

WEBVTT

1

00:00:00.000 --> 00:00:04.498

Thank you and good morning division.

2

00:00:04.498 --> 00:00:10.739

And partners, it's great to meet with you on hopefully a beautiful Wednesday morning wherever you are.

3

00:00:10.739 --> 00:00:16.888

We are going to be going over the.

4

00:00:16.888 --> 00:00:20.879

The webinar on.

5

00:00:20.879 --> 00:00:28.710

Transfers into the information specialist support system.

6

00:00:29.394 --> 00:00:42.054

So, this is specifically for support coordinators and the steps that need to be taken to transfer people in. I recognize that this is not a process that you go through daily.

7

00:00:42.594 --> 00:00:46.674

So we will move through.

8

00:00:46.920 --> 00:00:57.119

The slides and move through the process to kind of give you a strong indication of what you need to do when you have identified someone who.

9

00:00:57.119 --> 00:01:07.409

Meets the criteria to transition into the information support system. I am going to ask 1 question. I'm going to apologize. How do I advance the slides?

10

00:01:07.409 --> 00:01:14.340

No apology necessary. It's a little tricky when we have the, the PowerPoint preloaded.

11

00:01:14.340 --> 00:01:19.469

And if you'll go over to the left side of your monitor your screen there, and kind of hover.

12

00:01:19.469 --> 00:01:22.859

You'll see an oh, come pop up.

13

00:01:22.859 --> 00:01:33.840

And there's some finicky little arrows up and down me that it's sometimes hard to to be able to grab. Exactly. So you should be able to advance slides up and down based on that.

14

00:01:33.840 --> 00:01:45.299

From that I see them, thank you. All right the wonders of technology so we'll go ahead and get started. Obviously the chat is always available for you to chat in questions.

15

00:01:45.299 --> 00:01:52.049

I always provide my contact information at the end of the presentation for you to reach out.

16

00:01:52.049 --> 00:01:57.390

Individually, so we always welcome.

17

00:01:57.984 --> 00:02:07.855

Questions comments, things like that. It's great to see 112 participants during this presentation. So we'll go ahead and move through the slides.

18

00:02:07.855 --> 00:02:17.514

So there are 3 options for wine individual might be transitioning into the information specialist system. The 1st, 1 is of course, the loss of Medicaid.

19

00:02:17.514 --> 00:02:22.944

So this is for someone who receive support coordination and a county that is.

20

00:02:25.590 --> 00:02:39.384

Overseen by a regional office support coordination group if that individual loses Medicaid, and they are not affiliated with the autism project, then we're going to look for that individual to be transitioned into the information specialist.

21

00:02:39.805 --> 00:02:52.495

That may be true for community partners who do not have an intent to serve folks with out Medicaid. The next 1 is looking at transitioning from what we call a non.

22

00:02:52.495 --> 00:03:03.985

I asked county to an, I asked county within the same region and that can be kind of confusing. So a non county is a county. That is not support, coordinated through the division.

23

00:03:04.104 --> 00:03:10.675

That is 1 of our private tcm's and community partners. And you have an intent to serve.

24

00:03:11.069 --> 00:03:14.460

All right, so that is a non county.

25

00:03:18.745 --> 00:03:24.444

And that individual is moving from that county, into a county, within the same region.

26

00:03:24.474 --> 00:03:38.335

So within, like, say, the RA, regional office or the central Missouri, regional officer, the Joplin regional office to a county, that is considered an information specialist county. So that would be 1 that is managed by the information specialist system.

27

00:03:39.055 --> 00:03:42.985

And then the 3rd option is transitioning from again. A non. I ask.

28

00:03:43.740 --> 00:03:52.919

As we discussed before, so that's a county managed by community partner TCM entity, community, mental health provider.

29

00:03:53.155 --> 00:04:08.004

Cynical 40 board, or contracted relationship to on information specialist county between regions. So, that would mean that they're going from Kansas City to St Louis, or they're going from Springfield to.

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00:04:09.534 --> 00:04:16.404

So that would mean that there is transitioning out of a county that has an intent to serve into a county.

31

00:04:16.709 --> 00:04:25.500

That does not have an intent to serve non Medicaid folks and that are not participating in the autism project funding.

32

00:04:25.500 --> 00:04:35.725

And they're in a, they're going between counties. So this is the loss of Medicaid transfer process. Now I've gone ahead and put these in here.

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00:04:35.725 --> 00:04:47.514

So that the slide decks should be available will be most likely posted. So, that you'll all have a copy of this process. And it's laid out very.

34

00:04:49.043 --> 00:04:57.293

Hopefully very plainly and and each role is identified on on your responsibilities.

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00:04:57.624 --> 00:05:06.173

So obviously we're going to look to the sending TCM or the regional office support coordinator to the 1st, and foremost is to update demographics.

36

00:05:06.389 --> 00:05:18.629

For Seymour, reflecting the most current address contact information for the consumer we're looking for the most up to date information and I know that sometimes things can get past us.

37

00:05:19.074 --> 00:05:34.043

But to your best knowledge, so if you are looking at making that transition from support coordination to information coordination system, then we're going to just ask that you touch base with the family to ensure that they are aware that this transfer is taking place.

38

00:05:34.319 --> 00:05:44.098

And that you confirm that phone number is is correct address is correct. Responsible parties are all correct.

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00:05:44.694 --> 00:05:57.954

Really really important is to say, do you have an email address? Information specialist? We have email distribution lists. We communicate with our individuals and families a lot electronically.

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00:05:58.283 --> 00:06:07.673

So having a valid email address is would be greatly appreciated. It's really important. We're going to ask you to fill out the information specialist referral document.

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00:06:09.088 --> 00:06:17.548

And that document should be forwarded to client information center, medical records and to the information specialist email.

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00:06:17.548 --> 00:06:22.468

Why client information center? Well, I'm making an assumption.

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00:06:22.468 --> 00:06:29.759

Is that your client information is going to handle your episode care now? Maybe in your region.

44

00:06:29.759 --> 00:06:34.288

And there may be subtle, subtle nuances across each region.

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00:06:35.093 --> 00:06:48.954

I'm just kind of shooting from the hip making some assumptions that client information medical records handles the episodes of care. We want it to go to them so that they can change out the program code from.

46

00:06:49.348 --> 00:06:52.678

Support coordination, case management, only.

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00:06:52.678 --> 00:06:56.908

2 information coordination.

48

00:06:57.324 --> 00:07:11.723

Okay, there is a program called called information, specialist, local that's for agencies TCM entities that have an intent to serve, but do not provide true support coordination, but more of a resource and referral.

49

00:07:12.024 --> 00:07:14.934

So we're asking that that program code to be changed.

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00:07:15.178 --> 00:07:29.814

To information coordination, and then that document be forwarded to the information specialist email box. So we're going to ask you not to send that maybe to the information specialist that works directly in your region.

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00:07:30.384 --> 00:07:33.264

Information specialist served the entire state.

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00:07:33.598 --> 00:07:39.238

Okay, we have about 3500 individuals across the state of Missouri.

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00:07:39.238 --> 00:07:53.694

We have 6 staff, so you're looking at pretty caseloads if I divided those up and St Louis, the 2 in St Louis would have exorbitant caseloads because the majority of our folks reside in St Louis.

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00:07:53.934 --> 00:07:54.144

So,

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00:07:54.144 --> 00:08:08.783

we're asking you to send that to the information specialist email box then each of the information specialist on a daily basis has a coverage day or an on call day and they'll retrieve that and they'll process that transfer in

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00:08:08.783 --> 00:08:10.223

accordance with our processes.

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00:08:10.733 --> 00:08:11.064

Okay.

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00:08:11.399 --> 00:08:21.629

We're also going to ask that if the TCM entity has the consumer record, whether it be electronic, or it'd be a hard copy that that be returned to client information.

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00:08:22.793 --> 00:08:33.923

So that the record can be maintained ongoing client, information center. We're going to look for you if this is your responsibility. Now, maybe there's a region that doesn't handle it like this.

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00:08:34.163 --> 00:08:38.693

If there are subtle nuances, then I'm going to have to ask you to.

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00:08:38.999 --> 00:08:46.918

Identify within yourself that the process is a little different. I can't I can't alter processes.

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00:08:46.918 --> 00:08:55.288

And maintain those for each region so we kind of did a general process. So we'll look towards the.

63

00:08:55.524 --> 00:09:01.884

information's client, information center to close the tcm's episode of care if that's applicable.

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00:09:01.913 --> 00:09:13.313

If you do your targeted your billing and logging in the same system, if you don't, then there won't be an episode of care to close.

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00:09:13.703 --> 00:09:23.004

We are looking for the program code to be transition to information coordination and then obviously, for the record to be maintained there at the regional office. So.

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00:09:23.308 --> 00:09:25.163

Once it comes to the information specialist,

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00:09:25.163 --> 00:09:25.553

just so,

68

00:09:25.553 --> 00:09:26.124

you know,

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00:09:26.333 --> 00:09:30.774

we track our transitions in with some Excel databases,

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00:09:30.774 --> 00:09:31.553

we hope,

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00:09:31.553 --> 00:09:38.783

and look forward to connection the new system to assist us in not having to maintain it so many outside.

72

00:09:40.229 --> 00:09:54.533

Tracking mechanisms, we're going to make contact with that individual or responsible party. So, what you need to understand is that within our, our expectation for each of them is that I've set a 5 day 5 business day.

73

00:09:54.533 --> 00:10:05.394

So a business week expectation that they'll reach out to that individual so you may transition that person on Monday. So, the expectation is, is that by the next Monday.

74

00:10:05.668 --> 00:10:13.828

Have the information specialists have reached out to them. Okay. And then we're going to provide appropriate resources and referrals.

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00:10:13.828 --> 00:10:28.198

So, we'll move on to the next process so this is transitioning from a non county. So that's counting with an intent to serve to an information specialist county within the same region. Again.

76

00:10:28.198 --> 00:10:38.903

It's going to sound redundant and I apologize, but we're just making sure we capture all the most important information. Each time. We look at it. And that is, we're going to ask you to update demographics.

77

00:10:39.413 --> 00:10:51.563

We're going to ask you to send that information to your client information center or to the, whoever handles that for you and to the information specialist email again, we're going to ask you to send the medical record.

78

00:10:52.168 --> 00:10:55.408

To the regional office.

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00:10:55.408 --> 00:11:06.149

Okay, again someone might receive a contact from the information specialist in Kansas City, but they but the.

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00:11:06.149 --> 00:11:16.408

Individual resides in St Louis, so the medical records always going to reside in the county that they originate from county where the regional office and accounting were. They're domiciled.

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00:11:16.408 --> 00:11:20.879

Okay, so again we're going to look to client information.

82

00:11:20.879 --> 00:11:33.028

Check that does that support coordination entity they utilize an episode of care for billing. We're going to ask that to be closed. We're going to request that the program code. B.

83

00:11:33.028 --> 00:11:44.788

Updated to information coordination and we're going to maintain that record at the regional office. It's going to be really, really important on those documents that you indicate the date of transfer. Okay.

84

00:11:45.869 --> 00:11:54.989

That this is the day that it's going that gives client information the exact date, they need to close out.



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00:11:54.989 --> 00:12:02.879

Support coordination and open up information coordination and then finally we're going to follow our same processes.

86

00:12:02.879 --> 00:12:17.428

We're gonna we track some information in our Excel documents. We're going to make contact with that individual and we're going to provide a real appropriate resources and referrals as we're able. The main thing to look at and remember is to not just.

87

00:12:17.428 --> 00:12:27.568

Change the program code, or your close yourself out and not send the record. We'll have no mechanism.

88

00:12:27.833 --> 00:12:41.004

To know that you've, you've kind of that you've closed yourself out as the support coordination entity, or the individual support coordination and decided to move them to information coordination.

89

00:12:41.214 --> 00:12:45.024

Unless the processes are followed just like this.

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00:12:47.578 --> 00:13:00.384

And again, I'm not going to be redundant and tell you the exact same thing over time. We are going to ask you this 1, because it's going between regions that there are few extra steps that need to take place.

91

00:13:00.803 --> 00:13:11.453

So, again, you're going to initiate that administrative transfer process that are utilized when a consumer moves from 1 TCM, regional office to another throughout the region, or the state.

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00:13:11.729 --> 00:13:15.178

So, if someone is moving.

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00:13:15.178 --> 00:13:19.379

Out of region.

94

00:13:19.379 --> 00:13:25.558

And they're moving to another regional office, we're going to ask the referring targeted case management entity.

95

00:13:25.558 --> 00:13:28.889

To follow.

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00:13:28.889 --> 00:13:37.019

That administrative transfer process that is already in existence. So we're going to ask that the administrative transfer document be completed.

97

00:13:37.019 --> 00:13:42.719

And forwarded to the transfer contacts for the sending and receiving regional offices.

98

00:13:45.178 --> 00:13:52.349

We're going to ask for a copy of the most current if you would like to be submitted along with the referral documentation.

99

00:13:52.349 --> 00:14:01.499

That you submit to the sending and receiving regional offices to go ahead and submit that to the information specialist email address as well.

100

00:14:01.499 --> 00:14:06.418

And then that consumer file is going to be forwarded.

101

00:14:06.418 --> 00:14:15.749

To the receiving regional office, now we realize that there's going to be some communication back and forth between regions.

102

00:14:15.749 --> 00:14:19.014

Saying, yes, we'll will you accept? Yes, we will.

103

00:14:19.043 --> 00:14:33.083

This is the date, but we're, we're asking you to include us as the information specialist in that discussion so that we're aware so that we know it's really not going to hinder or change.

104

00:14:33.328 --> 00:14:47.188

How we operate with that individual or family, we're going to continue to do what we do in the same fashion that we've we've done and all the other processes. It just lets us know that.

105

00:14:47.188 --> 00:14:51.479

The loop has been closed that the sending regional office.

106

00:14:51.479 --> 00:15:01.558

Has has requested to transfer and the receiving regional office has accepted the transfer. Okay.

107

00:15:02.818 --> 00:15:10.739

We're going to look for the client information center staff to close the from. So the sending.

108

00:15:10.739 --> 00:15:16.168

A client information center is going to close your upon.

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00:15:16.168 --> 00:15:20.609

Um, acceptance, you're going to forward all of the documents.

110

00:15:20.609 --> 00:15:26.639

To the to the appropriate regional office.

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00:15:26.639 --> 00:15:34.198

The receiving regional office is going to open up an episode of care and they're going to add the I asked program code information.

112

00:15:34.198 --> 00:15:47.639

Uh, coordination, program, code and then the main file the master record is going to be stored at the receiving regional office. It's not going to be stored with the information specialist again, because we don't access those files.

113

00:15:47.639 --> 00:15:59.274

Because we serve the entire state and again, we're going to get that referral, we're going to enter it and we're going to make contact with the individual and family. It's really important.

114

00:15:59.333 --> 00:16:11.604

If there's information, when you're transferring special information, that might be important for us to know that you include that on transfer documents. Maybe in the email.

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00:16:11.879 --> 00:16:20.788

To the information specialist, referral email so that we're aware of it we're not going into a blind. It's not something that happens very often.

116

00:16:20.788 --> 00:16:24.928

But it is something for us to know because.

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00:16:24.928 --> 00:16:32.038

Um, you know, again, maybe you've got an information specialist working in your local office.

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00:16:32.038 --> 00:16:35.308

And you're transitioning it out.

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00:16:35.308 --> 00:16:42.688

They may not be the 1 that picks up that transfer on the day that it's sent because it may not be their coverage day.

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00:16:42.688 --> 00:16:53.068

Somebody else from across the state may be covering it. So it's best to never assume and just make a specific.

121

00:16:54.089 --> 00:16:58.288

Notes of what we should know as we take the case over.

122

00:16:59.879 --> 00:17:06.479

So, we've got 2 required documents. We've got the information specialist transfer document, and the information specialist referral document.

123

00:17:06.479 --> 00:17:13.048

So, here's the transfer document. It's the same transfer document that's utilized by the rest of the state.

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00:17:13.048 --> 00:17:17.878

When a transfer is taking place, so we're going to ask you to complete that.

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00:17:17.878 --> 00:17:24.209

With all the correct information, just like you would for any other transfer or transition.

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00:17:26.278 --> 00:17:34.979

And then this is the referral document, and you might be asking yourself what's with the information specialist referral document we're going to ask you to complete this.

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00:17:34.979 --> 00:17:41.159

Um, this little document at this point in time, meets our state requirements.

128

00:17:41.159 --> 00:17:45.808  
For an hey.

129

00:17:45.808 --> 00:17:51.719  
And we'll store that that can be stored in the record and.

130

00:17:51.719 --> 00:18:01.378  
And can be in place so that we've got some measure of a, of an, in the file for someone that's in the information specialist system.

131

00:18:04.288 --> 00:18:10.739  
So, there are exceptions to this rule and so I want to talk a little bit about that today.

132

00:18:10.739 --> 00:18:18.959  
If you are an agency that has indicated that you have an intent to serve and you no longer have the ability.

133

00:18:18.959 --> 00:18:24.419  
To provide supports and services to individuals with.

134

00:18:24.419 --> 00:18:38.604  
Without Medicaid, and who are not accessing autism project funding we completely understand. And if you have done it up to this point, and can no longer do it, we always want you to know that we have appreciated your willingness and your generosity.

135

00:18:38.604 --> 00:18:40.584  
Because we know that you're not being reimbursed.

136

00:18:40.858 --> 00:18:44.009  
For supporting those individuals.

137

00:18:44.009 --> 00:18:47.669  
That it's most likely cost negative.

138

00:18:47.669 --> 00:18:51.929  
So, if you are an agency that maybe has decided.

139

00:18:51.929 --> 00:18:59.848  
How we're going to no longer provide services and you're going to look at moving your entire caseload.

140

00:19:00.868 --> 00:19:12.298

To the information specialist system, I'm going to ask you to not abide by the transfer processes that I've gone over with you. I'm gonna ask you to communicate with me directly.

141

00:19:12.298 --> 00:19:15.358

Okay, so that we can schedule a meeting.

142

00:19:15.358 --> 00:19:18.358

To discuss the details of your decision.

143

00:19:18.358 --> 00:19:32.094

Okay, and really what I'm looking at here is I'm not going to try and talk you out of it. I want you to know how thankful we have been that you have provided services to these folks up to this point. And we understand that.

144

00:19:32.094 --> 00:19:39.384

It's not something that you can continue to do, but we're going to identify the number of individuals that your end. Your agency is looking to transfer.

145

00:19:39.689 --> 00:19:44.338

Okay, so we want to get to a head count of how many folks are coming.

146

00:19:44.338 --> 00:19:48.808

During that meeting, we're going to set the date for transfer.

147

00:19:48.808 --> 00:19:53.548

Okay, we also want to identify.

148

00:19:53.548 --> 00:19:58.979

The date to notify intake for your.

149

00:19:58.979 --> 00:20:02.608

Specific region to stop sending you new referrals.

150

00:20:02.963 --> 00:20:17.544

Okay, that's really important. So, typically, during those meetings, I'm going to be present. We're going to have representation from the TCM agency, and we're also going to have representation, maybe from the local office so that everyone is on the same page.

151

00:20:17.848 --> 00:20:23.429

We'll probably also have, like, intake and medical records.

152

00:20:23.429 --> 00:20:33.568

Present during those meetings, so that they know, okay stop sending referrals on this date. And this is the date that we can expect to get those files.

153

00:20:33.568 --> 00:20:36.598

Returned to the regional office to be stored.

154

00:20:36.598 --> 00:20:40.229

All right, so we'll schedule a date.

155

00:20:40.229 --> 00:20:48.479

As of stopped getting referrals, you know, and you might know your agency might say, well, we're going to stop taking referrals on.

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00:20:48.479 --> 00:20:53.999

June the 1st, but we're not looking to do our official transfer date.

157

00:20:53.999 --> 00:21:00.148

Until July 1, not a problem we've done this a number of times.

158

00:21:00.384 --> 00:21:06.473

That gives you the opportunity, however much time you need to kind of close everything out.

159

00:21:06.534 --> 00:21:21.173

We do ask you to notify each individual that your agency is no longer intending to serve and that those individuals that were previously receiving services from your agency will now be receiving services through the information specialist.

160

00:21:21.449 --> 00:21:25.828

A referral system Resourcing referral system. All right.

161

00:21:27.239 --> 00:21:33.209

And then we'll set the date for the transfer. What I'll do is once I have the list.

162

00:21:33.209 --> 00:21:36.868

And we have a set date.

163

00:21:36.868 --> 00:21:45.179

Then I will divvy those up and distribute them evenly among the staff.  
So.

164

00:21:45.179 --> 00:21:50.993

The most recent transfer we had was about 42 individuals, so that would not be appreciated.

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00:21:51.054 --> 00:22:01.943

I would probably receive hate mail from the information specialist if they received 42 transfers with the expectation that they have those individuals contacted and processed in the next week.

166

00:22:01.943 --> 00:22:07.044

Obviously and information specialists have other duties to take care of.

167

00:22:07.769 --> 00:22:16.679

And so that would not be feasible. So we would ask that you not send any of this through the information specialist email box.

168

00:22:16.679 --> 00:22:20.189

That it all comes, it comes directly to me.

169

00:22:20.364 --> 00:22:33.923

And I'll coordinate the efforts and then once we have an idea of who it is, that's coming. And we know when the transfer date is and we have a plan for the files to be returned to the regional office.

170

00:22:34.374 --> 00:22:42.804

Then we'll get a plan on the calendar for when our information specialists are going to reach out and touch base with those individuals.

171

00:22:46.229 --> 00:22:50.519

Again, this is a this isn't there a long.

172

00:22:51.054 --> 00:23:05.124

Presentation, but I think that it's important, because there's a lot of confusion that's floating around out there, because it just isn't something that maybe you handle all the time and so it doesn't hurt to have a refresher. So you're always welcome to reach out to me. I always say that we can.



173

00:23:05.818 --> 00:23:18.773

Willing to facilitate questions, comments and rude remarks. So you're going to reach out to me directly at my office number, which is 407 6 to 93576. so, even though I do, I, I do work for central office.

174

00:23:18.773 --> 00:23:22.794

I am domiciled in joclyn region and my email address is listed below.

175

00:23:27.298 --> 00:23:32.608

So, you can reach out to me either. 1 of those ways I'm going to look here.

176

00:23:32.608 --> 00:23:43.199

To see, I don't so has indicated that the PowerPoint in the are going to be recorded and posted. I don't see any questions.

177

00:23:43.199 --> 00:23:49.348

Is the opportunity? Oh, great. We've gotten a question. Let's see who we got the question for.

178

00:23:49.348 --> 00:23:58.078

tcm's cannot Bill Medicaid on individuals who reside in nursing homes even if the person has active Medicaid.

179

00:23:58.078 --> 00:24:09.778

Exactly, yeah, you cannot bill. If someone is in a nursing home, even though their Medicaid is active so yeah, you could look you are welcome to transfer those individuals to the information specialist system.

180

00:24:09.778 --> 00:24:19.138

You bet, and and if you want to be specific and say our TCM entity, you know, so that we can coordinate with intake.

181

00:24:19.138 --> 00:24:25.348

For your region, because I'm not sure.

182

00:24:25.348 --> 00:24:28.979

You know, where exactly you might live.

183

00:24:28.979 --> 00:24:34.138

So that we can coordinate that that to not send your agency nursing home referrals.

184

00:24:34.614 --> 00:24:48.473

Here's going to be my caveat to that and maybe we can work on that individually. If someone is is homestead and is looking to transition out that you might clarify that with us.

185

00:24:49.104 --> 00:25:03.413

Would you be? Would you have an intent to serve? If someone is residing in a nursing home, but they meet waiver criteria, and they are looking to obtain residential services because of homestead.

186

00:25:03.743 --> 00:25:08.153

That would be kind of my only caveat that we might ask for clarification on.

187

00:25:12.269 --> 00:25:19.739

Somebody else's text has chatted in. Matto was curious as to what is the procedure for when we send files.

188

00:25:19.739 --> 00:25:25.558

To ask, is it procedure for them to contact the consumer family to make sure the referral is valid?

189

00:25:25.558 --> 00:25:34.558

So, I'm not quite sure what valid means.

190

00:25:34.558 --> 00:25:41.398

So here are a couple of caveats to that.

191

00:25:41.398 --> 00:25:46.648

If someone is transitioning.

192

00:25:46.648 --> 00:25:54.689

Someone, if you're a is transitioning out of the support of the target targeted case management into our system.

193

00:25:54.689 --> 00:25:58.138

Uh, usually we're just going to accept the transfer.

194

00:25:58.138 --> 00:26:05.548

Okay, so again, I'm not really sure what valid means we do look at.

195

00:26:05.548 --> 00:26:13.259

Can we do look at when someone is transitioning out of information specialist.

196

00:26:13.259 --> 00:26:25.199

Into case management, we ensure that that would be a valid transfer because there are certain mammy codes to the Medicaid system that would not qualify an individual for.

197

00:26:25.199 --> 00:26:34.528

Targeted case management, so we do check that before we make the transfer sometimes families, contact regional offices.

198

00:26:35.034 --> 00:26:44.903

And say, hey, I've got active Medicaid and an email comes to me or to the information specialist, and they say they're medicaid's active and they want to be transferred.

199

00:26:45.834 --> 00:26:55.703

So we're not going to just make the assumption that that that's good to go. We're going to check that EMI code. We're also going to confirm that the individual isn't paying their spin down.

200

00:26:56.153 --> 00:27:05.634

So if the individual is not paying their spend down or they are not their Medicaid Emmy code is not appropriate for.

201

00:27:05.939 --> 00:27:08.969

Targeted case management.

202

00:27:08.969 --> 00:27:12.689

And then that would be the time that we confirm. That's valid.

203

00:27:12.689 --> 00:27:24.868

So, if there's other questions, and maybe some further information that you want to reach out to me specifically, and maybe privately following this.

204

00:27:24.868 --> 00:27:30.148

To talk about that, you know, obviously my contact information on the screen, I'll be glad to visit with, you.

205

00:27:30.148 --> 00:27:35.398

Um, any other questions.

206

00:27:35.398 --> 00:27:41.308

Comments that you might have I'll give us a minute or 2 more.

207

00:27:45.838 --> 00:27:58.913

So, I realized that, as we do this, you know, you might think on this and ponder it. And then tonight at midnight, you wake up going. I should have asked that you can call me at midnight. I'm not going to answer, but I will call you.

208

00:27:58.913 --> 00:28:01.463

I will respond when I'm back into the office.

209

00:28:04.378 --> 00:28:11.878

I'm going to chime in really quick because I know some folks have been submitting questions, but they've been submitting them to the host.

210

00:28:11.878 --> 00:28:24.443

And so I'm the only 1 that sees those, and they've really, probably don't want me to try to answer those questions. So, some of them I have managed to get a cut and paste and sent to you if there that I missed.

211

00:28:24.503 --> 00:28:35.364

And Matt does not answer your question, please resubmit those. And when you submit those questions, make sure that you send those to all panelists so that he'll have the chance to see those.

212

00:28:35.669 --> 00:28:49.348

Right. All right so I've got another 1. will there be any training on how I ask is to make referrals transfers to TCM when a non Medicaid individual becomes active on Medicaid, or wants autism services?

213

00:28:49.348 --> 00:29:02.368

Yeah, I'll be glad to do a training so my previous webinar that I did in November of 2018 does go over that process on how we transfer people out.

214

00:29:04.344 --> 00:29:18.712

I'm glad to do a refresher on on what it looks like when we transfer people out of the information specialist system back to targeted case management. If there are some specific questions.

215

00:29:20.009 --> 00:29:24.689

Then I can answer right now, I would be glad to.

216

00:29:24.689 --> 00:29:32.219

Typically, what we're doing is we are verifying that the Medicaid is active.

217

00:29:32.219 --> 00:29:35.909

That if there is a spend down, it is being met.

218

00:29:37.019 --> 00:29:40.048

That the Emmy code is appropriate for support coordination.

219

00:29:40.048 --> 00:29:46.919

And then we're going to complete that the transfer document.

220

00:29:47.364 --> 00:30:01.554

And I'll scroll back up to those. Okay, so this is we're going to complete the transfer document and the referral document, and we're going to follow the same transfer process that's lined out in the transfer brochure.

221

00:30:01.554 --> 00:30:13.163

And you're going to have to forgive me, because I never fully remember the correct name, but it identifies all of the regions and who to transfer contacts are for each region as well as targeted case management group.

222

00:30:13.439 --> 00:30:16.739

We're going to follow that transfer process.

223

00:30:16.739 --> 00:30:21.838

By notifying both the regional office and if there is a TCM.

224

00:30:21.838 --> 00:30:29.009

Associated then we're going to notify the people that are listed in that brochure as the contact.

225

00:30:29.009 --> 00:30:35.038

Folks again, because we serve the entire state we rely on that document.

226

00:30:35.038 --> 00:30:44.638

To to provide us the most current up to date information. So if it doesn't give the current information, and then we'll ask you to communicate.

227

00:30:44.638 --> 00:30:52.078

With, I think, typically through provider relations or through the.

228

00:30:52.078 --> 00:30:55.439

Not provider relations, but with the.

229

00:30:57.538 --> 00:31:02.338

Oh, what's the term I'm thinking of with Jill she made group.

230

00:31:02.338 --> 00:31:07.469

Um, to make sure that that that document is current.

231

00:31:07.884 --> 00:31:20.483

But that is our process that we're going to typically walk through if someone has an autism diagnosis, and they're requesting autism project, funded services, then we're going to follow the same steps.

232

00:31:20.483 --> 00:31:24.443

We're going to complete the transfer form as well as the referral form.

233

00:31:24.773 --> 00:31:39.594

And we're going to know that the reason they're requesting is autism project funded services and then we're going to use the transfer contacts out of that brochure as our, our, our measure of contact as who we, who we reach out to.

234

00:31:41.278 --> 00:31:48.838

But, yeah, if it would be beneficial yes, I'll do an, I can do a follow up training webinar on.

235

00:31:48.838 --> 00:31:52.558

On that process and what to expect what to look for.

236

00:31:55.739 --> 00:32:01.588

There any other questions, it's been great. I appreciate them.

237

00:32:01.588 --> 00:32:06.269

We want to make this process as easy on all of you as we can.

238

00:32:06.269 --> 00:32:11.338

And we want to try and dispel as much confusion as we can.

239

00:32:22.108 --> 00:32:36.118

Okay, I've got another 1 here is the ultimate goal to have all tier. 4 individuals transferred to information specialist.

240

00:32:37.348 --> 00:32:41.818

So, is, is that our goal.

241

00:32:41.818 --> 00:32:48.058

No, but we exist if that's the necessity.

242

00:32:50.933 --> 00:32:51.263

You know,

243

00:32:51.294 --> 00:32:55.193

if a TCM agency or a community partner doesn't feel like they can,

244

00:32:55.403 --> 00:33:08.124

they can continue to provide sort of a resource and referral or support coordination service to an individual that is not receiving Medicaid and is not participating in autism project.

245

00:33:08.124 --> 00:33:14.544

And they need to come to the information special system then then we completely understand and, and we receive the transfer.

246

00:33:14.848 --> 00:33:19.409

I hope that that kind of answers.

247

00:33:19.409 --> 00:33:30.719

And I'm scrolling through here. What kind of calls emails are you receiving from consumers? With services.

248

00:33:30.719 --> 00:33:42.898

What type of calls emails are appropriate we receive calls and emails concerning all kinds of things and I'll tell you that there isn't anything that isn't appropriate.

249

00:33:42.898 --> 00:33:51.808

You know, that that number's always going to be, you know, if it's not answered directly.

250

00:33:51.808 --> 00:34:02.249

Then, because obviously of our pandemic response, that number hasn't been able to be answered directly as much as we would like.

251

00:34:03.749 --> 00:34:10.168

We do have the ability to answer that phone when it rings. Now, we didn't previously when the information specialist system came about.

252

00:34:10.168 --> 00:34:14.099

Um, so any call.

253

00:34:14.099 --> 00:34:19.619

Is appropriate, we'll visit with anybody even if they're in the.

254

00:34:19.619 --> 00:34:25.409

Support coordination program we get calls about all kinds of things.

255

00:34:25.409 --> 00:34:29.608

Um, so.

256

00:34:29.608 --> 00:34:42.179

In the past, when referrals are sent, I asked there return to support saying the I asked contact to the family and the cases to remain active.

257

00:34:42.179 --> 00:34:48.179

Okay, so again I'm not quite sure what.

258

00:34:48.179 --> 00:34:53.248

What that means families.

259

00:34:53.693 --> 00:35:08.034

If it's returned, then we're looking at and if that's an issue of clarification on our part, then we would be glad to I'll be glad to clarify that with the information specialist staff. But if the individual.

260

00:35:08.398 --> 00:35:14.219

Has active Medicaid, or they are seeking autism project funding.

261

00:35:14.219 --> 00:35:17.728

Then then they have to be transitioned.

262

00:35:17.728 --> 00:35:25.648



To support coordination, so, and that's a good place. Not necessarily that this question.

263

00:35:25.648 --> 00:35:29.068

Is speaking to that directly, but it's a good opportunity to.

264

00:35:29.068 --> 00:35:35.608

To throw that out that the information specialist system cannot be utilized as an inactive.

265

00:35:35.608 --> 00:35:45.329

Holding pattern for individuals with active Medicaid when someone has active Medicaid support coordination isn't entitlement.

266

00:35:45.329 --> 00:35:50.063

We have to provide support coordination if they do not wish to have support coordination,

267

00:35:50.364 --> 00:35:52.043

then we have to look at discharge,

268

00:35:52.193 --> 00:36:02.123

but they can't be moved into the information specialist system for resources and referral when their Medicaid is active and it's appropriate to receive targeted case management.

269

00:36:03.389 --> 00:36:07.528

It's it ultimately, because it is, it's a.

270

00:36:07.528 --> 00:36:13.768

It's an entitlement then then there during an audit, there can be a finding based on that.

271

00:36:13.768 --> 00:36:20.969

So so those are some things that we have to look at. So.

272

00:36:20.969 --> 00:36:29.909

In regards to jacqueline's question about they remain active if there's a need for us to be more specific during the transfer.

273

00:36:29.909 --> 00:36:35.938

Please feel free to send that to me directly and provide me with something that gives me some specifics.

274

00:36:35.938 --> 00:36:46.554

So, I can speak to that, but we'll be glad to follow up with the information specialists. Can I speak to the subtle nuances of email transfers in and out as it relates to them being placed on a waiver wait list?

275

00:36:46.914 --> 00:36:53.483

No, I can't really speak to anything in regards to how autism project funding.

276

00:36:53.818 --> 00:37:05.128

Is handled waiver, wait list or anything like that. The only thing I can tell you is that if an individual requests, a map funding, then we're going to transfer them to support coordination.

277

00:37:05.128 --> 00:37:08.369

And we're going to step out of the process.

278

00:37:08.369 --> 00:37:17.009

Some referrals are made to not because of Medicaid, but because the support coordinator can't reach the family again.

279

00:37:17.304 --> 00:37:28.074

Again, we're not holding pattern and because the family, because you can't reach the family there is a discharge process lined out in our support coordination manual.

280

00:37:28.074 --> 00:37:39.233

I believe if you can't reach the family, then you need to go through the discharge process, not a referral to the information specialist system. Again. It's not a holding pattern. It's not an inactive.

281

00:37:39.539 --> 00:37:43.048

Okay, support coordination is an entitlement.

282

00:37:43.048 --> 00:37:47.338

Therefore, you either targeted case management or.

283

00:37:47.338 --> 00:37:51.329

You are discharged. Okay.

284

00:37:51.329 --> 00:38:05.338

Yep, so I'm just starting that. Some questions have come in.

285

00:38:15.264 --> 00:38:26.965

Is there a way that a case manager can check to see if it's been down is being paid at this point in time? No, I think that. There's some hope. That connection will provide us that ability. But I don't even want to speak directly and confirm that.

286

00:38:27.295 --> 00:38:34.074

What we do is we contact the Medicaid unit within the department with their.

287

00:38:36.630 --> 00:38:48.269

With the DCM number of the individual's name date of birth and ask them to confirm if the spend down is met, you can see that. There's a spend down amend and amount in Seymour, but we can't see if it's getting.

288

00:38:48.269 --> 00:39:01.679

Pain, but the folks within the Medicaid unit in central office can and if you, obviously, if you're not aware of that reach out to me, I'll give you their email address. They love getting emails from us.

289

00:39:06.929 --> 00:39:18.300

Should that name and start date of I s, person be listed in consumer so, again, the name, I'm guessing that, like, the name of the individual whoever's the.

290

00:39:18.594 --> 00:39:32.574

Whoever is the information specialist we will not assign a specific individual to each case. There's no way that we can manage 3500 individuals with that type of a case load.

291

00:39:32.574 --> 00:39:38.335

There is we did some work in St. Louis and trial ran. There is a.

292

00:39:39.750 --> 00:39:49.920

And I think you can do it now across the state, but during the resources, there is something that says information specialist.

293

00:39:49.920 --> 00:40:03.719

That you can identify in consumer resources so that when you get calls from the family comes in, and the switchboard sees it, they can see this person's in the information specialist system.

294

00:40:07.260 --> 00:40:13.110

Great question Lisa. We do pull a quarterly report on.

295

00:40:13.110 --> 00:40:18.449

Um, whose Medicaid has activated across the department, the division.

296

00:40:18.449 --> 00:40:21.659

We do, I do have the ability to pull it for both.

297

00:40:21.659 --> 00:40:35.695

We pull it for everyone. Obviously, that's in the information specialist system, but I pull in all the program codes and I do filter that and we do determine if someone's Medicaid has activated each quarter.

298

00:40:37.315 --> 00:40:49.074

And we determine if they can be transferred back to support coordination, that's a fail safe that we haven't built in place to ensure that. Should we ever come into an audit that we can say to Medicaid?

299

00:40:49.074 --> 00:40:58.074

Yes, we are not relying solely on families to notify us that their Medicaid is activating and that we're going ahead and.

300

00:40:58.409 --> 00:41:03.239

And taking the necessary steps to identify them and.

301

00:41:03.239 --> 00:41:09.960

To confirm that their Medicaid is active appropriate that spend downs are getting met and that.

302

00:41:10.195 --> 00:41:25.045

The best that we can tell were getting them moved at this

303

00:41:25.045 --> 00:41:27.594

point in time another questions come in information specialist,

304

00:41:27.594 --> 00:41:28.914

reach out to children and families,

305

00:41:28.914 --> 00:41:32.425

individuals who turned 17 and a half to assist with applying for Medicaid.

306

00:41:33.594 --> 00:41:36.054

We are looking at the.

307

00:41:37.380 --> 00:41:43.409

That's that can be a considerable number of people and and.

308

00:41:43.644 --> 00:41:50.454

Almost overwhelming, but, yes, we are, we do try to and educate folks.

309

00:41:51.445 --> 00:42:06.414

I do have the ability to filter the reports that I can run on a quarterly basis down to age to determine what people are going to apply, would be eligible to apply for Medicaid. And that is something that we're looking at.

310

00:42:06.750 --> 00:42:12.809

Because, you know, obviously when they turn 18, they're not looking at their own.

311

00:42:12.809 --> 00:42:18.300

They're not looking at their families and comment. It would come down to them.

312

00:42:25.289 --> 00:42:33.869

Okay, where can you locate a carrier? The pack copy of the PowerPoint? That shouldn't be that will be listed.

313

00:42:33.869 --> 00:42:38.309

I'm guessing out on the with webinar wherever the webinars are stored.

314

00:42:40.079 --> 00:42:43.650

If a parent refuses to pay the spend down are they considered on Medicaid? Yes.

315

00:42:43.650 --> 00:42:52.050

They are considered non Medicaid and we can justify that. We can identify that. Hey. Yeah, the Emmy code is active.

316

00:42:52.050 --> 00:42:58.230

It's open, but they're not paying the spin down. They're not obtaining a benefit from it so they should.

317

00:42:58.230 --> 00:43:01.469

Be they should be supported through the information specialist.

318

00:43:01.469 --> 00:43:08.309

System and not through support coordination, unless your agency wants to support them. Okay. But.

319

00:43:09.719 --> 00:43:12.900

Technically, they would not be eligible for support coordination.

320

00:43:19.079 --> 00:43:27.179

Okay, I understand the forms for highest transfer to TCM. I just received them from the regional office CLC, but not from.

321

00:43:27.179 --> 00:43:31.110

Okay, I'm not sure what that means.

322

00:43:31.110 --> 00:43:38.880

Hello.

323

00:43:38.880 --> 00:43:46.920

Yes, confirming that from Diane white.

324

00:43:46.920 --> 00:43:51.389

Just confirming that I asked referral form, transfer form.

325

00:43:51.389 --> 00:44:02.579

Are sent to the email address. Yes, that is correct. The only time you wouldn't send something to the email address is if you're doing a massive transfer.

326

00:44:05.730 --> 00:44:18.179

If a family is requesting a waiver, will they move to TCM? So that's a great question. Ultimately if you don't have Medicaid, you can ask for a waiver, but we're, we're under.

327

00:44:18.179 --> 00:44:22.885

No obligation or have the ability to secure a waiver, because you don't have Medicaid.

328

00:44:23.364 --> 00:44:37.764

So, with the mo kids, we have 2 individuals that, which is Denise tracker and Karen Madison, and they handle our Mo kids requests. So we handle those like a real life support coordinator.

329

00:44:37.764 --> 00:44:43.735

We meet with the families, right? The put together the budget, send it through utilization review.

330

00:44:45.775 --> 00:44:59.304

You know, send it through the BCC and get it added to the wait list and then they're only going to be moved once their number. Once they're place on the ways less comes up and they're offered a slot. We're going to do all of that.

331

00:44:59.335 --> 00:45:03.985

We're going to maintain all of that within the information specialist system, especially related to kids.

332

00:45:07.409 --> 00:45:20.400

Next question, do we send an email and you check to see if the spend down is being paid? Or do we send? You can send me email to the Medicaid eligibility. I believe email address.

333

00:45:21.869 --> 00:45:33.210

To double check to confirm that if you send it to us, we're going to send it to them. And that would just cut out the middleman. We don't unfortunately have any.

334

00:45:33.210 --> 00:45:36.510

Any any other way to check it than you do.

335

00:45:42.900 --> 00:45:54.059

Someone had a question I check that they check and see more. I can usually tell pretty well if it's been down as paid or not. It is more complicated during.

336

00:45:54.059 --> 00:45:57.989

So, Colvin did not so cove.

337

00:45:57.989 --> 00:46:02.460

Regulations with Medicaid said that they were not going to.

338

00:46:02.460 --> 00:46:12.054

Require people to pay their spend down or take adverse action. Ultimately though, if someone is not paying their spend down, they are not active.

339

00:46:12.144 --> 00:46:17.605

They're not eligible to receive an active benefit and the individual should come to the information specialist system.

340

00:46:24.000 --> 00:46:37.469

The question and answer, will we have question and answer for us to review later? We can do a frequently asked questions. I'll have to ask to support me in that, because we'll just have to pull out of here. The questions.

341

00:46:37.469 --> 00:46:41.730

I'm not opposed to that if it helps. Yeah, I'll be glad to do a frequently asked questions.

342

00:46:44.969 --> 00:46:54.119

And someone says, I thought you said the follows the transfer process by sending the contact person. Tcm noted that is our process. whoever's listed in the.

343

00:46:54.119 --> 00:47:01.230

In the brochure should along with the regional office, get the email that we're requesting transfer.

344

00:47:09.239 --> 00:47:13.139

So, Brenda, it looks like you're looking for the email address.

345

00:47:13.139 --> 00:47:19.619

So, I'll reach out to you at this point in time I don't have any mechanism to pull it up because I'm in the webinar.

346

00:47:23.039 --> 00:47:29.909

Let me see if I can so the, um.

347

00:47:29.909 --> 00:47:35.400

The, the email for Medicaid eligibility is.

348

00:47:35.400 --> 00:47:39.809

Dm H.

349

00:47:39.809 --> 00:47:46.710



Dot Medicaid eligibility all we're at.

350

00:47:50.130 --> 00:47:55.260

So, MH dot Medicaid eligibility.

351

00:48:07.164 --> 00:48:19.914

If the regional office refer someone, so Katerina has asked, if the regional office refer someone to us does not have Medicaid, but they want the mounted waiver. Should that go to you instead? Yeah, if your region.

352

00:48:20.184 --> 00:48:23.875

So the question comes down to, if your region does not have an intent to serve.

353

00:48:25.320 --> 00:48:31.409

Then you can, you can submit it to us if you do have an intent to serve.

354

00:48:31.409 --> 00:48:36.269

I would ask that you clearly specify that with me, so that.

355

00:48:36.269 --> 00:48:49.019

I can give intake maybe you'll say we're taking these individuals, but we're not taking anybody that's requesting markets so that we have some clarification on how referrals need to go.

356

00:48:49.019 --> 00:48:53.969

Um, yeah, we will process the waiver requests.

357

00:48:57.025 --> 00:49:11.244

But we're going to ask you to kind of line that out. If you're the decision maker for your agency decider. Yeah, you communicate with me. Hey, I work in this, this county Where's with this region? And we're requesting to not.

358

00:49:11.550 --> 00:49:17.760

Receive any referrals from okay, because the regional office.

359

00:49:17.760 --> 00:49:31.679

You know, if you indicate that you have an intent to serve, and they're going to send everybody, but if you need to kind of line out some caveats to that, then let's let's circle up so that we can clarify that for the, for the regional office.

360

00:49:36.360 --> 00:49:51.324

Question comes from Helen Cherokee I have parents saying that the Medicaid is active and not expiring this month and see more shows that it does. They are in a waiver when they contacted Medicaid, they were told that they did not have to reapply due to cope it.

361

00:49:52.110 --> 00:49:55.260

Um, that's a great question. I'm not sure.

362

00:49:55.260 --> 00:49:58.679

That would be a question to perhaps.

363

00:49:58.679 --> 00:50:06.090

Send through the dot Medicaid eligibility dot.

364

00:50:06.090 --> 00:50:09.150

Um, and kind of follow that.

365

00:50:09.150 --> 00:50:13.230

Because I'm not, I'm not sure.

366

00:50:13.230 --> 00:50:25.764

You know, our Seymour system, and what I guess is famous, and maybe some of the other the Medicaid systems, they communicate directly. That's why you'll note that as a support coordinator.

367

00:50:25.764 --> 00:50:30.445

You can't enter a number, you can enter a social security number and then.

368

00:50:30.719 --> 00:50:36.210

Seymour and interfaces with Social Security and with Medicaid.

369

00:50:36.210 --> 00:50:45.179

And pulls in data each night so if there's a close date, that's because Medicaid has put that close date in.

370

00:50:45.179 --> 00:50:54.570

Whether the families are aware of it or not. That's another thing. But Medicaid has put that date and not anyone from those are not screens that we can edit.

371

00:50:54.570 --> 00:50:58.980

They are purely for our review.

372

00:51:00.780 --> 00:51:15.175

These have been great questions type that in damage. So the email addresses there. I work in Falls county and we are, and I asked County, but recently send us a new individual because they wanted markets waiver again.

373

00:51:16.110 --> 00:51:19.170

So, Katherine, I.

374

00:51:19.170 --> 00:51:24.360

Be glad to visit with you about that individually my contact information I'll put back up here.

375

00:51:24.360 --> 00:51:27.869

And.

376

00:51:27.869 --> 00:51:32.070

We'll be glad to.

377

00:51:32.070 --> 00:51:35.699

To do whatever we need to do to support that family and to support you.

378

00:51:35.699 --> 00:51:46.469

Just let us know it would be really helpful. Brenda. If all those things.

379

00:51:46.469 --> 00:51:55.679

I agree if we have access to and Y, and, and all of those things, it would help us because we are medicate driven system.

380

00:51:55.679 --> 00:52:06.269

But, thankfully, we have access to the to social services staff who work in.

381

00:52:06.269 --> 00:52:20.460

Um, our central office who are available to us, who can see all of that, and I promise you, they love getting our emails. It justifies having someone from Medicaid.

382

00:52:20.460 --> 00:52:27.420

Specifically available to us they are an amazing resource. I cannot sing their praises enough.

383

00:52:27.420 --> 00:52:30.630

So so, you know.

384

00:52:30.630 --> 00:52:34.019

Blow it up there are a great resource to us.

385

00:52:34.019 --> 00:52:47.460

We have amazing folks within that unit on land, I think, but she knows so much and then there's folks from actual.

386

00:52:47.460 --> 00:52:58.769

Medicaid who work in specifically to support our folks, you know, it's like, we get the ability to go right to the head of the line.

387

00:53:04.769 --> 00:53:18.684

So so, the email listing of folks who work in Medicaid, we're not going to pass out their individual email. We want them to use that Medicaid email that I've given you the damage Medicaid eligibility.

388

00:53:18.925 --> 00:53:22.164

We want them to use that because that email address is tracked.

389

00:53:22.500 --> 00:53:35.070

And we want all Medicaid questions to come through the dot Medicaid eligibility at. That's where we want all of our Medicaid questions to come in.

390

00:53:35.070 --> 00:53:39.059

We don't want them to go individually to.

391

00:53:39.355 --> 00:53:47.994

Each of those staff. All right. Glad to help this. I'm glad I've gotten some feedback that this has been a helpful webinar.

392

00:53:48.925 --> 00:53:58.105

I couldn't be happier that it that it was I will look at doing another webinar coming up on what it looks like. When we send people back to, you.

393

00:53:59.550 --> 00:54:07.289

Okay, I'm going to hold out for just a few seconds and see if any more chat comes through.

394

00:54:08.909 --> 00:54:13.380

Um, these have been terrific questions folks.

395

00:54:13.380 --> 00:54:19.619

You're Thank you, Mary. It's great to see that you're on.

396

00:54:19.619 --> 00:54:23.429

Very glad to be able to help and answer questions.

397

00:54:23.429 --> 00:54:30.059

Obviously you have my contact information when in doubt email call me.

398

00:54:30.059 --> 00:54:33.929

Don't worry about well, I don't want to bother and bother me. I'm glad to be bothered.

399

00:54:33.929 --> 00:54:39.809

I'm glad to do it. I'm glad to answer questions, clear up confusion.

400

00:54:39.809 --> 00:54:47.039

Make this system work as best as it can for for you all because ultimately, if the system works.

401

00:54:47.039 --> 00:54:59.730

Really, really well, for us, it's going to work really, really well for our families and individuals and that's what's most important anything we do to to strive to work together better ultimately benefits the folks that we serve.

402

00:54:59.730 --> 00:55:11.519

So, I'm going to turn it back over to you. We haven't had any more questions come to me privately or it looks like to you as the host.

403

00:55:11.519 --> 00:55:22.019

No, I think I think that I've gotten all of them that came just to the host and got them pushed out. I, and if I missed someone, I apologize to you for that.

404

00:55:22.019 --> 00:55:25.619

Um, and with that, I think that wraps it up.

405

00:55:25.619 --> 00:55:37.889

I will remind you before I, I end this though, I did put in the chat box that the recording and presentation for this woman aren't will be relocated on our previous page on the division website.

406

00:55:37.889 --> 00:55:50.670

1 thing to keep in mind, I hate to toss out a random percentage, but I'm going to 85% of the time. The system will generate a transcript to go with that.

407

00:55:50.844 --> 00:56:04.855

And so you can look for the recording transcript and the presentation, and as Matt mentioned, we'll look to do a follow up Q. and a, there are a handful of times where the system does not generate a transcripts.

408

00:56:05.215 --> 00:56:18.715

And despite research, I still don't really have a good rhyme or reason why it doesn't do that. So, I apologize for those times we don't have a transcript available. So we're still trying to figure out that little glut.

409

00:56:19.500 --> 00:56:30.389

And with that, if you don't have anything else, Matt, we will call it holiday morning. No, I've got nothing else folks. Thanks so much for being a part. It's been terrific.

410

00:56:30.389 --> 00:56:32.159

Hey.