's still a very important option that we have available to the residents here in Missouri. So that's what we've kind of got on the fusion cell and the testing update. Of course, the other thing that's really important when we're looking at all of this is vaccinations.

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Please. Remember that all Missouri adults are eligible for Kobe vaccinations starting on April 9 not Monday next Monday.

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Everybody over 18 is eligible for code vaccination. They are working on setting up a lot of mass mass vaccination sites next week and even the week after that.

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Also, we do expect that sometime in the next month of April, our supply will probably outlay our domain. And even when we're looking at ordering numbers for vaccines, we're starting to see that.

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I mean, we were continually seeing the demand was always higher than the supply. We're starting to see that level off so please make sure you spread that message too far in live.

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00:08:02.033 --> 00:08:12.834

Also anyone age of 16 to 18 can get the Pfizer vaccination and there are certain places where that's available. I know Heidi is only doing Pfizer vaccination.

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00:08:13.463 --> 00:08:17.363

So, if you've got a 16 to 18 year old that you want to get vaccinated.

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Some of them may already be eligible if they have after school jobs, or if they are high risk. But also after April 9th, all of those will be eligible to advisors the vaccine that it's approved for 16 to 18 year old.

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00:08:32.094 --> 00:08:43.104

Another thing that we are working on at the state level, if we are data matching individuals that are in our system with those that have been reported to health and senior services as being vaccinated.

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So, just so, you know, for protection of information, we send them the list of our individuals. They send back to us percent.

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00:08:50.364 --> 00:08:58.494

So I still can't tell you I can't take data from health and senior services and check a box in the DD in our computer system.

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00:08:58.734 --> 00:09:13.644

That says someone has been vaccinated or not, but what I can do is I can look at percentages by age by type of service. So those are things that we are going to be working on so that we can possibly and maybe even by region.

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00:09:13.913 --> 00:09:21.114

So, we can start continue to work on our vaccination efforts. So I look forward to sharing that data with you as soon as we get that available.

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00:09:21.389 --> 00:09:29.129

A vaccine hesitancy is really, you know, the early so we've been doing vaccinations now since.

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Mid December really? In Missouri about December 21st.

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00:09:32.004 --> 00:09:32.364

So,

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00:09:32.364 --> 00:09:32.543

December,

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00:09:32.543 --> 00:09:33.234

January,

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00:09:33.264 --> 00:09:34.793

December to January,

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00:09:34.793 --> 00:09:35.214

January,

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00:09:35.214 --> 00:09:35.573

February,

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00:09:35.573 --> 00:09:36.384

February to March,

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00:09:36.384 --> 00:09:38.244

a little over 3 months,

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00:09:38.244 --> 00:09:39.984

all of the early commerce,

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00:09:39.984 --> 00:09:41.364

I mean,

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00:09:41.364 --> 00:09:42.774

we haven't been able to get everybody covered,

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00:09:42.774 --> 00:09:43.734

but for the most part,

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00:09:43.734 --> 00:09:47.394

folks should be able to access vaccines that want vaccine.

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00:09:47.394 --> 00:09:54.894

And now we're really focusing on those individuals that are hesitant about getting the vaccine. So I do want you to pay attention.

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00:09:54.894 --> 00:10:03.203

There's 1 of the reasons that we know at least on the state side, and we do have the benefit of working both with the prison correctional system here in Missouri.

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00:10:04.313 --> 00:10:06.953

With because the veteran times,

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so we get to talk to each other a lot and 1 of the things that we did hear early on about people not wanting to get the vaccine was just why get the vaccine if we don't know much about it including how long,

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it's good for so there is some new data coming out on how,

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00:10:23.004 --> 00:10:27.864

because we have more data on how long the vaccine seems to be good at protecting folks.

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00:10:28.403 --> 00:10:42.923

And I believe Pfizer is releasing data today that says, and it may have been yesterday that their vaccine effectiveness is showing strong effective next 6 months out of vaccination. So hopefully we get more of this data.

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00:10:42.923 --> 00:10:52.073

We're able to incorporate that into our messaging and get more out there to kind of con Contra or go against the vaccine hesitancy messages. We've got across the board and.

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00:10:53.063 --> 00:10:53.604

Again,

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00:10:53.964 --> 00:11:06.443

what we at the state still seem to be the best way to address vaccines hesitancy is just making sure we're aware and we're educating our staff on all the vaccine opportunities that are available because it's really,

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00:11:06.443 --> 00:11:08.183

when someone's ready to get vaccinated,

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00:11:08.183 --> 00:11:12.803

we want to make sure that they can get vaccinated and so that's still something that the state is working on,

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00:11:13.163 --> 00:11:16.553

but as we push out those information about vaccination opportunities,

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00:11:16.583 --> 00:11:18.264

we appreciate if you could share those.

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00:11:18.264 --> 00:11:32.754

So, that we can, and that falls under that category of reaching people where they're at when they're there. I know we also are before I want to do budget and then I'm going to go back to getting back to the community and the new normal.

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00:11:32.783 --> 00:11:43.764

So, on the budget side, for those of you, that are like me, we have completed for the most part, the budget through the house cycle.

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00:11:44.183 --> 00:11:49.943

And so the governor actually did, I say, drop an amendment because that's the lingo.

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00:11:50.394 --> 00:12:01.553

But he filed an amendment, and the house accepted that amendment a couple of weeks ago that amendment actually increases money for our rates for our residential providers. It's 50Million dollars in general revenue.

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That equates to about a 20% rate increase for most of our residential providers. Most of the individuals and services, it's a little over, I think, 5,000 individuals from services that will be affected by that rate increase.

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00:12:14.004 --> 00:12:21.714

Additionally, the house has another bill that is out there that would add another 6.2Million dollars in general revenue to rate standardization. And that.

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00:12:21.714 --> 00:12:36.024

I'm not sure where that would land, but if that 6.2Million States, and that would get us to 56.2Million dollars in general revenue that's the total amount of general revenue. We need to standardize our residential rate and that's standardizing those rates to f. y20.

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00:12:43.433 --> 00:12:55.703

Lower bound rate study for those of you that are familiar with that talk so very excited to see that that's and we also have money in the budget to make sure to ensure that we don't have a wait list moving forward.

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00:12:55.703 --> 00:13:10.014

So those are really 2 big budget items that have really made a lot of progress through the governor's office and the house next stop is the Senate and we expect Senate hearings will probably start not next week but the week after that.

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00:13:10.014 --> 00:13:16.283

So that week of April, 9th, and moving on all the action by the legislature, I think, has to be done.

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00:13:16.589 --> 00:13:22.673

The 1st, Friday after the 1st, Monday, in May something like that is usually around may test.

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00:13:23.214 --> 00:13:37.043

So, we will keep you updated on that, but very, very excited news for for us for for the individual support for our providers for the people that work on the front lines are direct support professionals. Another thing I've been talking about a lot is direct support.

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00:13:37.764 --> 00:13:52.163

I'm sorry, wait list. So we are and I do think I'm trying to send this announcement today, but more formally on Monday, I do believe we will completely open up all the community support waitlists and.

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00:13:52.469 --> 00:13:56.453

The residential waitlist comprehensive waiver. Wait, wait list.

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00:13:56.573 --> 00:14:09.953

So we were adding 26 slots a month, but we've looked at the budget and we believe the budget could support if everybody came on board, April 1st, and build everything up through June, 30. S we have enough budget authority.

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00:14:09.953 --> 00:14:23.094

To support that, so we are excited to make that announcement that we will no longer be done in 2006 a month on residential, 90 a month on community support. We're able to assign all those labor spots at this point.

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00:14:23.094 --> 00:14:31.283

We may still need to do some additional waiver amendments to get more slots added for those of you that have kind of follow that budget conversation along last September.

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00:14:31.283 --> 00:14:43.193

We didn't feel like we were going to get any of our money for our waitlist and so we had made a we submitted a waiver to CMS to decrease our waiver weightlift boss.

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00:14:43.193 --> 00:14:57.472

And, of course, I think the day they approve it the next day. We got all the money back in our budget for our waitlist such a good. It's good. And we're glad to send another amendment to CMS asked us to increase the number of spots we need for our waitlist. So.

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00:14:59.099 --> 00:15:03.538

That is exciting information. I did see a question in the chat.

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00:15:03.538 --> 00:15:09.389

Um, that specifically relates to the budget. I believe it's about oxygen and project funding.

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00:15:09.389 --> 00:15:23.514

So, there's no, really change of the autism project funding no increases or no decreases in the budget as of now I am kind of hearing rumblings or maybe some increases on the Senate side. So we will keep you updated on that as we learn more, but right.

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00:15:23.514 --> 00:15:33.683

Now, it's status quo, which is also a good place to be, because it was even status quo whenever we were doing big cuts in the budget. So that's that's the good place to be right now in the budget.

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00:15:35.033 --> 00:15:39.864

So some additional questions, and I know there's a question in the chat about the.

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00:15:42.203 --> 00:15:53.844

So, we're going to try to address before I specifically address the question in the chat. I just want to kind of talk through some stuff and

I'm going to do this kind of quickly because it's stuff that we've been saying. But, hopefully, maybe, there's some new words.

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00:15:53.844 --> 00:16:05.754

And share that help you guys do your work or make people more comfortable with moving forward. So, you are aware that we issued the case management guidance at the end of last week, with a lot like the guidance.

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There were not a lot of changes from the guidance that we had issued last July. So we know that kind of it's going to be with us for the foreseeable future, and we have to figure out how to live with it.

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00:16:16.254 --> 00:16:24.173

Vaccinations are very important tool, but they are not the only tool and that's really been a big part of the CBC guidance. That has come out.

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00:16:24.203 --> 00:16:36.083

You still got to do the testing, which is why we're trying to make it even easier for all of our providers, and you've still got to where the, and you've still got some social distance. So mascot. Okay.

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00:16:37.403 --> 00:16:49.793

But so, we know that kind of it as a risk. But the numbers and I talked to you about earlier are low. Those are low, a reproductive, late rate below. 1 is very, very good information.

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00:16:49.823 --> 00:16:55.014

What that means and it's even what we're seeing and the data when a county has.

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00:16:56.519 --> 00:17:09.983

Air positivity rate folks are not transmitting that to other people. We're able to really keep the code that contained at this point and that's really, really important. Also hospitalization numbers across the state are going down.

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00:17:10.314 --> 00:17:12.564

So that's also really, really good information.

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00:17:13.163 --> 00:17:27.173

But we also know that people have got to resume their lives and so you're weighing the covered risk with that risk of isolation and the impact of being isolated away from family and friends. And that's why it's so important for us to resume that monitoring activity.

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00:17:27.564 --> 00:17:37.884

And that's why it's really important for both on the family side. Our families need to understand how important it is for us to resume, monitoring activity the individual providers.

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00:17:38.064 --> 00:17:48.683

I fully believe our providers understand how important it expressed or monitoring activity. And our staff need to understand how important it is to resume this monitoring activity.

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00:17:48.683 --> 00:18:02.483

We believe that most activities, at this point can be reasoned, fairly safely. You still have risk mitigation, but you always have risk mitigation. It's just more a different type of risk mitigation for cobit.

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00:18:03.473 --> 00:18:05.663

Also. We know that.

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00:18:07.618 --> 00:18:22.253

We want to make sure that on the provider side, and even on the family side, when we're talking about doing monitoring visits that staff providing these monitoring visits are not really, they're not visitors. They are there as part of the service so please make sure.

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00:18:22.884 --> 00:18:34.493

That's another way to kind of get this message across if you want to service is important, but monitoring of the service is also important. Please, stay on top of your code policies and update as needed.

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00:18:35.124 --> 00:18:39.263

And we've talked about how quickly the CDC guidance changes.

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00:18:39.534 --> 00:18:53.064

It's very, very difficult to stay on top of that, but I really do like the CDC guidance around visitation and long term care facilities as if you're just looking for 1 to just 1 monitor. I highly recommend that 1 is 1 to monitor.

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00:18:54.564 --> 00:19:04.163

We do want to make sure that everybody is abiding by agent. So if you're going in somewhere, if you really need to abide by that that agency so good protocol.

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So,

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00:19:04.374 --> 00:19:05.304

for example,

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00:19:06.263 --> 00:19:09.983

while we do not require testing of anybody coming into our,

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00:19:11.692 --> 00:19:20.064

we do make it available for both families that are coming into visit licensure and certification anybody else.

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00:19:20.064 --> 00:19:30.263

And so, and on the state side, we also and I'm not saying, you guys need to make testing available, because it's the congregate facility so substantially different than most of what people are offering.

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00:19:30.804 --> 00:19:43.554

But it is a way to help ensure another thing if the facility requires masking, you need to be wearing a mask when you go. And it's not a question is say, okay, because it's necessary to do your job. Again.

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00:19:43.554 --> 00:19:56.453

We said multiple times any decisions should not really be made solely around vaccination status. It's 1 piece to the puzzle, but you've got still even I am vaccinated. I still wear a mask. Everywhere I go.

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00:19:57.233 --> 00:20:06.443

So, you still where the math I know we've been getting some kind of contact to say, yes, that's also really, really important to the step.

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00:20:06.564 --> 00:20:07.104

So,

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00:20:08.213 --> 00:20:12.144

if you do find out as a provider going in to do monitoring,

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00:20:12.144 --> 00:20:14.064

or as a provider with people coming in,

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00:20:14.124 --> 00:20:15.983

or after the fact that they've been there,

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00:20:16.463 --> 00:20:19.824

please be responsible and do your contact tracing if you,

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00:20:19.884 --> 00:20:27.233

you still really need to keep track of who's hitting an out who's who who is going places please do that content tracing.

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00:20:27.233 --> 00:20:30.773

It is very, very important and it should be incorporated into your policies.

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00:20:32.429 --> 00:20:46.824

We of course, and and you've said this, and, you know, this, we will continue to monitor virus activity and update our state map on the coded website. Like I said, just based off of today we're seeing an uptick in positivity rate below 5% for the state.

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00:20:47.963 --> 00:20:56.933

But we will be watching that to see if that's a blip because of data. Or if that is really representative of what's going on in our community. And just like we did during the summer.

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00:20:57.173 --> 00:21:09.173

If you are aware of something in your community, and that, we haven't seen yet in the data, please let us know. And I think most of you that did that through the summer, found us to be relatively responsive when you told us that information.

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We're also getting some questions about how state offices are open central office and regional offices, and we are definitely open 100% for appointment only.

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So, if you need to come in and meet, please feel free to do that we also can make our space available. If you need a larger space for a plan meeting or something else, we are, we are able to make that space available. So you can read their conference rooms if you need to do that.

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00:21:38.003 --> 00:21:49.104

We do offer some of our state offices are more than just the Department of mental health. They include health and senior services, social services corrections, a lot of different agencies.

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00:21:49.644 --> 00:21:58.344

So, when we are working on strategies around some of our building locations, we're working on those with ourselves. We're working on those as a status, a total.

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00:21:58.403 --> 00:22:06.324

So, we don't really have any density limits in our buildings right now, but it's still something that we watch very closely.

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00:22:06.384 --> 00:22:15.534

So please remember that we're not just the Department of mental health or we're not just the central Missouri regional office, or we're not just the St.

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Louis regional office, and I can keep going on and on, but we're really part of a bigger system and so some of our decisions or decisions that has to be made on a, on a much larger scale, looking at a lot of other agencies too. So, we're also in the process.

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00:22:30.653 --> 00:22:43.253

Really trying to figure out how we become kind of a hybrid workforce and what positions work for hybrid and what positions don't work for hybrid. And again and I tell this to, you know, we've pushed that down to local leaders.

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00:22:43.253 --> 00:22:50.153

But I tell this to my staff at the state level, I don't I can't even imagine how to bite that Apple. So.

159

00:22:51.028 --> 00:22:54.179

That is why I.

160

00:22:54.179 --> 00:23:05.814

So so it's a huge project, I guess I just want to leave it at that. I'm sorry I was scrolling through questions at the same time. I was talking and I need to stop doing that, because it doesn't doesn't do me any favors.

161

00:23:06.233 --> 00:23:10.763

I'm going to move it over to Leslie now, and then we'll look back at these questions. So, Leslie, you're.

162

00:23:13.979 --> 00:23:27.298

Thanks, I'll just have a quick update to community support waiver amendment to increase accuracy and duplicated number of participants or waiver slots from 4,500 to 4,800 was approved by on March thirtieth. And that will be effective.

163

00:23:27.298 --> 00:23:30.598

Yesterday for 121, that's the only update. Thanks.

164

00:23:30.598 --> 00:23:39.449

Thank you Leslie, there is a question. There's 2 questions in the chat. I am going to go to the 1st 1.

165

00:23:40.644 --> 00:23:50.064

And that was, and this was a situational thing, and this is just going to we're going to spend a lot of time doing education just even over the next year, it's not going to be over the next month.

166

00:23:50.064 --> 00:24:03.804

But a situational question, when a guardian refuses in person visits from the support coordinator in a home for an individual receiving residential but the roommate guardian does not. So, we still have in person monitoring for the individual who started and approved. Absolutely.

167

00:24:03.804 --> 00:24:17.634

You should in person monitoring and still be outside, but we do want you to go in and take a look at the surroundings but yes, that's definitely you should do that. And yes, you can point to us as the ones that answered that question.

168

00:24:18.023 --> 00:24:20.304

The other question. We have are.

169

00:24:20.784 --> 00:24:22.374

All the other good question now,

170

00:24:22.374 --> 00:24:31.644

there are all assessments to resume in person isn't still possible to conduct and assess but copy virtually if the family refuses in person visits,

171

00:24:32.394 --> 00:24:39.983

I'm going to have to we're going to have to put that 1 in the because I think we're doing some stuff around just what assessments we do moving forward in July.

172

00:24:39.983 --> 00:24:52.134

1st, so can we're going to put that 1 in the parking lot and we'll send that out in our frequently answered questions because there's some changes on that front anyway. And then there was a question about the autism project waitlists will that continue?

173

00:24:52.134 --> 00:25:05.604

There is actually funding and the project line. So, we are looking at the northwestern sign of eastern side of the state to see if we can get some more folks access to services in those areas that waitlist is separate from the waiver.

174

00:25:05.604 --> 00:25:19.763

Waitlist weight lift is really tricky to manage because we rely on families to Bill us and us to and trying to keep the number and it's very tricky for us to.

175

00:25:20.098 --> 00:25:31.528

To manage in a year when there is no cobit and people aren't using services. So that's where we're at with that 1. but we are, we are working on that information. So great question.

176

00:25:31.528 --> 00:25:40.648

Actually, that's all I have today. I haven't seen any of the panelists put anything else in staff and that does address all the questions. Thank you. All for your account.

177

00:25:40.648 --> 00:25:52.469

Please have a, a blasted Easter weekend and next week, I believe I saw seventy's all week. So let's enjoy some sunshine some fresh air.

178

00:25:52.469 --> 00:25:58.528

Just for fun my sense, you're doing a dance for me, and I'm not going to let you see it. So I'm going to sign off record now.

179

00:25:58.528 --> 00:26:10.288

Thank you all for everything you do keep the questions coming in. We'll, we'll keep learning and doing and improving services and support for the individuals that that that we help. So, thank you all.

180

00:26:10.288 --> 00:26:11.999

Have a good weekend. Bye.