

WEBVTT

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00:00:02.819 --> 00:00:13.199

Morning everyone, it's 1030, so we will go ahead and get started with today's all call. We do have a relatively light agenda today.

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00:00:13.199 --> 00:00:23.550

So, um, 1, quick reminder before we jump into that if you do have questions, please make sure that you send those in the chat and send those to all panelists.

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00:00:23.550 --> 00:00:27.480

And with that, I will turn it over to Emily.

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00:00:36.060 --> 00:00:41.520

Actually, that's my bad. I do believe she's still connecting audio so it may be just a 2nd.

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00:01:07.260 --> 00:01:10.470

Things like that I'm just joining a little bit late. I had a.

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00:01:10.495 --> 00:01:14.875

Last minute issue with my calendar invites thanks for forwarding that to me again.

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00:01:15.715 --> 00:01:26.605

So, Emily, I'm the director of the federal programs unit, and I have the, my federal programs unit has the oversight for our waivers.

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00:01:26.635 --> 00:01:41.635

So my updates are around the amendments that we are submitting to CMS for changes and then the waiver renewal process and changes that we are submitting for July 2023. thousand and twenty three

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00:01:41.910 --> 00:01:55.680

Currently is working with the division on the addition of the health assessment and coordination service, adding that to the, to our waivers right now it's enough flexibility.

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00:01:56.095 --> 00:02:08.365

Under, and then also with the current and admin sorry amendment that we are submitting, the rate increases will be included in that amendment.

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00:02:08.395 --> 00:02:13.045

And that is right now with mental health net and getting ready to submit it to CMS for approval.

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00:02:13.290 --> 00:02:24.750

We also you may have seen some emails go out or some blasts and seeing that. The we are right now from June 1st to July. 1st.

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We are holding our informal public comment, period for our Mo, kids and partnership for hope waiver renewal. As I mentioned that those will renew in July of 2023.

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So, if you have a chance to join us, we have 1 on June 7th webinar to review the proposed changes.

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We have 1 coming up next week,

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00:02:47.755 --> 00:03:02.695

Tuesday on the 21st last time the meeting was the webinar is about 30 minutes to go over the changes that were proposing on those waivers and then also the amendments to align with for and comp amendments to

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align with the renewal. renewal

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00:03:05.395 --> 00:03:11.365

What we do during the webinar is go over the proposed changes, explain the changes.

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00:03:11.365 --> 00:03:24.055

So that allows for individuals, families, internal stakeholders, external stakeholders and our families, our providers, our amenities to.

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00:03:25.080 --> 00:03:35.520

Provide feedback or questions to the changes now and that helps us if we need to change wording for the changes. So that they're clear in the waivers.

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00:03:35.520 --> 00:03:42.570

Some of the changes that we are anticipating are proposing are moving remote supports.

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00:03:42.570 --> 00:03:47.430

From assistive technology so, remote supports will be a standalone service.

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00:03:47.430 --> 00:03:52.440

We'll add virtual delivery for our 5 employment services.

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00:03:52.440 --> 00:03:59.220

Clarify the specialized medical equipment, maximum limit of 10,000 per individual per year.

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00:03:59.220 --> 00:04:06.990

There are some updates to the environmental accessibility adaptation, home and vehicle modification service definition.

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00:04:06.990 --> 00:04:10.200

Updating personal system provider types.

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00:04:10.200 --> 00:04:21.120

Clarify shared living providers, those who can be a provider for shared living service and then updating the shared living provider DSP requirements.

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00:04:21.120 --> 00:04:27.329

And that update is really more of a clarification to make it match all the other requirements for our DSP.

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00:04:27.329 --> 00:04:40.079

And then just 1 other reminder about the covet public health emergency and right now it's currently set to expire July 15th, 2022.

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00:04:40.584 --> 00:04:55.134

And we usually don't hear until about a day or 2 before that expires if they're going to extend it another 60 days. So we'll be ready to we'll be paying attention and seeing if that's going to get extended or if it's going to actually expire.

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00:04:56.489 --> 00:05:08.489

And those flexibilities under the appendix K under the public health emergency will expire 6 months from the expiration of the public health emergency.

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00:05:09.509 --> 00:05:15.659
So, that's all I have for updates. Um, I'm going to check the chat.

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00:05:15.659 --> 00:05:19.199
See, if we have any questions.

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00:05:22.739 --> 00:05:27.419
Not seeing anything, hiker or cats. Do you guys see.

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00:05:27.419 --> 00:05:31.619
Anything coming to you? No, nothing in the chat.

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00:05:31.619 --> 00:05:39.269
Okay, well everybody have a great Friday and a great weekend. I'm going to pass it over to Leslie to grow.

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00:05:47.309 --> 00:06:02.279
Good morning everyone and happy June teeth and happy Friday. Um, I'm Leslie to grow your divisions clinical coordinator and I'm glad to be able to share some information with you this morning. I'm gonna just share my screen here. So, give me a 2nd.

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00:06:02.279 --> 00:06:05.459
It's something that we had been working on.

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00:06:05.459 --> 00:06:10.829
Hang on I don't know. Oh.

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00:06:10.829 --> 00:06:17.399
It is it possible to pass me the little ball or arrow thing? I'm just not able to.

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00:06:17.399 --> 00:06:28.349
Obtain it. Oh, awesome. Now, in the presenter. Okay. I'm going to share.

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00:06:29.669 --> 00:06:33.479
And I will share screen 2.

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00:06:33.479 --> 00:06:38.729
Okay, can everybody see my screen? It's so it shows that it's sharing.

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00:06:38.729 --> 00:06:43.709

So, I'm pretty excited to share this with you all. Um.

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00:06:44.274 --> 00:06:50.574

Uh, these are informational documents that we will be sending out in an email blast and be posting on our website.

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They're kind of what you might say, hot off the press, these informational documents or on what is being called long,

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00:06:57.864 --> 00:07:10.434

or you also may have heard it be called long haul covet the medical terminology for it is post acute SARS infection or capital P. A. S. C.

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00:07:10.794 --> 00:07:21.624

it's kind of long, but anyway, these documents were created by electability our contractor who developed the health risk screening tool and who developed our Missouri specific components to the Hearst process.

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00:07:21.984 --> 00:07:32.934

Representatives of the Missouri division of developmental disabilities also work with an electability to develop these documents. We believe it is important to bring awareness to this resulting phenomena.

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00:07:33.324 --> 00:07:42.444

People having health issues long after the acute phase of cobit has occurred. So that in this regard, it can be recognized evaluated and then treated optimally.

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00:07:43.794 --> 00:07:53.814

The document that I'm sharing on the screen can be for anyone, but also can be used to help educate, direct support professionals, nurses, and even be shared with community health providers.

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00:07:54.384 --> 00:08:00.174

It goes through symptoms and how the symptoms may look and a person with ID.

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00:08:01.529 --> 00:08:04.859

It also explains what is long haul coven.

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00:08:05.334 --> 00:08:20.154

And then, it also, if you can kind of scroll down, you can see what each team member can do to support the individual. And then at the very end,

it gives examples of went to seek immediate medical attention. And then it shows considerations for people with.

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00:08:21.354 --> 00:08:31.974

It's the link the list of the 3 there's 3, informational sheets and this is sort of the link. This 1, it's got the kind of the most information but it's things that you might be seeing in people.

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00:08:32.154 --> 00:08:44.904

And then it also shows how that might be manifesting because not, everyone communicates with words. And a lot of people you kind of need to know to kinda see changes and pick up on stuff like that.

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00:08:45.239 --> 00:08:49.979

So, it goes through that and I apologize if I'm making anyone dizzy by scrolling.

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00:08:50.999 --> 00:08:59.369

And again, we will be posting these and sending them out in an email blast. I just wanted to give you all a heads up. So here is where they have the interventions.

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00:08:59.369 --> 00:09:11.639

And it goes through lists and these aren't you have to do it but these are suggestions so that people can kind of know, you know, what do I do you know, this is this is a new thing, you know.

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00:09:11.639 --> 00:09:25.409

So, it's got quite a few different things to consider there when to seek medical, immediate medical attention and it's not at all inclusive list, but just some ideas. And then, of course, there are at the end considerations for people with ID.

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00:09:25.409 --> 00:09:29.669

Let's see, I'm going to go ahead and.

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00:09:29.669 --> 00:09:33.869

Show you the 2nd, 1, it's not quite as long it. Um.

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00:09:33.954 --> 00:09:47.694

It's titled, um, let's see, quick reference guide for supporters of people with intellectual and developmental disabilities. And then it just goes straight to the nitty gritty of the long haul coded symptoms. And then, like, how they may look with a person with.

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00:09:48.234 --> 00:09:52.464

So, it just kind of shortened it to get to the nitty gritty, as I said.

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00:09:52.769 --> 00:09:57.809

Then we have another 1 that's even it's a little it's just a 1 pager.

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00:09:59.184 --> 00:10:08.844

And it's quite a long haul, coven of information for families and people with and it has symptoms listed that could be a long haul coded symptoms.

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And then it recommends having, um,

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00:10:11.094 --> 00:10:26.094

a medical evaluation these documents can be printed and shared with you or the person who support or their primary care provider at their appointment to help facilitate discussion and then just open up the possibility that long haul code could

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00:10:26.094 --> 00:10:36.984

be what the person is dealing with, um, as I said, these documents are going to be sent out in an email blast, then housed on our website. So please be looking for that email blast.

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00:10:38.339 --> 00:10:45.089

And I just wanted to share a little bit more individuals with, or at a greater risk for.

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00:10:45.089 --> 00:10:49.049

Developing complications related to so.

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00:10:49.049 --> 00:10:52.229

We're just trying to kind of stay on top of it.

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00:10:53.279 --> 00:11:03.389

I'd like to show you hold on just a 2nd, I'm gonna pull something else up. I wanted to talk a little bit about covert reporting because there was a change as you all noted.

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00:11:04.559 --> 00:11:17.219

And at the, at the bottom of this page, right here, this is the Department of health and senior services, electronic code with 19 case

reporting system. And at the bottom, you can see that there's a place where you can, um.

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00:11:17.219 --> 00:11:31.979

Check for frequently asked questions, it's also got a reporting user guide to assist with any, any issues that we're just trying to learn how to do it. But if you'll click this properly blue button, that says Mo, drop on it, that will take you to where you report.

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00:11:31.979 --> 00:11:37.169

Yeah, see, I had it pulled up on a different screen. I'll go ahead and pull it up here.

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00:11:37.169 --> 00:11:42.179

But that's what this looks like. So that is the new method.

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00:11:42.179 --> 00:11:53.549

Or reporting, we are updating our covet reporting guidance memo to have this new link to the MO, drop included in it rather than the previous 1.

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00:11:54.384 --> 00:12:08.184

And then another clarification that I was able to receive this past week, you do not have to report cases into if the person was tested at a clinic hospital or lab. Because they have already, they already have requirements to report these positives.

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00:12:08.454 --> 00:12:18.684

We were getting questions from the field about if they've been tested elsewhere and, you know, are they supposed to record it? Or are we double doing double duty? And yes, that is.

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00:12:18.684 --> 00:12:23.994

The case of is requesting though that you report positives from your home testing.

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00:12:26.094 --> 00:12:37.494

Another just to let you to let, you know, what we're what's going on with C, more empty all Kobe cases will need to continue to be reported in to see more empty as you are currently doing.

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00:12:38.094 --> 00:12:52.104

The rationale behind that is that we know that the, and variants are growing in Missouri, and we know that people with have a greater risk for serious outcomes. It's still critical that we continue to monitor and support people through this.

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00:12:52.374 --> 00:13:00.144

Even though the rules in many places are more relaxed, we're just not out of the woods yet. Each strain. It seems like symptoms are changing.

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00:13:00.594 --> 00:13:14.964

The newer strains seem to be making people tired, not hungry, not thirsty and achy and then, and people who don't have any other health considerations or issues. I mean, it typically takes a few weeks to a month to get back into the swing of things.

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00:13:15.354 --> 00:13:26.784

But now a person with other health issues, or they may not recover as quickly, or may have chronic problems after that Dr. loss had used an analogy.

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00:13:26.784 --> 00:13:41.634

And she said, I could use it to illustrate what it does to a person. And then, basically cobit infection drains out the person's immune battery and then it opens it up to other infections. So it drains out that battery. So it can't. So your body just can't fight off other things.

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00:13:42.029 --> 00:13:49.709

So, after covert recovery people with or other health indicators are at a higher risk for secondary infections.

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00:13:49.709 --> 00:14:00.444

Post code infection it's still a month or so where the person could be still vulnerable to other infections. So please really monitor yourself. And the people you support and make sure.

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00:14:00.444 --> 00:14:05.814

That you're getting sufficient food and fluid intake and don't hesitate to reach out for medical assistance.

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00:14:05.814 --> 00:14:17.544

If you need to these newer strains, seem to really cut out the appetite and thirst and this all has potential to have major impact on health and mortality for our, the people who we support.

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00:14:19.019 --> 00:14:24.269

Um, just some data that I was wanting to kind of tell you about, um.

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00:14:24.269 --> 00:14:33.239

So far in June, we're at 111 reported cases in the division, which is about where we were last July, July 2021.

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00:14:33.239 --> 00:14:39.239

So, in deaths from cobit, last quarter, which is January through March of 2022 was 12.

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00:14:39.239 --> 00:14:43.139

Which is kind of maintained quarter to quarter.

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00:14:43.139 --> 00:14:57.329

I just wanted to kind of throw that out. Yeah. And then this is something that you've probably heard about and I just wanted to speak to it because, um, it's coming up in the news and everything, but monkey pox symptoms. You may be hearing about that.

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00:14:58.314 --> 00:15:09.894

Or the prevalence of it, the center for Disease Control is tracking multiple cases of monkey pox. That have been reported in several countries. That don't normally report monkey pox, including the United States.

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00:15:10.224 --> 00:15:16.164

So, per the CDC monkey pox is rare and does not spread easily between people without close contact.

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00:15:17.544 --> 00:15:26.754

The thread of monkey pox to the general U. S population does remain low, which is good, but that being said said it is still something that you may want to stay informed on.

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00:15:27.264 --> 00:15:33.474

The illness begins with fever, headache, muscle, lakes, backache, swollen, lymph nodes, chills exhaustion,

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00:15:33.714 --> 00:15:42.444

which those symptoms really kind of sound a lot like influenza maybe some strains of but the differentiation here is that within 1 to 3 days,

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00:15:42.444 --> 00:15:51.954

or sometimes longer after the appearance of the fever the patient develops a rash often beginning on the face it spreads to other parts of the body.

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00:15:52.289 --> 00:15:56.099
So, they go through varying degrees of.

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00:15:56.099 --> 00:16:02.454
What's called vesicles pustules, which are kind of pimples, boil the look and things.

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00:16:03.144 --> 00:16:11.754
Then they eventually scab and heel and fall off and then the person's no longer, you know, infected once that new tissue forms over where the scab comes off.

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00:16:12.389 --> 00:16:15.629
Um, the illness typically last for 2 to 4 weeks.

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00:16:15.629 --> 00:16:22.049
And in Africa, monkey pox has been shown to cause death and as many as 1 and 10 persons who contract the disease.

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00:16:22.049 --> 00:16:34.619
So just kind of stay alerted to what, you know, what's happening in in the United States related to this. I believe it was in. I want to say 10 States, but this is I haven't checked, uh.

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00:16:35.334 --> 00:16:35.844
Today,

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00:16:37.344 --> 00:16:52.314
let's see monkey pox spreads when a person comes into contact with a virus from an infected animal infected person or materials that are swelled with drainage for the infected person's lesions or bodily fluids and it can also be spread by respiratory secretions during prolonged

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00:16:52.314 --> 00:16:58.674
face to face contact, so basically, prevention avoid contact with sick or dead animals.

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00:16:58.824 --> 00:17:10.374
Maybe you find out in the yard, and you don't know their history avoid contact with any materials that have been in contact with an infected person or animal continued good hand washing measures and masking.

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00:17:10.374 --> 00:17:15.084

When in close proximity to people, you really don't know their health status. It's still a good idea.

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00:17:15.504 --> 00:17:26.574

Those basic precautions, any signs of illness as described above please report to your primary care provider, especially if you have developed the rash or lesions as I described.

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00:17:26.604 --> 00:17:32.664

So so they can be evaluated and treated because there is treatment for it. There is treatment for it.

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00:17:33.119 --> 00:17:40.559

Anyway, that is all I have prepared to speak about this morning. I'm not sure if there's any questions in the chat.

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00:17:42.539 --> 00:17:45.569

I'll stop sharing my screen.

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00:17:45.569 --> 00:17:54.509

There's 1 in there, Leslie, the question was, what is the timeline that a provider has to report a case in case.

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00:17:56.099 --> 00:18:01.289

Oh, I would have to look that up, but I'm thinking, uh, once they.

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00:18:01.289 --> 00:18:13.409

Know about it just like any other event reporting. I believe whenever an event occurs, you have like, 24 hours, or by the end of the business data report it. So, um.

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00:18:13.409 --> 00:18:18.569

Just kind of follow the general guidelines. I apologize. I don't have that pulled up in front of me.

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00:18:21.749 --> 00:18:33.059

That was a good question though, but I would try to consider it just like you would any other reportable event.

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Just follow those same guidelines and then if nothing further, I will turn it over to Wendy, deputy director of community operations. And I, thank you for your time.

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00:18:49.829 --> 00:18:59.399

Good morning everybody and Leslie, thank you for. You did a perfect segue into um, I wanted to remind people of the service that is out there.

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Station MD, that we are very excited and proud to be able to offer to our folks that are in the waiver.

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00:19:07.434 --> 00:19:15.714

It is access to be able to talk with a physician that is specially trained in working with people with.

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00:19:17.094 --> 00:19:29.154

And it gives, uh, individuals, their families and direct care staff who are working for providers, immediate access to medical consultation and assessment.

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00:19:29.394 --> 00:19:34.464

So that they can talk with the doctor determine if the symptoms.

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00:19:34.649 --> 00:19:41.459

That they are concerned about that are being exhibited by the individual need further evaluation or attention.

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00:19:41.459 --> 00:19:46.649

Or what to watch for and if things progress call back, and then maybe go in.

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00:19:46.649 --> 00:19:49.679

But it has been.

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00:19:49.679 --> 00:19:55.799

An incredible service to so many people we have heard nothing, but good things.

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00:19:55.799 --> 00:20:03.509

About it, I, I encourage everybody to consider that, um, service if you are a provider on the phone.

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Please or a support coordinator that's on this call. Please talk with the families.

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00:20:08.279 --> 00:20:12.359

About it if you're a family member, please ask.

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00:20:12.359 --> 00:20:20.039

Your support coordinator for more information about it I believe there's also information on our Internet. Um.

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00:20:20.754 --> 00:20:35.424

So, please look into the service, it is different a different kind of service as Emily was talking to earlier, which is given some folks and pause and create some confusion around it.

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00:20:35.424 --> 00:20:46.584

So I wanted to speak to that as well. Um, that it is not your standard fee for service, so you get a service and then you bill for it. This is a subscription.

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00:20:46.829 --> 00:20:54.419

Type service, so the unit of services 1 month, so you can request it at any time.

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00:20:54.419 --> 00:21:01.559

Your support coordinator can do an addendum. If it, your annual plan meeting is coming up, you can request it.

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00:21:01.559 --> 00:21:05.549

And have it added during your annual plan meeting, or if.

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00:21:05.549 --> 00:21:14.909

You haven't done either and you're someone in your in your care is feeling ill and you're concerned about it.

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00:21:14.909 --> 00:21:27.209

You can go ahead and call them directly. You will get the service and then we will authorize it and provide the billing access. Um, retroactively and that also is very different.

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00:21:27.209 --> 00:21:33.749

From how our services typically work and so understandably we have.

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00:21:33.749 --> 00:21:44.279

Had some support coordinators and agencies that were concerned about, um, doing that and authorizing it that way and not getting sideways with Mo, health net.

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00:21:44.279 --> 00:21:55.679

So, we do have guidance that is coming out it may have been distributed yesterday, or it will be distributed today. Uh, so you'll have something in writing also that talks about how to authorize.

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00:21:55.679 --> 00:22:00.659

This service and answer any of those questions, but if you are a staff person.

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00:22:00.659 --> 00:22:04.229

Or a provider, or a support coordinator out there.

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00:22:04.229 --> 00:22:07.289

And you have questions about how to.

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00:22:07.289 --> 00:22:11.039

Authorize the service, or get it into a plan.

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00:22:11.039 --> 00:22:18.779

Please reach out to the division and hike. If you would put Holly Reese email in there, you can talk with her.

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00:22:18.779 --> 00:22:23.159

Or just, um, a member of your provider relations team.

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00:22:23.159 --> 00:22:26.819

At the regional office that.

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00:22:26.819 --> 00:22:29.969

That you work with, um.

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00:22:29.969 --> 00:22:35.369

Please consider the advantage of this gives to individuals who.

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00:22:35.369 --> 00:22:42.419

Can be diverted from emergency room care if it's absolutely not needed. We know that it causes a great deal of stress.

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00:22:42.419 --> 00:22:46.679

On anybody when they go into the emergency room, I don't think anybody.

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00:22:46.679 --> 00:22:54.509

Can get in and out of an emergency room under any circumstances probably in less than 4 or 5 hours.

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00:22:54.509 --> 00:22:58.889

I know I've had quite a bit of experience with that, and that's always been.

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00:22:58.889 --> 00:23:03.839

My experience and I just go in expecting that and that's a lot of undue stress.

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00:23:04.044 --> 00:23:10.764

On the folks that we serve, who don't necessarily understand everything that's going on. They don't feel good already.

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00:23:11.094 --> 00:23:21.144

They're going through some extra testing and having blood draws and a lot of extra testing perhaps because the doctor is not familiar with them or care for someone with.

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00:23:22.169 --> 00:23:26.399

And so it's a lot of extra poking and prodding and.

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00:23:26.399 --> 00:23:35.849

Stress for an individual that if you can have access to talk to a doctor and know if they need to be seen right away or if it's something that can be monitored.

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00:23:35.849 --> 00:23:45.749

That is a huge service, if they do need to go in and be seen that position that you talked with the station. Md will be calling the emergency room.

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00:23:45.804 --> 00:23:51.144

In advance in talking with a physician and telling them what's going on what tests that they need to do.

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00:23:51.144 --> 00:24:02.964

So it really reduces the amount of time that they spend waiting to get help, and also reduces the unnecessary testing that has to be done. So, it's a great service to.

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00:24:03.239 --> 00:24:17.429

Our taxpayers, because a whole year of station MD is more than paid for by 1 diversion from an emergency room and with what an emergency room visit costs. So.

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00:24:17.429 --> 00:24:24.989

It's an amazing service for individuals it's a lot of peace in mind for families and providers who.

170

00:24:24.989 --> 00:24:34.529

You know, might end up having to take multiple people into an emergency room with them. If they've got someone who's not feeling good you create access to other germs and.

171

00:24:34.529 --> 00:24:39.809

And exposures that people don't need to have, so please look at that service and give that.

172

00:24:39.809 --> 00:24:43.949

Um, some consideration, or the people that we support.

173

00:24:44.364 --> 00:24:57.774

And 1, last thing that I wanted to just let people know about, if you are a TCM provider out there, the for the privatization of support coordination went out yesterday.

174

00:24:57.774 --> 00:25:00.384

So if you have not seen it, please look for it.

175

00:25:00.629 --> 00:25:04.199

I think you go to probably to, um.

176

00:25:04.199 --> 00:25:13.499

To get access to that, and just as reassurance to any of our internal staff who were on the phone and.

177

00:25:13.499 --> 00:25:24.239

And as the, why, for all of you are wondering, why are we expanding and offering more privatized, support coordination on a contracted? Um.

178

00:25:24.239 --> 00:25:32.519

Contract we, we look for and expect a case manager to be caring about 35.

179

00:25:32.519 --> 00:25:46.319

Individuals on their caseload, it gives them opportunity and access to provide really good high quality case management to individuals and our state support coordinators. We are averaging anywhere from 50 to 100.

180

00:25:46.319 --> 00:26:01.019

And sometimes a little higher on caseloads. So, um, we are expanding the privatization so that we can lower the case loads for our state support coordinators down to the 35.

181

00:26:01.019 --> 00:26:04.169

Or 40, um, for caseload level.

182

00:26:04.169 --> 00:26:15.599

And, um, looking for help from our private are already privatized support coordination entities out there. So it will not be any loss of state jobs. It is just simply.

183

00:26:15.599 --> 00:26:20.669

Bringing case management case, load levels down to a manageable.

184

00:26:20.669 --> 00:26:29.279

Level for our staff and our teams. So if you're interested in that as a TCM agency, please look for that.

185

00:26:29.279 --> 00:26:33.479

And you can also reach out to your tech or, you.

186

00:26:33.479 --> 00:26:38.009

Or provide a relation to your regional office director if you need access to that.

187

00:26:38.009 --> 00:26:41.969

So, I think that's all I have that there's no questions.

188

00:26:42.534 --> 00:26:50.964

In the chat when do we have a couple questions? I apologize. I'm not sure if you touched on this or not.

189

00:26:51.204 --> 00:27:04.164

1 of the questions was we referred someone to station and D recently, and they were told that needed to be set up with a support coordinator. 1st, so I think the question is, is that accurate? What do they need to do.

190

00:27:04.499 --> 00:27:10.559

No, it does not need to be set up with a support coordinator. 1st, and I would ask that.

191

00:27:10.559 --> 00:27:18.839

A person to reach out to Holly or or connect Holly with that individual so that she can help work through.

192

00:27:18.839 --> 00:27:23.579

What happened there and who they actually talked to so that we can clear up any confusion there.

193

00:27:23.579 --> 00:27:34.799

Yeah, I just this is Emily. I also responded to that in the chat. I think what I've heard recently is that station data has had some turnover.

194

00:27:34.799 --> 00:27:38.489

For, maybe those people answering the phone and, um.

195

00:27:38.489 --> 00:27:48.809

Holly has been working through with the station and D with that to clarify so that we're back on the right page with that with that.

196

00:27:48.809 --> 00:27:55.199

Like, when you said, you individual can call station and D upon needing the service.

197

00:27:56.549 --> 00:27:59.879

Thanks, Emily.

198

00:28:00.989 --> 00:28:08.309

And let me see, I think there was 1 other, um.

199

00:28:09.989 --> 00:28:13.049

Okay.

200

00:28:13.049 --> 00:28:16.199

Let's see.

201

00:28:16.199 --> 00:28:20.069

I think we have answered all of them actually.

202

00:28:20.069 --> 00:28:26.909

Well, I just see 1, is this a fully covered cost for folks currently on a waivers?

203

00:28:26.909 --> 00:28:30.269

I guess in reference to, you.

204

00:28:31.739 --> 00:28:35.279

The health assessment of coordination service station. D.

205

00:28:36.419 --> 00:28:42.929

I think so can you repeat the question.

206

00:28:42.929 --> 00:28:46.229

Yeah, sure it says.

207

00:28:46.229 --> 00:28:53.219

Is this a fully covered cost for folks currently on waivers?

208

00:28:55.199 --> 00:29:02.129

I'm not sure I understand the question. It is a service that is available to everybody.

209

00:29:02.129 --> 00:29:07.769

Who is on our waivers and the subscription is covered.

210

00:29:07.769 --> 00:29:15.089

By D, yeah, it's covered by the waiver billing and that covers the assessment.

211

00:29:15.089 --> 00:29:19.799

And the coordination with emergency care, if that's needed.

212

00:29:20.879 --> 00:29:31.379

If there would be a need for the individual, if they refer to the emergency room, that would be through state plan through their medical. Um.

213

00:29:31.379 --> 00:29:36.539

Benefits or if they needed a medication that came from that.

214

00:29:36.539 --> 00:29:41.099

From the surface that would run through their state plan.

215

00:29:41.099 --> 00:29:44.549

Medical benefits the Medicaid benefits.

216

00:29:44.549 --> 00:29:47.819

I'm not sure if that's what.

217

00:29:47.819 --> 00:29:53.849

I'm not sure if that's exactly what it was met by the question. I'm just adding that to clarify.

218

00:30:00.749 --> 00:30:05.039

So, there's just, I guess if that question came from.

219

00:30:05.039 --> 00:30:08.339

A family member.

220

00:30:08.339 --> 00:30:14.189

Between what the waiver covers and what the individual's Medicaid covers.

221

00:30:14.189 --> 00:30:17.429

Everything would be covered and paid for, um.

222

00:30:17.429 --> 00:30:21.419

For any medical care that they were needing to get.

223

00:30:29.039 --> 00:30:32.789

So there is another question from.

224

00:30:34.559 --> 00:30:43.949

There's several popping in here now, we were told that if a person wants to access station D, we have to complete a form and added to the budget.

225

00:30:45.419 --> 00:30:55.769

That is true, but it can be done after the visit has occurred. So if someone accesses the service when they're ill, and it hasn't been added to their.

226

00:30:55.769 --> 00:30:59.159

Their plan yet, then.

227

00:31:00.359 --> 00:31:08.909

The regional office will be sending a support coordinators, a list of individuals that they will need to go back and do an addendum on.

228

00:31:08.909 --> 00:31:15.329

And add that to the plan and then add that cost of that service ultimately, to the budget.

229

00:31:16.379 --> 00:31:21.389

But it does not have to be done before the services accessed. It can be.

230

00:31:21.389 --> 00:31:24.719

Paid retroactively so when you get that.

231

00:31:26.069 --> 00:31:32.399

Name of someone who use the service, you need to just complete the addendum and submit it as you would.

232

00:31:33.264 --> 00:31:47.604

Who you are also another 1 does station and D get paid 30 dollars every month even if the service isn't

233

00:31:47.604 --> 00:31:48.534

used.

234

00:31:48.719 --> 00:31:59.579

So, if they don't use if the individual doesn't use it for the whole year station empty would get paid 360 dollars even though it wasn't utilized by the consumer.

235

00:32:00.599 --> 00:32:06.509

Yes, yes, yes, that is correct. It is a subscription service so it gives you.

236

00:32:06.509 --> 00:32:10.109

24 7 access to physician.

237

00:32:10.109 --> 00:32:14.219

Assessment consultation and coordination.

238

00:32:14.219 --> 00:32:17.939

Whether you use it or not.

239

00:32:17.939 --> 00:32:21.719

Some people might be.

240

00:32:21.719 --> 00:32:26.309

Thinking that that is not a good use of.

241

00:32:26.309 --> 00:32:32.339

Of the dollars, but what I will tell you is any time that someone.

242

00:32:32.339 --> 00:32:40.769

Goes to an emergency room we are spending thousands of dollars, hundreds of dollars, thousands of dollars.

243

00:32:40.769 --> 00:32:43.859

Towards that care and so.

244

00:32:44.939 --> 00:32:50.699

It is for those who just divert 1 emergency room visit.

245

00:32:50.699 --> 00:32:55.079

It pays for the subscription several times over.

246

00:32:55.079 --> 00:32:59.759

And I also want to just point out that.

247

00:32:59.759 --> 00:33:05.939

I think it is the biggest and most proactive thing that the division has done.

248

00:33:05.939 --> 00:33:10.739

In order to promote the health and wellness of the individuals we served.

249

00:33:10.739 --> 00:33:15.059

So often when someone isn't feeling good, you have to weigh.

250

00:33:15.059 --> 00:33:22.199

Everything else that's going on, whether you're a family member, or whether you're a staff person and you've got other people in the home.

251

00:33:22.199 --> 00:33:26.789

You might be the only 1 working their staff shortages. You might not be able to get.

252

00:33:26.789 --> 00:33:31.139

Somebody else to cover and so you're, you're trying to assess is this something.

253

00:33:31.139 --> 00:33:37.199

That's really critical that warrants me getting everybody out of bed or taking everybody into the.

254

00:33:37.199 --> 00:33:46.289

Emergency room and exposing them to all the germs and everything that are going on in the emergency room.

255

00:33:46.289 --> 00:33:50.429

Or is this something that's really not that I don't have to worry about.

256

00:33:50.429 --> 00:33:55.829

This takes that worry out of that parent's mind and gives the parent.

257

00:33:55.829 --> 00:34:03.539

And our staff out their peace of mind that they are providing the best possible healthcare.

258

00:34:03.539 --> 00:34:06.929

To the people that they're supporting, they don't have to worry.

259

00:34:06.929 --> 00:34:11.429

About having to make a judgment call. They let that clinical.

260

00:34:11.429 --> 00:34:15.629

Decision be made by a licensed physician, so.

261

00:34:15.629 --> 00:34:19.139

For the 30 dollars a month.

262

00:34:19.139 --> 00:34:22.559

That is a small price to pay.

263

00:34:22.559 --> 00:34:26.429

For the peace of mind and the protection.

264

00:34:26.429 --> 00:34:31.889

It provides to our folks with, um, intellectual and developmental disabilities.

265

00:34:48.179 --> 00:34:54.929

And and I'd like to add that if people want to have if there's somebody out there that is.

266

00:34:54.929 --> 00:35:03.539

Wanting to have further discussion around that. I am happy. I'm happy to have that discussion because I really want.

267

00:35:03.539 --> 00:35:08.189

People to understand what we're trying to accomplish.

268

00:35:08.189 --> 00:35:12.959

Feel good about the service that they're they're offering, and that they're providing.

269

00:35:12.959 --> 00:35:16.499

And and to understand the reasons why.

270

00:35:16.499 --> 00:35:23.249

Um, we are really promoting the service, so please, if, if you're still not buying in yet.

271

00:35:23.249 --> 00:35:32.669

If you're unsure, you have doubts, please put an email or put something in the chat, send an email to the mail.

272

00:35:32.669 --> 00:35:37.259

And I will reach out to you personally, and we can talk more about it.

273

00:35:38.669 --> 00:35:43.769

Oh, sorry, go ahead.

274

00:35:43.769 --> 00:35:56.339

I was going to answer this 1 it says, is there anything specific that needs to be stated in the you are request justification for station? D I don't know off top of my head, but I do know that, um.

275

00:35:56.339 --> 00:36:05.909

I was part of putting together what Wendy mentioned earlier on the conversation about the health assessment and coordination station and D.

276

00:36:05.909 --> 00:36:10.379

Service there is a, um.

277

00:36:10.379 --> 00:36:17.249

Some, um, information coming out about that process of how to add it.

278

00:36:17.249 --> 00:36:20.729

And it helps you, um.

279

00:36:20.729 --> 00:36:25.619

It will give you that information about the, your request and the justification.

280

00:36:26.849 --> 00:36:30.359

Yes, and you'll be able to find that on the Internet.

281

00:36:30.359 --> 00:36:38.249

Under governance, and then you're going to look under guidelines division guidelines.

282

00:36:38.249 --> 00:36:43.049

And you will find the procedure for.

283

00:36:43.049 --> 00:36:47.819

Completing the authorization or the, the addendum for.

284

00:36:47.819 --> 00:36:50.969

The health assessment and coordination.

285

00:36:50.969 --> 00:36:54.569

Service and there is a special form.

286

00:36:54.569 --> 00:36:58.829

For this service, for the addendum that will help you walk through.

287

00:36:58.829 --> 00:37:03.059

Everything that you need in order to get it through easily.

288

00:37:04.769 --> 00:37:09.419

We don't know, do we have a date when that those documents are coming out?

289

00:37:09.419 --> 00:37:16.889

If they're not if they aren't already posted, when I, as soon as I get into the office, I'll check and see if we can't get it posted today.

290

00:37:16.889 --> 00:37:22.859

Yeah, I think that would help with a lot of the questions we're getting it has the process for adding it.

291

00:37:22.859 --> 00:37:34.019

You know, has the different tracks if that individual contacts the station and D, before it's on their author before it's on their plan. And then if it's.

292

00:37:34.019 --> 00:37:42.689

Add to the plan as you're doing your yearly, or for some time throughout the year kind of has a different tracks of how you how that works.

293

00:37:42.689 --> 00:37:51.839

And then there was also a really good document that came out last year when we, when we.

294

00:37:51.839 --> 00:38:04.109

Started this service that gave a lot of background about it, which we might need to reference to Wendy to help give a full the full explanation of service.

295

00:38:04.109 --> 00:38:09.899

Yeah, and hike you are so much more familiar with where where our stuff lives.

296

00:38:09.899 --> 00:38:19.290

On the Internet, if you could put something in the chat to direct people there, or if you want to jump on and tell people that's fine too.

297

00:38:19.290 --> 00:38:24.090

Let me see if I can find that that link to it as well.

298

00:38:24.090 --> 00:38:32.040

1 thing I will mention about the procedure that's coming out with any procedure. It has an effective date.

299

00:38:32.040 --> 00:38:38.130

That's just because it's a newly written procedure on this service and how we, but nothing has changed.

300

00:38:38.130 --> 00:38:42.240

In terms of how we authorize it or that we.

301

00:38:42.240 --> 00:38:51.240

So, don't don't let that effective date. Make you think that oh, well, if they used it last month, that was before the effective date.

302

00:38:51.240 --> 00:38:55.380

So, I can't do it. No, this is just means that this is when.

303

00:38:55.380 --> 00:39:01.020

This procedure was written and we kind of published it and got it out there, but it is.

304

00:39:01.020 --> 00:39:05.190

The current process, it's not a new process is the process.

305

00:39:05.190 --> 00:39:11.430

That has been in place all along so don't let that date throw you off.

306

00:39:12.780 --> 00:39:15.780

Just get the agenda in.

307

00:39:17.250 --> 00:39:20.730

Or amendment, we change our terms so I'm.

308

00:39:20.730 --> 00:39:33.030

To be using an old term I just put in the chat the memo that came out about the health coordination service in August of last year.

309

00:39:33.030 --> 00:39:40.170

I think it was August. Let me check that. That is a larger. I was October actually.

310

00:39:40.170 --> 00:39:40.800

Um,

311

00:39:40.825 --> 00:39:55.435

it's a larger document that will be paired is paired down then to a smaller more manageable document for the steps to follow for adding them for adding the service to the plan.

312

00:39:55.885 --> 00:40:03.565

And that's the 1 that, uh, that Wendy was referring to is coming out. If a knock out already, so, but this.

313

00:40:03.840 --> 00:40:07.080

The 1 chat that I put in here, gives you.

314

00:40:07.080 --> 00:40:17.785

A lot of information someone had asked about information to share with their families and individuals, it gives a bigger overview of their service.

315

00:40:17.785 --> 00:40:27.775

And then the new document will be a short and brief and brief briefer document that will help with the process of adding the service.

316

00:40:34.980 --> 00:40:38.250

There's also a question of where these documents will be posted.

317

00:40:38.250 --> 00:40:45.060

I don't know that I know that the procedure the guideline will be posted on the Internet.

318

00:40:45.060 --> 00:40:48.090

If you go to the.

319

00:40:48.090 --> 00:40:52.290

Internet under the division of developmental disabilities.

320

00:40:52.290 --> 00:40:56.100

Scroll to the bottom of the page where it says governance.

321

00:40:56.100 --> 00:41:02.220

And click on governance, you'll have a page open up that has.

322

00:41:02.220 --> 00:41:05.700

Ribbons with various types of.

323

00:41:05.700 --> 00:41:15.030

Um, regulatory requirements that are out there and all that at the bottom of that list, you'll see something that says guidelines.

324

00:41:15.030 --> 00:41:18.870

And if you click on that, that's where you will find.

325

00:41:20.010 --> 00:41:25.230

This procedure that links in the chat now.

326

00:41:25.915 --> 00:41:40.255

Thank you any other

327

00:41:40.255 --> 00:41:42.385

questions coming up there in the chat.

328

00:41:49.770 --> 00:41:53.190

Just, like I said, if you have reservations.

329

00:41:53.190 --> 00:41:58.770

About the service or any questions please reach out to me.

330

00:41:58.770 --> 00:42:05.550

Reach out to Holly we'll be glad to talk with you about it. Emily can talk to you about it.

331

00:42:05.550 --> 00:42:09.570

Um, it has been an invaluable service.

332

00:42:09.570 --> 00:42:14.970

And as 1 of our services, you know, we're, we are required.

333

00:42:14.970 --> 00:42:18.180

To provide it as choice and give families.

334

00:42:18.180 --> 00:42:22.020

And individuals the choice, if they want that service or not.

335

00:42:22.020 --> 00:42:34.110

And so I, I need people to feel comfortable and confident and providing that choice to families too. So please reach out. If you've got questions.

336

00:42:35.400 --> 00:42:49.620

So, Wendy, 1 piece that 1 question that popped in, that we did missed was there was a request for a budget flash rate increase update. Is that something that he wants to touch on?

337

00:42:49.620 --> 00:42:57.270

I, I don't have the information to really share about that and Jess and Angie.

338

00:42:57.270 --> 00:43:03.660

Are both traveling um, now that's why they're not on the call and less Emily or.

339

00:43:03.660 --> 00:43:08.550

Julie or somebody else on the call.

340

00:43:08.550 --> 00:43:12.780

Hello.

341

00:43:12.780 --> 00:43:18.000

Sure.

342

00:43:18.000 --> 00:43:27.000

And again, if you let us know in that, we can reach out to you in the chat, whoever that was okay. Your pricing information to you.

343

00:43:27.000 --> 00:43:38.370

Okay, you, when when do you broke up? But I think what you were saying is you don't have that information to share and Angie and Jess or out of office and I'm not on this call today.

344

00:43:38.370 --> 00:43:43.200

Um, and I and I think you asked if I had any updates on that.

345

00:43:43.200 --> 00:43:50.970

I don't think I have anything that that's concrete to share that. I know that we're working on them.

346

00:43:50.970 --> 00:43:55.950

And that information is definitely being worked on on the far as, um.

347

00:43:55.950 --> 00:44:03.270

Those that are anticipated to be effective, July 1 and 2022, but that hasn't been signed by the governor yet.

348

00:44:09.240 --> 00:44:14.520

Yeah, July 122? Yeah.

349

00:44:15.565 --> 00:44:27.115

Okay, and with that, I think that gets us through all of the questions that we can we can answer today with the team that we have on the on the call.

350

00:44:27.595 --> 00:44:39.685

So we will be sending out an invite for the next call, which will be in July. And if I was just really quick on it, I would tell you what that date is.

351

00:44:40.015 --> 00:44:43.315

And it will be July 15.

352

00:44:43.920 --> 00:44:54.270

So you can go ahead and put that on your calendars. We'll send out an email blast about that. And this recording will be available on our previous webinar page for division.

353

00:44:54.270 --> 00:44:59.520

So, thank you everyone and we will talk to you again soon.