

WEBVTT

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00:00:00.000 --> 00:00:03.028

Started 1, quick reminder.

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00:00:03.028 --> 00:00:17.969

If you're sending in questions or comments about anything, being presented, please make sure that when you submit those via the chat box that you send those to all panelists. So that everyone has the opportunity to see those and responds. And with that. I will turn it over to.

3

00:00:22.135 --> 00:00:36.145

Okay, good morning. Everybody Thank you. Hi. Guess what I wanted to start with this morning was just an update on testing. So we know that we've done a recording for our providers around the testing and that is available.

4

00:00:36.145 --> 00:00:46.914

We're going to try to push that out a little bit more often. We're starting to hear from more providers that they're interested in the buying act. That's the antigen, the rapid testing and they do now have access to that.

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00:00:46.945 --> 00:01:00.145

So we will make sure that recording is available to you, it walks you through the process of how you, as a provider can get enrolled in Dubai next testing. So another thing testing is still really, really important. We can't stress that enough.

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00:01:00.174 --> 00:01:07.015

We still test in our facilities, those as surveillance, and we, unfortunately, still occasionally have to do some outbreak testing.

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00:01:07.465 --> 00:01:09.504

So mostly though I will tell,

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00:01:09.504 --> 00:01:10.944

you right now are positive,

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00:01:11.034 --> 00:01:12.894

both what we're seeing in the community,

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00:01:12.894 --> 00:01:20.545

and in our facilities are in the St Louis area that we don't have positive activity outside of the St Louis area right now,

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00:01:20.814 --> 00:01:22.314
either in the community,

12

00:01:22.344 --> 00:01:29.905
or the greater St Louis area what I'm referring to so that does seem to be for us what we're seeing,

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00:01:29.905 --> 00:01:32.334
and our data where we're seeing and again,

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00:01:32.364 --> 00:01:34.045
low level numbers but still,

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00:01:34.045 --> 00:01:36.655
if you were to compare those numbers to last year in April,

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00:01:36.655 --> 00:01:38.545
they're higher than we were last year in April,

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00:01:38.545 --> 00:01:41.275
so want to make sure that you guys understand still low,

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00:01:41.275 --> 00:01:42.265
but remember last year,

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00:01:42.265 --> 00:01:43.254
we were seeing very,

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00:01:43.254 --> 00:01:45.295
very little cases.

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00:01:45.295 --> 00:01:51.204
This time of the year. Another question that we got asked about was kind of giving a budget update.

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00:01:53.155 --> 00:02:05.305
So there is a lot of good news. I'm sorry I have to cheat a little on this side, because I don't forget anything, but for my computer instead of hiccups. So I'm going to try to go awesome there. We go there. We go.

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00:02:05.605 --> 00:02:06.025

Okay,

24

00:02:06.114 --> 00:02:16.375

so what we know is that the governor increased our rate standardization money for residential providers to 49.9Million dollars in general revenue 146.7Million dollars total,

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00:02:16.375 --> 00:02:17.275

that was going,

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00:02:17.275 --> 00:02:22.344

that equates to a 26.3% rate increase for a lot of our residential providers.

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00:02:22.344 --> 00:02:32.844

Anybody who was at the fiscal year, 2020, lower bound rate and we've shown you those, right? If you have more questions, we can get that to you as well.

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00:02:38.580 --> 00:02:47.819

That is where the governor was, the house actually had at the governor's amendment, and then with a separate pot of money has put in an additional 6.

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00:02:47.819 --> 00:03:01.284

Point are 7 to get us to the lower bound rate. It's close to 7Million dollars general revenue. They did that, though, in a different House bill they did that in house. Bill 21, the Senate has not taken our house Bill 21 so I'm not sure.

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00:03:03.444 --> 00:03:11.844

What that means in terms of right? So we're going to ignore that and act like that doesn't exist and we're going we're going to conference next week on the budget.

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00:03:11.844 --> 00:03:24.025

So, I think the 2 things that we need to be thinking about, if we're going to be somewhere between the 49.9Million that the governor added and 59.9Million, because the Senate position was actually above what we needed to get to the 2020. right?

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00:03:24.025 --> 00:03:38.365

So, they were, they will put it that right at a 100% a little above 100% of the 2020 lower bound rates. There's another thing that is important. There is language in the House version. So, this is also going to conference next week language in the House version.

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00:03:38.365 --> 00:03:52.854

That says that we must lower all rates that are above that 2020 level on July. 1st, and that affects about 16 of our providers who will overall CNN decrease in their revenue. The Senate does not have that language included.

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00:03:52.854 --> 00:04:06.564

So that is a conference item. So that so what I'm thinking right now, in terms of residential rates is, we're going to be somewhere between 97% and a little over a 100% for the rate increase for residential providers.

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00:04:06.564 --> 00:04:20.125

And the impact on our providers who are above that rate will be dependent on language adopted in the conference committee substitute. So we won't know the answer. I believe conference right now I'm reading is scheduled for next Wednesday.

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00:04:20.125 --> 00:04:22.795

I know it can't be on Monday.

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00:04:29.363 --> 00:04:43.884

So it'll either be Tuesday, Wednesday, somewhere in there, they still have to get these bills on the floor and voted off before next Friday. So by next Friday, we should know where we're at. The good news is, and I don't feel like I need to caveat this year.

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00:04:44.694 --> 00:04:53.874

The way that I always have before we still don't know where revenues are. We're really good in the revenue side of things. So what I believe gets put in in the house and the Senate is where we're going to be.

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00:04:53.874 --> 00:05:03.533

I'm not concerned at this point, knock on wood, because big things can change that, but right now, knock on wood. We should be okay to start implementing this on July. 1st.

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00:05:03.869 --> 00:05:04.168

Now,

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00:05:04.463 --> 00:05:07.613

those are not the only rate increases that are in the budget,

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00:05:07.704 --> 00:05:10.884

so there are no colas for providers while they're I'm sorry,

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00:05:10.913 --> 00:05:16.163

there's also a 5% increase in the budget for day service providers and a,

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00:05:16.223 --> 00:05:17.483

if angie's on yes,

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00:05:17.543 --> 00:05:21.113

she's on she can put in the chat what all the service categories are for this,

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00:05:21.113 --> 00:05:22.584

but if they have employment,

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00:05:22.613 --> 00:05:30.233

it's community integration I believe and if I missed that Angie will correct me in the chat but there is a 5% increase in the Senate.

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00:05:30.233 --> 00:05:32.574

No increase in the house for these providers. So.

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00:05:34.134 --> 00:05:47.184

That's another additional increase that we have and then I'm going to lean on just a little bit for this next 1 but personal personal assistants also has a rate increase and that is as well as the 5 it's a 5.29%, the rate increase.

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00:05:47.184 --> 00:06:00.564

But what we look at is per unit per agency, so, for PR agency, that would be up to 5 dollars in 2008 cents per unit for self directed, that is an increase to 3 dollars and 86 cents per unit. And for medical that is 5 dollars.

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00:06:00.564 --> 00:06:11.574

And 99 cents per unit, so both the house and Senate have included that rate increase, but the house has a different funding source in the Senate. So I'm not sure where we will land on that.

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00:06:11.574 --> 00:06:18.983

The Senate has used general revenue, and we all know, we want general revenue and not special funding source. So there's also a small increase for autism providers.

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00:06:23.519 --> 00:06:29.428

And that is both in state plan and in the.

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00:06:29.934 --> 00:06:42.113

Waivers so those 2 will be. Yeah, there is a good question. Does the call increase for personal care include self directed and yes, it does, but there is also.

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00:06:42.713 --> 00:06:57.353

Yes, so there's also autism dollars in the right? So I think that is everything on race the other really exciting thing on budget is that we have no waitlists. So we have gotten all of the sending. We need to not have a wait list.

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00:06:57.413 --> 00:07:01.824

Now. We still have people that are waiting to identify providers for service.

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00:07:02.098 --> 00:07:11.879

But we have the funding to cover then once we can get that worked out, hoping that the additional money we're going to see in the residential care and then the day rates will help support.

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00:07:11.879 --> 00:07:23.879

Increase in capacity for services, because I know that's a struggle. Also. I know the struggle is not over this gets us to an f, y2020 lower bound rate and we know that.

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00:07:23.879 --> 00:07:37.824

Um, in order to keep to be able to recruit, we're probably going to need to be able to pay more for our direct support professionals. So that's what I have on a budget update and we will keep you posted next time. We talk in 2 weeks.

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00:07:37.824 --> 00:07:50.033

We should even have more really final information, but those are the big key decisions moving forward. So now we'll increase for autism services also include pack sending. It does not. That is only Medicaid funded services.

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00:07:50.514 --> 00:08:01.524

So, if we increase, I think we have to make a decision as a division if we're going to increase the pack spending. Because if we do that, there's no more general revenue into pack pot. So, that just means there's less money overall to go around.

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00:08:02.033 --> 00:08:09.413

So that's something we'll need to talk about overall as a division. Do we want to decrease what's available to go around or not?

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00:08:10.228 --> 00:08:25.014

And then I'm going to now with that, it will watch the chat for other budget questions. But in the meantime, I'm going to turn it over to Jeff back to is next or not 1 week away from taking over as your division of developmental disabilities director.

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00:08:25.283 --> 00:08:38.634

But in the meantime, Jess has been working on the vaccine equity committee of lots of committees I don't want to say, that's the only committees who've been working on. That would not be true. You could also say, just back to a p. P. E.

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00:08:38.964 --> 00:08:48.323

I can't even remember all the committees we've worked on over this whole process, but she is also part of the vaccine equity committee. So, Jeff, can you give an update on that?

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00:08:49.889 --> 00:08:56.548

Yeah, absolutely and it's good to be here. It is probably, I think this is the last 1 of these meetings that I'll.

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00:08:56.548 --> 00:09:00.149

Be over here at so.

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00:09:00.149 --> 00:09:09.989

Next time I talk to you at 1 of these meetings I will get to be in my role at developmental disabilities so very excited about that. Can you hear me okay? About.

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00:09:11.489 --> 00:09:16.619

Or is there a delay? You're good.

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00:09:16.619 --> 00:09:23.609

Okay, great. So yeah, I mentioned the equitable distribution vaccine.

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00:09:23.609 --> 00:09:35.009

Committee, and that's something that has a focus on ensuring equitable distribution of the vaccine in Missouri and it has a special focus on.

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00:09:35.009 --> 00:09:40.109

The disability, aging minority in any underrepresented.

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00:09:40.374 --> 00:09:43.913

Great underrepresented groups and in the stage,

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00:09:43.913 --> 00:09:48.173

and so Department of mental health is on that equity committee,

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00:09:48.413 --> 00:09:52.524

and we also have mark on there and the DB Council,

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00:09:52.793 --> 00:09:58.913

and there are a number of task forces that have come out of that equity committee,

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00:09:58.913 --> 00:10:03.594

including 1 focus on transportation minority,

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00:10:03.594 --> 00:10:04.193

outreach,

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00:10:04.224 --> 00:10:04.673

vaccine,

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00:10:04.673 --> 00:10:07.974

hesitancy and then homebound and homeless.

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00:10:08.094 --> 00:10:11.484

So a lot of work going on there and.

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00:10:11.818 --> 00:10:16.619

They're at their meetings and all of the information and.

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00:10:16.619 --> 00:10:20.308

About that committee are on the.

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00:10:20.308 --> 00:10:25.918
Coded vaccine website, if you click on residents under.

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00:10:25.918 --> 00:10:31.558
At the top row, you'll see equity and you can click there and find all the information.

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00:10:31.558 --> 00:10:39.269
But at the most recent meeting, they gave an update and talked about the FEMA.

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00:10:39.269 --> 00:10:49.793
Site vaccination site that's in St Louis right now at the dome at America center, and talked about how it's open 7 days a week until June.

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00:10:49.793 --> 00:11:00.683
1st and they have the capacity for walk ins and to do 3000 vaccinations, per days. There's a lot of great information about that. We know walk. Ins are always great for those who have vaccine hesitancy.

89
00:11:03.234 --> 00:11:17.183
Missouri hospital association was on that group and great gave some great information about pulling that they did about how people are their attitudes and values toward the vaccine right now.

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00:11:17.813 --> 00:11:18.833
1 of the interesting.

91
00:11:19.139 --> 00:11:24.839
You know, pieces of information they had is that individual's most trusted and.

92
00:11:25.403 --> 00:11:39.563
In the individual, they trust most entity, they trust most to advise them on whether or not to get the vaccine is their primary care physician. And so that was an interesting piece of information about their polling.

93
00:11:39.928 --> 00:11:46.109
As far as the working groups, the transportation there are.

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00:11:46.313 --> 00:12:01.043
A lot of resources out there to get vaccine transportation, and that's actually become a part of the website. So there is a get a ride portion of the website.

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00:12:01.043 --> 00:12:04.823

It's also a drop down under residence and it has all of the, the different.

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00:12:05.994 --> 00:12:12.504

Resources available to individuals to get transportation to and from a vaccination site,

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00:12:13.374 --> 00:12:15.953

there's also on the on housework group,

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00:12:16.433 --> 00:12:26.033

they're getting ready to release a strategy guy with a press release in the coming 2 weeks on any individuals who are currently living in a shelter,

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00:12:26.033 --> 00:12:26.724

or maybe homeless,

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00:12:26.724 --> 00:12:31.494

and not living in a shelter and strategies for how we can work to get them vaccinated.

101

00:12:31.854 --> 00:12:39.474

And they also announced that the Spanish version of vaccine Navigator is absolutely. Now focusing on other languages with that.

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00:12:40.014 --> 00:12:52.553

And the other update from the group was the many different ways that you can find where to get a vaccine, have been consolidated. And so now on the vaccine.

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00:12:52.889 --> 00:12:53.489

Um,

104

00:12:54.114 --> 00:12:55.703

website at the very top,

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00:12:55.734 --> 00:12:57.264

there is a link called,

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00:12:57.264 --> 00:13:02.274

get a vaccine and all of the different ways vaccine finder,

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00:13:02.274 --> 00:13:03.744

the local listing,

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00:13:03.953 --> 00:13:04.403

Missouri,

109

00:13:04.403 --> 00:13:04.884

vaccine,

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00:13:04.884 --> 00:13:07.163

Navigator and the mass vaccination events,

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00:13:07.163 --> 00:13:10.764

which were all separately house websites are all consolidated,

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00:13:10.764 --> 00:13:11.693

links under that,

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00:13:11.724 --> 00:13:13.854

get a vaccine link.

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00:13:13.854 --> 00:13:21.323

Which is is nice for those of us who don't have to chase that around. So, I think that's all I have. Unless anybody has any questions.

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00:13:50.129 --> 00:13:57.833

Now, I think, yeah, we lost Val for a moment. Nope, I'm back now. Sorry. Okay.

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00:13:57.833 --> 00:14:09.024

My fault I said lots of really great things so our systems are like, connecting and disconnecting so I've been disconnected twice, but I think I'm good now. So, if we do drop off, let me know.

117

00:14:09.328 --> 00:14:23.783

Um, there is a question in the chat you're on mute now I'm frozen in terms of releasing all slots on the wait list. Do we know what this means for timeline ability to approve new waiver request?

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00:14:24.533 --> 00:14:30.114

So we know on the residential side that they're able to approve those now.

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00:14:30.984 --> 00:14:44.124

On the inbound side, we're still going down the list that we're doing 12 through 10 now and then we'll do 987 as we clear those off, because we want to make sure we get our most speed and it's connecting again. So watch out.

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00:14:44.153 --> 00:14:51.744

So, anyway, that was another good question on the waitlist before we move on, we're going to move on now in vaccinations and I'm going to key this conversation out.

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00:14:51.744 --> 00:15:01.494

Remember last time we talked, we showed you our vaccination data and we showed it to you by type of service you're getting by region.

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00:15:02.788 --> 00:15:15.538

So, carry test who, who I'm introducing here has been working is going to start working with local public health agencies, and sharing this data. And so, Carrie, I turn it over to you and then you're going to turn it over again. Thanks.

123

00:15:16.524 --> 00:15:28.073

Hi now thanks cilia as Dallas saying last time we talked, we shared the data with you as far as the vaccination rates among participants throughout the community.

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00:15:28.494 --> 00:15:30.594

And so where we're sitting,

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00:15:30.594 --> 00:15:31.943

or where we were sitting with that data,

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00:15:31.943 --> 00:15:42.384

as of April 12 is roughly 42% of individuals have initiated vaccine within our damage DD community and 30.6% across the board,

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00:15:42.384 --> 00:15:44.094

have actually completed that vaccination.

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00:15:44.094 --> 00:15:58.614

And while those numbers are good. We are happy to see people reaching out and getting that vaccine. They're not to the level that we need in order to get to herd immunity, which is believed to be somewhere between 70, 80%.

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00:16:01.553 --> 00:16:12.323

So we do have a long way to go within our own population and our communities and the other thing I want to make sure we don't lose sight of is once not accounting for age.

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00:16:12.323 --> 00:16:18.173

We all know that covid 19 has the biggest impact on those who are ages, 65 and over.

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00:16:18.173 --> 00:16:19.974

But aside from age,

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00:16:20.004 --> 00:16:22.734

the next group that is most impacted by covid,

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00:16:22.734 --> 00:16:23.094

19,

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00:16:23.094 --> 00:16:24.864

is that for having the worst outcomes,

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00:16:24.864 --> 00:16:37.313

including hospitalizations and fatalities are individuals with intellectual and developmental disabilities and so it's really important that we get that message out and that we work to make sure,

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00:16:37.313 --> 00:16:44.063

everyone we serve knows that they're eligible to get the vaccine and how they can access it and they have.

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00:16:44.818 --> 00:16:48.568

Really good, factual information about all the different vaccines.

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00:16:49.163 --> 00:16:56.033

And so to help us, do that and improve these numbers, we have reached out initially to Springfield green.

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00:16:56.394 --> 00:17:00.803

We shared our same data with them that we shared with you all on the call last time,

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00:17:01.134 --> 00:17:15.233

and they have readily agreed to work with us and to work with all of you in helping bring vaccine to these individuals are helping them find the easiest way to access vaccine for both

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00:17:16.013 --> 00:17:20.034

folks and our communities we serve as well as for the people who are serving them.

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00:17:20.483 --> 00:17:20.993

So,

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00:17:21.023 --> 00:17:22.943

Aaron support,

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00:17:22.973 --> 00:17:24.894

I believe is how you say that from Springfield,

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00:17:24.894 --> 00:17:26.903

green is on the line with us today,

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00:17:27.173 --> 00:17:35.513

and is going to talk a little bit about the process and how they see their ability to interact and help us with this endeavor.

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00:17:36.088 --> 00:17:49.013

Aaron, yeah, thank you. So I'm Erica. Cora, so on the vaccine outreach coordinator, I lead our outreach team here at the sprinkle green county health department. We're also sort of serving as a regional hub for region. D.

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00:17:49.223 --> 00:18:04.104

so, if you fall in region, D, I'll have some resources specifically for folks in this area, I just want to say, we really appreciate this data being shared with us. We're excited to be able to try and get some of these rates up.

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00:18:04.163 --> 00:18:16.673

Not try to get some of these rates up with some of these resources and work with you all to reach this population that is being severely impacted by covered by team. So kind of jump into it.

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00:18:16.673 --> 00:18:31.284

Just keep it pretty brief, but pretty informative here. We have 3 different ways that we can work together to get folks vaccinated. So, our kind of our top way, our number 1 way here that's been available for a while.

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00:18:31.284 --> 00:18:38.034

Now, is our mass vaccination clinic that we're doing in partnership with Jordan, valid community health center. That is here in Springfield, so.

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00:18:38.878 --> 00:18:48.179

Folks with transportation or those that are nearby that can utilize that state transportation resource that was mentioned earlier, which has been really fantastic. Um.

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00:18:48.473 --> 00:19:00.953

That's a really good option. We have seen quite a few individuals from some of the partners on this call that are receiving services come through that clinic. It is 88 compliant they can work.

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00:19:00.953 --> 00:19:14.723

So that way, it's not work with you that way. It's not an overwhelming experience, trying to go through the regular process. We kind of bullet nurse and bring them up front. If you have an individual with mobility issues we can also, in somewhere circumstances.

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00:19:14.723 --> 00:19:25.223

Do those vaccinations in the parking lot if that is a need that's identified there so, those vaccination dates are all in faxing Navigator.

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00:19:25.223 --> 00:19:30.173

So, using that state resource to get signed up for an appointment is going to be the best way to access.

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00:19:31.048 --> 00:19:32.453

That so,

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00:19:32.453 --> 00:19:36.324

if you have clients that that's going to be the best option,

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00:19:36.413 --> 00:19:45.503

all you need to do is send them the vaccine navigator and help them utilize that resource through that through that channel the other 2,

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00:19:45.864 --> 00:19:52.763

to help reach individuals that are that that's not the best option either are other opportunities around the community.

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00:19:52.763 --> 00:20:02.453

We've been pushing working to really get all of those onsite, like, clinic opportunities in vaccine Navigator. So that way it's most accessible to to everyone.

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00:20:02.453 --> 00:20:12.534

And we've been pushing that in region D, to do the same just because that is such a great way to consolidate all of those different opportunities for those that can get to them.

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00:20:13.493 --> 00:20:26.963

In 1 place, so if you do fall in this region, D, area, there should be a clinic opportunity that is accessible as far as location in region. And if not feel free to reach out, and we can get in touch with that. Okay.

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00:20:26.963 --> 00:20:34.253

To try to figure out what is available in that area. Now, if you are working with individuals who are homebound.

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00:20:35.429 --> 00:20:42.923

Then we are going out to we have the gun going out to sending to those homes to vaccinate those individuals.

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00:20:43.492 --> 00:20:54.203

So, all that you would need to do is in green county is get on on our list, which all you'd have to do for that is giving our call center call, which I'm putting the number.

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00:20:54.538 --> 00:20:57.929

And the chat.

168

00:21:02.844 --> 00:21:08.634

So this is going to be an option primarily for those in green county.

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00:21:08.723 --> 00:21:20.993

If you're not in green County, you can call your local area agency on Aging and some of those are keeping those lists and connecting them with who are going out to homebound individuals.

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00:21:21.114 --> 00:21:35.753

And vaccinating them if you're in region D and you're not able to find a resource to reach those homebound individuals feel free to give us a call and let us know. And we can try to find a good channel for those individuals in your in your area.

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00:21:36.534 --> 00:21:38.483

And then the opportunity where I think we have the most.

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00:21:39.298 --> 00:21:48.298

Ability to work together is actually just going to be to set up specific opportunities to reach your clients or to reach groups of.

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00:21:48.298 --> 00:21:58.433

Clients from a variety of different service providers so we are actively looking for opportunities to make vaccine more accessible, especially for vulnerable populations.

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00:21:59.034 --> 00:22:03.443

So I'm going to after I'm done I'll throw my contact information into the chat as well.

175

00:22:03.624 --> 00:22:15.564

If you are working with a, if you're a, a resource here in the Southwest, Missouri region, and you're looking to set up a clinic, please send me an email or reach out to me.

176

00:22:15.564 --> 00:22:28.884

And we would love to either set something up directly with your agency, specifically for your clients in a location that's going to be accessible. Or were there already accessing other services to make it as more as convenient as possible?

177

00:22:29.459 --> 00:22:34.828

Or we can set something up that's really targeting this entire population and invite.

178

00:22:36.173 --> 00:22:47.574

Find find a facility that's going to work and be accessible and reachable for a large number of clients from a variety of service providers and do something that way. So we're open to discussions about either.

179

00:22:47.574 --> 00:23:00.953

We're utilizing a lot of different partnerships here locally with mercy with Cox again, still with Jordan Valley as well as with the National Guard. But we do have that resource available from a state. So we do have some capacity now.

180

00:23:00.953 --> 00:23:12.743

So, a sooner is better for everybody because those kinds of things can change and we I know this is something we could execute pretty efficiently, pretty quickly looking forward.

181

00:23:13.769 --> 00:23:17.969

Into may or early June if we wanted to put something larger together.

182

00:23:19.733 --> 00:23:34.253

And really, those are the 3 best ways to get get individuals connected with vaccines if anybody has any specific questions or if there's a resource that I've missed that you're aware of, in this area, please feel free to shut it out.

183

00:23:34.253 --> 00:23:35.423

And I will.

184

00:23:36.148 --> 00:23:46.763

I can mention it or do you have a question. Just let me know. I'm like I said, I'm going to put my contact information in the chat. So that way if that kind of thing is interesting. Interesting setting up that clinic. You can let me know.

185

00:23:46.913 --> 00:24:01.673

And if we do set something up with a provider, and they're open to kind of opening it up to the larger community, this larger population, I do have the list of providers in this area. So, I can, we can make sure to send that information out to that to that contact list as well.

186

00:24:01.979 --> 00:24:13.884

And thank you for sharing, not the image. Hey, Aaron, thank you. Thanks for getting on the call. Thanks for talking about all the cool things that can happen. When you work together across different lines of effort.

187

00:24:14.334 --> 00:24:17.064

I do have 1 follow up question and I,

188

00:24:17.064 --> 00:24:18.834

and I'm pretty sure I know the answer to this,

189

00:24:18.864 --> 00:24:21.384
but a lot of times we're working,

190

00:24:21.413 --> 00:24:30.413
we have direct support staff that will be accompanying individuals if they're going to a clinic or if we're having a clinic on site when you're talking about setting clinics up on site.

191

00:24:30.413 --> 00:24:39.773
Of course, we're talking about doing that for the benefit of the individuals we support, but you're going to be open to vaccinating support staff or anybody that we're show up at those clinics.

192

00:24:39.773 --> 00:24:46.644
So, I guess my point is, if you're going somewhere to do a homebound clinic, you're willing to do more than just the homebound individuals there.

193

00:24:46.949 --> 00:24:57.929
Oh, absolutely. The more people, the better, the more shots we can get in arms at 1 time, the more efficient they are. So we're talking support staff. If, if they're.

194

00:24:57.929 --> 00:25:04.469
A non residential programming, we're talking other household members anyone who is eligible that's connected to that person.

195

00:25:04.469 --> 00:25:13.973
If we can get them vaccinated there, let's do it because then that protects this population as well, if it's individuals that are interacting with our folks with intellectual developmental disabilities.

196

00:25:13.973 --> 00:25:20.364
So we want to create a layer of protection around them, not just by vaccinating them, but by vaccinating everybody in their lives.

197

00:25:22.199 --> 00:25:36.088
Thank you Aaron thanks for taking a part in the call and please everybody know, we brought Springfield, green county on today that we're trying to make these connections across the state. So, this is a limited opportunity. But when are the kind of demonstrate on how that conversation.

198

00:25:36.088 --> 00:25:40.618

Can't happen. Okay, Carrie. Did you have anything else you wanted to add?

199

00:25:41.969 --> 00:25:54.923

Yeah, just real quick to follow up like, Aaron mentioned, we did provide Springfield green with a listing of our providers in that region in that area. So he does have your information, but please don't hesitate to reach out.

200

00:25:54.923 --> 00:25:58.074

We will get you his contact information and he said he'll get it in the chat,

201

00:25:58.973 --> 00:26:10.854

but we absolutely want to take advantage of this wonderful opportunity to try and make it as absolutely convenient and easy as possible for our folks to get vaccinated and as valid Aaron we're saying.

202

00:26:11.219 --> 00:26:20.969

All of our folks, not just the ones we serve, but the people who are working to serve them as well as their family and friends or anyone who wants to come along for the ride, I'm happy to vaccinate them all.

203

00:26:22.378 --> 00:26:31.259

And I didn't oh, sorry just real quick on that call center number. I threw into the chat before the 8, 7, 4, 1, 2 I.

204

00:26:31.259 --> 00:26:40.163

I miss type that 1211 excuse me? That number is also for our regional call center that we've thrown up for region. D.

205

00:26:40.163 --> 00:26:52.193

so, if you're in the Southwest Missouri region, and just trying to get somebody connected with an appointment, but, and you're having some issues with the online system, just give that number a call, and they can walk you through the process and get an individual signed up that way.

206

00:26:53.038 --> 00:26:57.298

In all of region do all right.

207

00:26:57.298 --> 00:27:00.358

Thank you guys very much. Thank you for the time. Aaron.

208

00:27:00.358 --> 00:27:11.124

I appreciate you joining our call today, I did have a question in the chat. Is there a place to report complaints regarding vaccination administration sites? We'll send out information that we have on that.

209

00:27:11.124 --> 00:27:18.443

So, we want to address that in the call today, but please look for that in our followup, follow up information from the call. I'm going to turn it over to Leslie.

210

00:27:18.443 --> 00:27:31.013

Now, she's going to give us an overall update on where we are with our waivers for those of you who may not remember our 2 largest waivers are up for renewal effective July. 1st. So there's a lot going on right now. Leslie.

211

00:27:32.308 --> 00:27:45.358

Thanks about yes there sure is. And we continue and informal requests for additional information on the renewal as well as the partnership and located amendments to align with those renewals.

212

00:27:45.358 --> 00:27:50.159

And we just submitted a partnership for hope waiver amendment.

213

00:27:50.394 --> 00:28:05.034

To Mo, health net to increase accuracy or waiver slots from 2500 to 200,875 for waiver year 3 or fiscal year FY, 21, which is what we're in right now. Effective April. 1st, 21. so that's currently being reviewed by no health net before submitting to CMS.

214

00:28:05.034 --> 00:28:06.923

So, we have a lot going on.

215

00:28:10.919 --> 00:28:21.419

We have also submitted the appendix K amendment to add the health assessment.

216

00:28:21.419 --> 00:28:36.144

Coordination service, so that is currently being reviewed by CMS and they are asking questions. So we are currently working with them for that. And we have also posted I'm going to ask PICA to navigate to this chart.

217

00:28:36.683 --> 00:28:40.913

We have posted a coven 19 flexibility authority charge.

218

00:28:41.219 --> 00:28:53.578

Which takes the authority for each of the code, 19 flexibilities currently in place. And as she's showing you, that was located on the DD corona virus information web page on the Web site.

219

00:28:53.578 --> 00:29:02.159

It's the 3rd accordion or the provider specific guidance. Accordion is the 3rd document from the top.

220

00:29:02.159 --> 00:29:12.989

And that list, not only for division of behavioral health, but also division of DD. So that's a really good resource you might want to check out. And that's all. I've got.

221

00:29:15.179 --> 00:29:19.433

All right, thank you, Leslie for that update, we are going to we're moving.

222

00:29:19.433 --> 00:29:33.054

Now, to the last subject on the call, we're going to have stated as we promised station empty is going to be a part of oh, we do have a complaint in the complaint hotline for coven. Thank you. Just back for putting that in there.

223

00:29:33.084 --> 00:29:44.273

So there is an answer to the question on duty, send complaints about vaccination site. So pays to have the lady from health and senior services for 1 more week on the call. Finally, for today we're going to work with.

224

00:29:44.814 --> 00:29:49.253

And, like we said, we're going to have them be on these calls as we go through the next.

225

00:29:49.739 --> 00:30:03.923

Quarter of or a couple of months of coven, but we want to remind everybody that station empty is not just because approval they are going to be a service that we have that is here to stay. We are working on a waiver amendment approval.

226

00:30:03.923 --> 00:30:13.854

Right now we have sending in the budget to keep them in the system that did not go to conference that is final. So, and like you said, we're working with to get it waiver approved.

227

00:30:14.153 --> 00:30:27.864

So, we value what station empty brings to the table in terms of quality of service, what it offers to the individuals that we support, how it helps our hospitals, how it even helps our primary care providers. So.

228

00:30:28.169 --> 00:30:36.868

Turning it over now to station, Andy, they're going to do a little demo today on really how easy it is to access the service so they take it away.

229

00:30:46.769 --> 00:30:49.949

You all are on mute, so I can tell that. Okay.

230

00:30:49.949 --> 00:31:01.798

Now, you're good number 1.

231

00:31:01.798 --> 00:31:06.509

Yeah, we can hear you now. Okay, great. Yeah, for some reason the keys bouncing back and forth. Sorry about that.

232

00:31:06.509 --> 00:31:13.979

So, yeah, 1st off, I wanted to start off just saying that, um, you know, everybody, that's a Medicaid waver participant.

233

00:31:13.979 --> 00:31:28.919

Is already been Pre registered to some, you know, by the state. So there really is no official registration process. We, we have the information from the state so I'm going to kind of walk through the process of how you kind of context station empty.

234

00:31:28.919 --> 00:31:42.058

But people can do that, but, you know, basically, if you have an issue with an individual, when you get back to with the home today, and you need to call, you can give us a call. There's nothing that you need to do additional on top of that.

235

00:31:42.058 --> 00:31:55.943

Um, I'll kind of go through some processes, um, after I kind of go walk through the process about if you wanted to have some additional communication back with regards to the physician notes, some information that we would need from you in order to get that.

236

00:31:56.814 --> 00:32:03.324

But we, you can certainly also communicate that when you make the call as well. So I'm going to kind of just I'm going to share my screen here real quick.

237

00:32:10.648 --> 00:32:14.693

Okay, um, so the process is really a pretty quick and easy process.

238

00:32:15.624 --> 00:32:28.763

There is the 1st, part of the process is really just to make a telephone call to the 877 stat empties number the reason for the phone call is pretty much everybody can make a phone call and nobody needs to be nervous about the technology piece.

239

00:32:28.763 --> 00:32:38.844

So they basically can just give us a call, but we'll kind of walk you through the process. Once you're on the call you'll be asked for some specific information, the state that you're calling from.

240

00:32:38.844 --> 00:32:50.604

If you're calling from an agency, they're going to ask you for the agency name the address of the home that you're at, the individual's name you're calling about so that we can verify them with the information we have from the state.

241

00:32:51.804 --> 00:33:03.503

Which would be like, their date of birth and their name and their address, the reason that you're calling if you have their primary care physician information. And if you happen to have their most recent set of vital signs, we would ask for that information as well.

242

00:33:03.983 --> 00:33:15.773

So, then, what would happen is we would be putting that information into our system. If you have not used the station empty app before, we'll kind of walk through the process of downloading the station and the mobile app with, you.

243

00:33:16.078 --> 00:33:31.013

Um, if if you the 1st, time that you use it, you'll have to put a pass code in after you do it the 1st time, you won't have to put the pass code in. It will automatically just pop up for you. Um, once the doctor is ready to speak with you, then they'll just tell you to to click the join this station empty.

244

00:33:31.288 --> 00:33:43.169

Um, visit on the mobile app, and then you'll be in the communication with the physician, and we use a HIPPA compliant version of zoom. Um, so it's

basically just going to look almost like this Webex looks, but a zoom platform.

245

00:33:43.614 --> 00:33:57.624

And the doctor at that point will kind of take over and go through the exam. They'll ask particular questions about the individual. They'll ask some history of the individual usually. Definitely. The medications allergies, that type of thing. They'll go through their exam.

246

00:33:57.624 --> 00:34:07.673

If they need help from the person, on the other end, they may ask for assistance. Let's say someone might have had a minor fall. They may ask them to do a little bit of range of motion with that individual.

247

00:34:08.364 --> 00:34:19.164

Like, let's say they need to move their arm, or they're let's say they're having belly pain, they might ask them to push on the individuals Valley. So they can kind of look at the facial expressions, but you don't need to be clinical in any way shape or form.

248

00:34:19.164 --> 00:34:33.474

I would say probably, 95% of our calls are with caretakers on the other end that are just either support staff or sometimes even mom or dad or at home. So they're not clinical people. So, people don't need to be worried about that as well.

249

00:34:33.474 --> 00:34:46.014

And then what will happen is the physician will just go through their exam and then say, okay, I think they have X Y, and Z. let's say they need to prescribe something. They'll ask you what pharmacy is the best to use.

250

00:34:46.918 --> 00:34:55.199

Um, we'll put that into our system. We'll send an electronic prescription for the individual. If a prescription is warranted, they'll kind of go through what the plan is.

251

00:34:55.583 --> 00:34:59.903

And then we have the ability to either fax to fax and notes securely,

252

00:35:00.264 --> 00:35:01.733

or I'll kind of go in in a 2nd,

253

00:35:01.733 --> 00:35:05.423

on how we can if you send us some email addresses ahead of time,

254

00:35:05.423 --> 00:35:16.373

we can actually route information audit automatically as well to individuals within your organization to get an email notification once the physician signs their note that you have that ability.

255

00:35:16.523 --> 00:35:30.773

We also do have the ability. If you have an an electronic health record through your agency we can. We're happy to if you give us access to that to put the notes right into that electronic health record as well. We do have many agencies in Missouri now.

256

00:35:31.048 --> 00:35:45.358

Um, I think therapy is probably the most popular. Um, so we have many agencies where we're putting the notes in therapy, and we also have access to the individual's history and therap, which is very helpful. Because then the doctor can kind of get that information through therap too.

257

00:35:45.358 --> 00:35:59.518

So the other thing I did want to just talk about real quick, if it's just kind of just some ideas about when to call. So, people maybe don't really understand about when to call station M. D. or what would be needed. So, I was just going to go through that real quick. If you don't mind as well.

258

00:36:01.889 --> 00:36:14.634

Just just some thoughts about when to call station empty and I would just say as a rule of thumb that anytime that you do not have to call 911 anytime that it's not a life threatening emergency. You can feel free to give station via call.

259

00:36:14.634 --> 00:36:27.414

So, there are going to be things that are gonna be quick and easy. Like your rashes pink guys falls, even oral health issues and when we can't pull teeth through the platform but we can keep the individual comfortable until you can get to a dental provider.

260

00:36:27.414 --> 00:36:34.793

And those things always tend to happen on, like, Friday nights or Saturdays, and you're not going to be able to get that person to a dentist until Monday or sometimes Tuesday.

261

00:36:34.793 --> 00:36:49.764

So, we could potentially get them started on some antibiotics and at least keeping comfortable from a pain perspective until you get, can get

them to a dentist. And those will be quick and easy things. You'll go through their process of calling. Just, like we did just like, we just talked about the doctor will do their exam.

262

00:36:49.764 --> 00:37:02.724

Let's say, it's Pankaj. They'll prescribe some antibiotics that whole process will probably take about 15 or 20 minutes. And then you have things that might be a little bit more involved, vomiting fever, cough, shortness of breath constipation.

263

00:37:02.724 --> 00:37:10.523

Those are also things that are more than appropriate to give station empty a call about. But it could be that, let's say you call for a fever.

264

00:37:11.784 --> 00:37:21.833

The person seems stable, the doctor says, okay, let's give some Tylenol or Advil, but they're a little worried about the individual. So they may want to ask you to do a follow up, or they may want to say to you. Okay.

265

00:37:21.833 --> 00:37:34.793

We're going to give you a call back in 2 hours or 4 hours, just to check in and see how the individual is doing. And then if they give a call back, and let's say the person's fever has come down, they see, they still seem state stable. Okay, great. We're fine.

266

00:37:34.793 --> 00:37:44.273

Just call back if you need anything else or if if anything changes, but if they call back and the fever hasn't gone down with town, all the person's vitals maybe a little bit on stable at that point.

267

00:37:44.273 --> 00:37:50.483

They may say, hey, you know what, I think we might need to transfer to the or to an urgent care to get an additional workup.

268

00:37:51.173 --> 00:38:01.914

And if we do have to do that, we'll talk to you and figure out where you're going to be sending that individual and we'll call that our urgent care, and kind of help with Dr to Dr discussion. The reason that we do that is number 1.

269

00:38:01.914 --> 00:38:13.103

we try to expedite the visit as much as possible, so that the staff at the are have the history of that individual, and hopefully, if they know what's happening, they'll kind of just get the person in and get them out as quickly as possible.

270

00:38:13.313 --> 00:38:22.193

But we'll also communicate that to that staff that if there is, if you have any concern, or on the fence about admitting the person, we can definitely check in on that person.

271

00:38:22.193 --> 00:38:34.403

If you do just charge them every couple of hours once they get home or everyday, or whatever, whatever the care is needed. So that we really do find that that does help to expedite the visits many way. We can't always guarantee it.

272

00:38:34.974 --> 00:38:49.853

But we do find that helps the other thing that you can give us a call about or behavioral changes. Certainly. If someone is gonna be a danger to themselves or others, we wouldn't have a choice but to transfer them to the. But all of our doctors do have specialized training to care for individuals with.

273

00:38:51.054 --> 00:39:05.364

Most of them are all support, certified in emergency medicine. So they're very used to working with behavioral issues. So, they're very, you know, they're able to do a lot of escalation techniques to kind of get that person kind of back to baseline until you can get them to see their psychiatry.

274

00:39:05.393 --> 00:39:18.833

Your psychologist. You know, also, if the person is taking some medications, we could potentially do a PR, in order for some of those medications maybe increase the dosage until they can get to their primary to their psychologist psychologist as well.

275

00:39:19.043 --> 00:39:24.893

So, there are a lot of things that we can do from a behavioral perspective to try to keep that person at home as well.

276

00:39:25.824 --> 00:39:37.494

And there were also just, you know, your other things obviously, cobit is a big 1, a big 1 it is getting a lot better. So hopefully, we'll continue that way but allergies any, you know, really anything. Like I said, anything that is not life threatening.

277

00:39:37.494 --> 00:39:39.235

You can feel free to give station MTA,

278

00:39:39.235 --> 00:39:44.034

call out and then just some other things that are not necessarily emergent,

279

00:39:44.034 --> 00:39:53.364

but can be time consuming from a staff perspective and can cause some issues as we're also happy to do any kind of medication refills as well.

280

00:39:53.905 --> 00:39:55.525

I had to have an asterick thereby here.

281

00:39:56.304 --> 00:40:05.574

Psychotropic meds and controlled substances only because those would be on a case by case basis, but we will certainly work with you to get that prescription refill.

282

00:40:05.574 --> 00:40:20.454

We certainly don't want someone going without or having to go to an urgent care, or to get those medications refilled also any kind of order clarifications. So, if someone does get discharged from the hospital, and you're not really sure what the orders you're saying, you can call station empty.

283

00:40:20.454 --> 00:40:32.784

The doctor will review it with you. If somebody misses a dose of medication, and you want to know if you should double up or just wait until the next time, they're supposed to get it. Those are also perfect things to call about. It's nice to see that.

284

00:40:32.784 --> 00:40:42.445

Some of the day programs are kind of opening up now, so people are out sick from the program and they forgot to get a return today program note from their own doctor. You can give us a call.

285

00:40:42.655 --> 00:40:56.844

We're happy to do a visit and give a return 2 day program question and really? I just want to. I really, really want to emphasize any questions or concerns. People really should just be afraid to give station via call about.

286

00:40:57.355 --> 00:41:05.184

We're really happy to help with it. And it doesn't even necessarily have to be directly related to an individual at the home. I think, is a good example.

287

00:41:05.184 --> 00:41:19.344

We had many caretakers that were calling, just with just kind of general general questions and concerns on the doctors are happy to help really? In any way so don't ever hesitate to reach out to us with any kind of any questions or concerns.

288

00:41:19.344 --> 00:41:28.795

Nothing really is to, in significant. We would rather have you call then not have you call especially even if you just have the caretakers. Really know the individuals the best and.

289

00:41:29.934 --> 00:41:35.635

If you just have a feeling that something is not right or someone is a little bit more lethargic or a little not eating as much,

290

00:41:35.635 --> 00:41:47.755

or just don't seem themselves if you give us a call on that the 1st day that you see that we have a lot better chance of keeping that person at home as opposed to waiting until day 3 or 4 and then they're too sick and they're starting to get septic or whatever the case may be.

291

00:41:47.755 --> 00:41:59.844

And then we don't have any choice, but to transfer them. So, I would always err on the side of giving us a call. Um, and those are just some examples, but again, not an inclusive list, but just some examples to get people started.

292

00:42:00.894 --> 00:42:11.364

So that is kind of the process and, like I said, you don't necessarily even need to have the staff trained. We have many people that call that have never used the system. It is an app. It is pretty simple.

293

00:42:11.934 --> 00:42:23.994

We do have very different ways in which you can get trained if you wanted to set up training for the staff and we're more than happy to do that for you months put some options appear.

294

00:42:24.204 --> 00:42:38.005

There would have been written instructions that have been sent out and we're always happy to refund those. We also did send out a link to a training video. We also have open practice sessions, 3 days a week that people can call and just do practice calls.

295

00:42:38.304 --> 00:42:50.875

And we can also do remote training with about 24 hours. Notice. So, if you know, you're having a staff meeting, or you have orientation for new

employees, we're happy to join that and give people just a quick overview and how to use the service.

296

00:42:50.875 --> 00:43:04.465

The other point that a part that I wanted to point out, and I don't want people to get overwhelmed with paperwork is that we do have this Excel file as well that we would send if an agency wanted to really get more specific communication.

297

00:43:04.465 --> 00:43:16.914

This kind of the 1st tab kind of goes over just specific agency information and kind of gives us an idea of who you want from an agency perspective to get notified. If somebody's seen.

298

00:43:16.914 --> 00:43:25.525

So, a lot of times at an agency, you might have a group home, like a manager for the particular group home and then you have a director for the overall agency.

299

00:43:25.554 --> 00:43:34.585

So, sometimes that director, or even the quality assurance person for the agency might want to get a notification, everytime somebody is seen by station empty.

300

00:43:35.309 --> 00:43:49.405

Um, and then you may have just people that you would only want to get notified if they like, if they were managing that particular home. So, on this tab, you would put the people that from an agency perspective that you wanted to receive the notifications when somebody gets seen.

301

00:43:49.405 --> 00:43:57.684

And we also do, do monthly reports to kind of just give a summary of the data of who gets seen by station empty. So, you can give us that information.

302

00:43:57.960 --> 00:44:11.190

And then here, we just have, if you wanted to have specific information by each individual home, within your agency, you would provide us with the contacts for those homes. And then those people would get, as I said, an email notification.

303

00:44:11.514 --> 00:44:22.344

Every time somebody who was seen at that home, and then they would have access to our platform, which is called station connect and those notes would always be available for those individuals within our platform.

304

00:44:23.005 --> 00:44:34.434

So, I can also just kind of show you what the notifications would look like and it's just kind of a nice push system for people. So they would get, as I said, as soon as the doctor hit sign, they get this notification that somebody was seeing.

305

00:44:35.244 --> 00:44:46.945

They would log into our system and then they basically have access to they would see the site that the person was at the name of the individual. And then they would just click on here where it says progress. No, it's a little bigger.

306

00:44:47.309 --> 00:44:59.364

Um, and they would be able to see the no and this would always be available to people, and they would have access to this, you know, at any time it's even nice if you have an electronic health record, like, therap to get that push notification.

307

00:44:59.545 --> 00:45:06.804

Because then you're not having to scroll through therap to see who was seen you have a push notification and then you can go in and see the note in therap. If you prefer.

308

00:45:07.409 --> 00:45:19.795

Um, so I know it's kind of a lot of information, but I just want to emphasize that is actually a pretty simple process. And we do have many people that haven't had any training, and they just give a call and we kind of walk them through, walk them through.

309

00:45:20.184 --> 00:45:28.014

And again really don't need to do any kind of registration piece upfront. But we again are more than happy to do any kind of training with your staff.

310

00:45:28.014 --> 00:45:37.135

We're having just a 1 on 1 meeting with each of the agencies that they want to get more detailed information, or have specific questions that they want to bring up.

311

00:45:37.409 --> 00:45:50.125

But also happy to answer any questions now as well. All right Thank you, Megan. We did have a question the chat, but I think it's more for me than for you.

312

00:45:50.125 --> 00:46:04.465

Right now that question is the station and be available for individuals 3rd through deviate or Jesse. D. so it is currently just available for individuals through the division of developmental disabilities although we do sometimes have people that are certified, both division.

313

00:46:04.465 --> 00:46:18.204

So, in that case yes. But you have to be enrolled in a waiver right now so you either need to be in the partnership for the in home labor, or the residential community support waiver, the comp waiver, or the Lopez waiver in order to access the service.

314

00:46:18.204 --> 00:46:31.914

At this point, we will be looking at ability to expand services here, but right now that that's our limitation at this point as and I just wanted to say, Megan, every time I listen to you guys talk.

315

00:46:31.945 --> 00:46:45.894

I learned I learned something new, and I hope everybody else on the call did today, but I just knowing that I learned something new on that call just tells me we have to keep getting this information out in front of folks at different different stages.

316

00:46:45.894 --> 00:46:58.375

So, speaking, specifically to my staff that have joined the call today, if you can think of a place where we need to be pushing this information more, please let us, though, because we're paying for this for everybody.

317

00:46:58.795 --> 00:47:01.614

We're paying for everybody to have access to this. So.

318

00:47:01.889 --> 00:47:06.360

We want to make sure people are utilizing it when it makes them to utilize it.

319

00:47:06.360 --> 00:47:17.010

Anything else station? M. D. no. I don't think so. Someone was just asking me for my email address so I'm going to put it in the chat here so everybody has it.

320

00:47:17.010 --> 00:47:22.170

And I were, I could send it out and know how that's going to go. Did you just.

321

00:47:22.170 --> 00:47:29.909

So, yes, so that's what we'll get. We'll get that information out. So people can give a call if they need to and we can set up some individual meetings.

322

00:47:29.909 --> 00:47:34.650

Absolutely, and we will also make sure we put it.

323

00:47:34.650 --> 00:47:44.639

We will also make sure we put that in the follow up information that goes out. So, Megan, thank you so much. Thank you. Team presentation and be that we're able to join today.

324

00:47:45.204 --> 00:47:58.885

Thank you I already have comments coming into the panelists on what we can do to get more information out about this. So appreciate that. And there doesn't seem to be anything else in the chat. We did not have anything else on the agenda at this time.

325

00:47:59.215 --> 00:48:13.255

I can't leave the call without saying, you know, we talk about vaccinations all the time and I talked with people that are still scared about getting the vaccinations. And what I always tell them is, we're here to meet you where you're at, when you're there.

326

00:48:13.255 --> 00:48:13.465

So,

327

00:48:13.465 --> 00:48:14.724

if you've got a question,

328

00:48:15.054 --> 00:48:16.884

maybe I can answer maybe I can't,

329

00:48:17.934 --> 00:48:28.284

but I just want you to feel as comfortable as you can in the process that I ran into somebody just last week who said I know what I have to do,

330

00:48:28.315 --> 00:48:32.394

but I just for some reason I can't walk through the door and get the vaccination,

331

00:48:32.394 --> 00:48:35.545

and she actually works within walking distance,

332

00:48:35.545 --> 00:48:37.344

other walk in vaccination clinic.

333

00:48:37.735 --> 00:48:48.385

So I said, well, I mean, we're here to help you. And so I do think we have a lot of folks out there that are at that point and I get it. The stuff can be this stuff is scary.

334

00:48:48.385 --> 00:48:55.014

But we, I, and I told her just what we're seeing in the facilities that we operate and we still have.

335

00:48:55.289 --> 00:49:02.695

Staff that test positive, and we have facilities that are 100% vaccinated for their residence and we are seeing no negative outcomes.

336

00:49:02.724 --> 00:49:17.695

And I remind folks that what I'm talking about individuals who have thought a lot of things, their whole life, and who are successful right now, and not pitching code that. So just wanted to make sure everybody had that.

337

00:49:18.510 --> 00:49:25.139

To end of the day, enjoy the sun and we will talk to you on a couple of weeks. Thank you for everything. You do.

338

00:49:25.139 --> 00:49:31.199

Bye.