

WEBVTT

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00:00:01.225 --> 00:00:15.775

Thank you. Hi guys, thank you. All for joining us on the call again this week today we really want to take a moment to recognize this. A special day is the nineteenth, year anniversary of nine eleven on that day our country lost thousands of innocent lives.

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00:00:16.405 --> 00:00:30.954

And we've all been impacted by it in some way it may be through knowing somewhat the World Trade centers on that particular day, or even knowing a civil servant, a firefighter police officer, a military personnel who's dedicated, their lives to protecting our safety and response.

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00:00:31.824 --> 00:00:44.725

So, today we face another challenge of a covet pandemic, we're all working together to protect each other and our loved ones and this time of community we support those diagnosed with, and those front line workers that fight it everyday.

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And yet, at the same time, we mourn those who have lost we, who we've lost to coven. So we want to take a moment of silence as we begin our call to reflect on the community.

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00:00:55.585 --> 00:01:05.635

And the partnerships that we build during these difficult times on our frontline heros, and for those who worked tirelessly for our safety, and finally for those lives that we've lost.

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00:01:34.795 --> 00:01:44.394

From all of us at the division, we really want to. Thank you very much for all of the hard work that you do each and every day and with that.

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Do we have now and for update or are you ready for now? Yes, Val has a conflict this morning, so if she is unable to join us by the end of the call, we'll move her stuff to the end.

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00:02:00.234 --> 00:02:04.435

So if you want to go ahead with your update, Angie that'd be great. I will I will.

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So we have a few updates on August thirty first,

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00:02:08.844 --> 00:02:11.604
sent us a letter outlining various blanket waivers,

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like,

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00:02:11.905 --> 00:02:12.354
at eleven,

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thirty five wavers for our intermediate care facilities or ICF IDs to
address some of those continue challenges that they experienced by the
healthcare facilities that are specifically related to covet nineteen
pandemic and so we

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are going to be posting that.

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00:02:28.764 --> 00:02:34.854
If it's not already posted on our website just so all of our ICF ID
facilities can see some of those blanket wavers.

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00:02:34.854 --> 00:02:46.675
It's very nicely laid out in a summary of what they provided for us and
additionally we wanted to let, you know, that are we submitted a disaster
state plan amendment for our TCM.

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00:02:47.425 --> 00:02:58.344
And it was approved by CMS on September first. And that has been posted
to our Web website. This disaster state plan amendment is to allow the
flexibility to provide the case monitoring via telephone.

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For all four quarters, quarterly contacts in lieu of the face to face
contact for one of those quarterly contacts. We originally requested
this. So the eleven, thirty five submissions.

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00:03:09.625 --> 00:03:09.745
So,

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00:03:09.745 --> 00:03:11.514
if you think that if it feels like,

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00:03:11.514 --> 00:03:14.514

we're repeating something that we've talked about months ago,

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00:03:14.514 --> 00:03:15.264

we are,

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00:03:15.955 --> 00:03:17.935

but really we had submitted originally through our eleven,

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thirty five submission,

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but required us to submit it through a spa state plan amendment since it is specifically estate plan service,

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and then also we wanted to let,

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you know that the state we are in the division we're in the process,

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00:03:34.735 --> 00:03:40.914

a submitting a second appendix K for the waitlist implementation due to the budget impacts from covet.

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So,

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we will be sending that in hopefully,

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in the next couple of weeks and then over the next few weeks see,

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everyone knows that we've been working on our waiver renewals,

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but we have also been working onto waver amendments and that's for the waitlist helping us to reduce some of those unduplicated participant slots and our waivers because of the waitlist,

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00:04:00.354 --> 00:04:03.384

and also the reduction or the removal of the person center strategies,

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00:04:03.384 --> 00:04:05.215

consultation and accounting services.

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So, Mo, health net is also working with us to send out a public notice for those waiver amendments. And again, those are all because of the impact of cobit and legislative appropriations.

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So you will see those posted shortly before you will see the waver renewals posted.

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00:04:23.639 --> 00:04:36.954

For processing the CMS, and that is all that I have for today so I will turn it over to windy. Okay. Hi everybody I have two or three things to touch base with you all on.

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00:04:37.615 --> 00:04:46.675

First is, we've gotten some questions around the returning to, in person monitoring guidance that went out and so I will be updating that to provide some clarification.

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But,

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in advance of that,

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I just wanted to elaborate on the in the database that the reason that we're putting the type of visit in the database is so that we have the ability

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00:05:03.264 --> 00:05:11.305

from central office to be able to see if people providers and TCM agencies are making the transition.

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To in person monitoring and when not possible to do in person monitoring to virtual monitoring.

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00:05:17.394 --> 00:05:32.334

So really looking at that report and pulling that report from a central office level is only way that we have to see if if our network is making that transition successfully and where there might be problems and how we might be able to

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00:05:32.334 --> 00:05:35.365

help problems solve getting some of those things done,

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00:05:35.394 --> 00:05:39.925

so it is really for a central office monitoring function.

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It is not anything that the TCM tax are reviewing or or paying attention to. They their review has not changed at all.

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So, I'm just wanted to kind of elaborate on that as to what the purpose of that and why we have to do that.

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Now, we are asking that all support coordinator's report, every visit in database, which is different than before before you only did it if there were negative findings, we're asking you to report all visits in there.

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So that we can track the type of visit that it is. You don't have to report.

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00:06:15.144 --> 00:06:27.654

Make additional comments, if there were not negative findings, but providers always like it when we have nice things to say about things that that we've observed as well so don't hesitate to put in those positive things in there.

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But at the very least, you just need to report what type of visit it was so that we can monitor that and help out and areas where providers are still struggling with that.

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So I wanted to elaborate on that, and just to point out that don't get too caught up in the examples that are given in the the guidance document.

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Those examples are to demonstrate the documentation and how you need to be clear and the documentation about how the responsibilities of of the support coordinator are different for specifically talking about where

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you're,

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you're choosing to split responsibilities between two support coordinators.

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So, one support coordinator is maybe going and doing the in person visit.

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And another one is doing other components of the monitoring,

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00:07:16.824 --> 00:07:17.845

that example,

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was just to demonstrate how the documentation of the responsibilities needs to show that those were distinctly different activities and not just say,

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I provided support coordination.

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Because then it will be seen as two people doing the same activity, and it will be duplication. So I'm not meaning to make any judgment as to how you divide up the responsibilities.

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I have no expertise in that area. That can be done a million different ways. And it's all gonna depend on how you have your organization and your caseload setup and individual factors, you've got going on there.

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00:07:56.064 --> 00:07:57.084

So those examples,

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or not to to provide any guidance as to how you should divide up responsibilities only on the documentation,

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we also had some questions coming in for clarification around who is responsible for providing the technology in order to do a virtual visit or a remote visit so both a service

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provider and a TCM agency have responsibilities around monitoring.

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So both of those providers need to have the technology needed on their respective ends to be able to do that monitoring.

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However, in many cases, a support coordinator may do monitoring in the individual's home.

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So if if you are doing monitoring at the person's home, it is not the service providers responsibility to provide the technology for the family member.

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I encourage the team to get together to problem solve to come up with ideas of how you might get past that. But in the end, the bottom line is is the TCM agency's responsibility for monitoring.

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00:09:08.934 --> 00:09:16.075

So, if all else fails, you know, the, the, the buck does stop with the TCM agency.

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00:09:16.105 --> 00:09:26.365

I know that some county boards have provided tablet for their support coordinators to allow the family to use while they're there.

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00:09:26.365 --> 00:09:37.075

So they can do, you know, talk better or do a remote visit if other options aren't available so there's a lot of solutions out there, there's no one, right or wrong way to do it.

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And I think I'm probably the team can come up with the best ideas of how to do that. But so, hopefully, that clears up some of the questions around who is responsible for the technology.

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I think a lot of that comes down to, you know, not all face to face visits, have to be at the side of service. And so when they're not then who is responsible there. And so I think we've kind of covered that.

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The other thing that I wanna point out about the virtual visits is.

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Yes,

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00:10:09.774 --> 00:10:15.384

if your county is on a remote only status,

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all that means is that basically the division is giving the green light for you to,

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to do virtual visits and in those situations.

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However, it does not preclude you from going to the home and doing a face to face visit. It is perfectly safe to do that taking all your precautions, using social, distancing and doing all of those things.

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We're doing the,

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the remote only in the county status system to help support the local health agencies to reduce the footprint in those counties during those times,

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00:10:50.634 --> 00:10:56.065
as they're trying to lower the prevalence level of the virus in their counties.

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00:10:56.095 --> 00:11:02.664
So, it is not a blanket rule that you cannot do in person monitoring.

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So in cases where you can't come to a resolution about how to make technology available to the family in their home, the one solution. That's always there.

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00:11:13.465 --> 00:11:26.394
Is you go out to the home and you do face to face monitoring so just kind of wrapping that up about the virtual visits and and what we need to do there.

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00:11:27.894 --> 00:11:34.975
Then we had another question that came in and it's more around choice and.

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00:11:36.235 --> 00:11:37.884
Specifically about choice,

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00:11:37.884 --> 00:11:46.254
but about how we are going about assessing when people can get back out into the community and this is,

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00:11:46.735 --> 00:11:56.424
this is tricky and it's kind of a difficult question to answer this one specifically is around voting someone who is living and an,

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00:11:57.355 --> 00:12:00.595
and is a registered voter wants to vote on November,

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00:12:00.595 --> 00:12:04.225
they're being encouraged to do a mail in ballot,

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00:12:04.254 --> 00:12:07.134
but the individual does not want to do a mail and valid.

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00:12:07.134 --> 00:12:11.634

They are not trusting the mailing system, and they want to go vote in person.

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00:12:11.995 --> 00:12:12.414

And so,

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00:12:12.414 --> 00:12:13.375

the question is,

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00:12:13.375 --> 00:12:18.894

can the provider disallow that and no,

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00:12:19.284 --> 00:12:27.835

the provider needs to work to find ways to make that right available to that person to be able to,

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00:12:27.924 --> 00:12:31.554

to be able to manage that and to be able to go and vote.

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00:12:31.585 --> 00:12:44.095

There are, we should be doing individual planning with all of our individuals. Let me repeat that again a individual basis.

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00:12:44.095 --> 00:12:44.365

I mean,

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00:12:44.365 --> 00:12:47.664

it just can't I keep being redundant there,

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00:12:47.875 --> 00:12:53.485

but what does it take for this person to be safe in the community to be able to re,

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00:12:53.485 --> 00:12:59.304

engage in the life that they had free covet what precautions needs to happen for this person.

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00:14:27.985 --> 00:14:34.825

While we're, we're all being very mindful, and trying to keep people safe in their homes.

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00:14:34.884 --> 00:14:49.855

We also have to be respectful of their individual rights and choices and how they want to get back out and get involved. And so we need to be working towards accomplishing that.

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00:14:51.504 --> 00:15:03.654

There's a couple of questions in here that are specific to cobie and L. C level of care assessments and I'm going to not speak to those.

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I don't have the specific information on that, and we will put that in respond to that in the Q and a, and put that out by probably early next week and looking to see here.

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If I have other questions before we get into questions that are coming in on the chat, Val has walked in and join us. So we're gonna let her do her update and I don't wanna engage that.

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00:15:31.134 --> 00:15:42.924

We've not talked about any of your your stuff. So, we'll let you do your update and then we can get all right questions. Alright. So quickly. I usually talk a little bit about a lot of different things.

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00:15:43.465 --> 00:15:54.804

So we don't really have any budget update at this point while revenue. We still are very unclear about where we're gonna end up with state revenues and we're also very unclear as to how the federal.

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Government, if or how the federal government will be helping States managed through this covet recession with that said, yesterday that I saw in the news that the federal government did not move a bill.

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And now, it doesn't look likely that any federal release will be known until November, which probably means after the election. So that's just more uncertainty in terms of the federal relief.

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00:16:21.534 --> 00:16:33.985

We have going how it can be used as well as the uncertainty as to how long it will. Last is really what that equates to for us at this point. And within uncertainty becomes an inability to really finalize some decisions.

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00:16:33.985 --> 00:16:47.455

So, please know that also, we usually talk a little bit about testing. So
covet testing and I can't tell you. And I know a lot of you guys have
seen this stuff in the in the press.

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But Missouri, I think right now is got the seventh highest rate per one
hundred thousand.

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So we're around a hundred and fifty per one hundred thousand, according
to the White House corona virus task force that puts us in red, in terms
of prevalence of cases in the state of in the country.

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00:17:06.894 --> 00:17:19.615

And, and then seventh, in terms of the state with high prevalence of
cases, almost all of those cases are in the mid West. All of those are
the ones above us are in the Midwest, including several of our
neighboring states.

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So, that just makes it even harder and we've got examples of both in our
state operated facilities with our private providers. I know you guys are
doing everything, right?

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00:17:33.714 --> 00:17:45.805

You are testing your screening employees, you're utilizing, and we're
getting ten positive residents a day right now in the wavers or ten
positive waver participants and day right now.

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00:17:46.404 --> 00:17:56.484

So it's just even when you do everything, right? You can't keep this out
and I know we talked about that a lot in April and in May, but we weren't
seeing the numbers on the community side.

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We are now so just continue to be vigilant on your testing. Continue to
be vigilant on your monitoring of staff please understand what your staff
were doing, where they're going and wear a mask Walker hands all those
things.

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00:18:10.974 --> 00:18:16.674

We tell you to do over and over and over and over. Again, testing is
gonna get a little easier in the state again.

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The statewide testing without doctors does that drive up testing that we had been doing and June and July will resume next week in the States we posted that out there for everybody. And then, that will be more of those that come out every week.

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So, please pay attention to those when we post those to you, and we send them to you through a variety of channels that's one of those pieces of information that every time you get it, you should be like yep, that's good. I wanna get that as many times as I can get it, because I wanna make sure I know what's going on.

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00:18:44.394 --> 00:18:54.835

If you're not getting enough talk to your regional office, they will help. You make sure you're getting it as many times. You can possibly get it. So, we are really trying to up the testing in the state again. Really?

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Overall, if you look at the lighthouse results are states testing numbers are not bad, but because of the high number of positives we have, we really need to increase those testing numbers also areas in the state. That seem to be hotter than others.

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One of the facts that we got this because of the fuse themselves while less than sixty percent of our pocket like forty percent of our population live in rule is there? She's got it. Well, forty percent of our population live in rural Missouri.

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Sixty percent of our cases right now are in rural Missouri area. So please please please pay attention. No area is immune right now.

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00:19:31.224 --> 00:19:40.105

I know you're also occasionally hearing in the press that you're county or your city is called a red city or a yellow city or green city.

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And next time, we'll probably try to show this to you a little bit more clearly. So the White House has put out what percentages you have to be at to be a red city to be a yellow city to be a green city or state. And they go to a very, very detailed level.

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So sorry, I couldn't join earlier, but next time we do this call, we'll go through and show you what that means and what that looks like. And so there will be public ways for you guys to see what that means for your area.

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00:20:05.335 --> 00:20:11.605

But the reason you become read as again, your cases per one hundred thousand over the last seven, fourteen days.

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I've kinda wanna, I'd kinda like a product launch, you know, we know that there's this new product out there, but you gotta stay tuned because it's really not available for everybody yet.

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00:22:19.884 --> 00:22:31.164

And so that's what we, that's what we're here to do, and we will keep you educated as to what those different testing technologies are. And when they're actually fully available and operational for our folks.

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But I know you've probably heard a lot about the Washington University, the live a test, and we will continue to work with Labs to get them identified. So that we can take make use of that test.

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00:22:42.835 --> 00:22:47.275

That is the piece test versus an antigen test or an antibody test.

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So, that means that it's gonna get the closest to identifying true positives and from a negative the antigen tests typically can identify true positive but they can't identify those folks. That are asymptomatic as well.

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And so that's kinda why those are the things we're trying to learn more about, or Yep, I'm okay. The other thing I wanted to talk about real quick. I'm curious act funding so I know that we have several providers that are still working on, getting their care fact, finding information to us.

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00:23:15.444 --> 00:23:27.234

We have not quite put out two million dollars worth of our twenty million of carefax funding. We want to get that money out the door. I want my staff working all night long and trying to put that money out the door. We're not doing that right now.

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00:23:27.234 --> 00:23:34.345

So, please continue to work on getting those invoices into us and those assets stations. If you're a group home or a residential providers.

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Vaccinations is another question that we get a lot whenever we're talking to folks so I will tell you what I know the status, the notified that we will start getting covet vaccination. Sometime in the fourth quarter.

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00:23:48.865 --> 00:24:03.505

Twenty twenty, the fourth quarter of twenty twenty starts on October first. It ends on December thirty first of twenty, twenty so somewhere and it does the state of Missouri will be getting vaccinations. We also know that we will not be getting enough vaccinations for everybody.

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00:24:03.954 --> 00:24:17.634

So we are working on prioritizing populations, we also know that the federal government will establish certain priority populations for just like they do for testing and other things. So those are things we have to keep in mind that we work on.

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00:24:17.634 --> 00:24:31.884

I, we are working on vaccine distribution plants other things you need to know about the vaccine it has to be kept cold, negative, seventy degrees Celsius. We don't. They're still trying to figure out how long it can be refrigerated where it's still viable. Is it twenty four?

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00:24:31.884 --> 00:24:34.704

Forty eight hours, so those are things they're still looking at.

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00:24:34.734 --> 00:24:49.644

So that also makes it difficult when New York determining how to get the vaccine distributed and utilized within a short period of time when it comes out of that negative, seventy degrees Celsius environment that it has to be kept in the vaccine.

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00:24:49.644 --> 00:24:58.134

And we've talked about this several times, if they to does vaccine. So you will get one on one day. And between twenty one or twenty eight days later, you will get your second dose of the vaccine.

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00:24:58.585 --> 00:25:10.315

The vaccine you have to get from the same provider so if you get a vaccine from the pharmaceutical company, Pfizer, the first time, you have

to get a Pfizer vaccine the second time. You cannot get. So, it's not like, oh, they won.

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00:25:10.315 --> 00:25:24.744

I'm gonna go to Walgreens to get my vaccine and on day twenty eight. I'm gonna go to my doctor to get my vaccine. It's not that simple. You have to pay attention to all these details. It's also not gonna be available that way. So don't worry about that, but those are some common questions.

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00:25:24.744 --> 00:25:38.875

We get on the vaccines again. Please pay attention around the testing. The division is still supporting testing of our residential congregate providers. If you wanna get testing the website, use the website, there's a late send it to us.

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00:25:38.875 --> 00:25:53.424

We will work on connecting you to testing partners. We've had a lot of really good luck with that. And we will continue to work on that. And as our testing partners get access to new testing technology, it will become easier for them to also take advantage of those community testing events as well.

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00:25:54.025 --> 00:26:00.174

I know. I actually just got off the phone with a partner agency talking about kids going back to school.

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00:26:00.894 --> 00:26:04.494

It's happening and also talking about,

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00:26:04.525 --> 00:26:07.224

what do you do with with your staff,

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00:26:07.734 --> 00:26:16.555

when you have a kid that gets sent home as a contact that as a positive but as a contact until the quarantine for fourteen days and I'm not talking about the,

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00:26:16.555 --> 00:26:16.944

you know,

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00:26:16.944 --> 00:26:20.184

what is your parenting responsibility in terms of taking care of your child?

162

00:26:20.724 --> 00:26:35.095

But there are some challenges with that. And there's some things that we're gonna have to work through over the course of the next few months. But for us, that until there is a positive member and the house and told her that actual positive member of the household, we will treat that the same way.

163

00:26:35.694 --> 00:26:50.154

So that employee can still come to work. And as they will be were in, if you've got testing established in your agency, one of the things that we will likely do is increase the frequency of that employees testing. Wow. That pile is home on quarantine.

164

00:26:50.154 --> 00:26:54.714

If, at any point that file is positive. We typically send household members home.

165

00:26:55.140 --> 00:27:07.884

When they have a household neighborhood positive, and we put them on quarantine, but otherwise we don't treat it any differently because we test and then we work and we screen our employees on a regular basis. I have a question on funding.

166

00:27:07.884 --> 00:27:21.174

They submitted a portion of it invoice now and a portion later before yes, absolutely. Now, we will not pay invoices that are below five hundred dollars. So until you get the five hundred dollars, we're not gonna go through the process of setting you and check that.

167

00:27:21.174 --> 00:27:28.404

Yes, please submit part of it now and part of it if you can't get to the full amount. You're O two right now. Absolutely.

168

00:27:28.674 --> 00:27:40.944

And if you have more expenses than what you are, putting on those invoices submit that to more than you are, your allocation is please submit the full cost of your, your full your for me.

169

00:27:40.974 --> 00:27:55.045

Because if there is that opportunity for us to get that reimbursed, we will take that opportunity as well. So, Kim just let me know, we have three hundred and eighty three followers on today. So thank you all very much. And now, do we turn it over to Kim or if everybody else does okay. Okay.

170

00:27:55.194 --> 00:28:04.674

And so just real quick. Thanks bout. Just a quick reminder. We had a couple of questions come into the chat box on we're testing is available to the community testing efforts again.

171

00:28:04.674 --> 00:28:17.184

I know we posted this week and we'll continue to do that and as soon as we get the information through and other states colleagues, we post. So please go out and look at that. There's a lot of community testing efforts going to be continuing to happen.

172

00:28:17.184 --> 00:28:20.394

So another good opportunity again to get access to testing.

173

00:29:46.494 --> 00:29:52.765

Continue to come in and there's continued resources available again. The Google marketplace is a great resource.

174

00:29:53.184 --> 00:30:07.194

Dhs has on their web page designated areas where you can access and request the or inform is also posted on our website. I know that we recently received some information and will be posting that out today.

175

00:30:07.194 --> 00:30:20.484

Hopefully, it'll go out this afternoon, if not first thing Monday through the statewide information on agencies and companies that are developing and producing in the state.

176

00:30:20.724 --> 00:30:28.884

So we have some resources for you available there as well, so stay tuned on that information. Real quick to ongoing conversation.

177

00:30:28.884 --> 00:30:36.595

We'd like to provide you with updates on the utilization of station and D, just as a reminder we do have a designated web page for that information.

178

00:30:36.595 --> 00:30:49.015

If you're not familiar with citation and D, what the services currently, all individual's are recipients of waiver services or auto enroll to be able to access station and B services. It's very easy to access and utilize.

179

00:30:49.494 --> 00:30:57.924

So, if you have a need, please feel free to access it. We did have an example a case where a family wanted us to share with them. Some of their positive.

180

00:30:59.365 --> 00:31:11.994

Interaction with utilizing the service, this particular family supports a loved one who has pretty significant medical needs and is not able to verbally communicate very well and had a decline in their help.

181

00:31:12.924 --> 00:31:23.424

The parent was really concerned and was wanting to try to figure out what the next steps were to kind of access care and remember station and contact is the number.

182

00:31:23.454 --> 00:31:28.555

They walked her through how to access the information quickly,

183

00:31:28.555 --> 00:31:30.744

received a response from station and D,

184

00:31:31.015 --> 00:31:33.654

they were able to assess their telemedicine,

185

00:31:34.045 --> 00:31:37.494

the individual's needs and directions to go ahead and present to the,

186

00:31:38.035 --> 00:31:39.924

which they did the care.

187

00:31:39.924 --> 00:31:53.275

There was very well coordinated from the feedback. Because station D, had contacted the our head of time, and the parent just felt that the whole process was very positive and wanted to share that and encourage everyone to take a look at as a service.

188

00:31:53.275 --> 00:32:03.325

So we appreciated their feedback. And we wanted to pass that along and share it with you and again, if you have any questions about the service, please reach out to your regional office. And we've got a lot of information out there.

189

00:32:04.555 --> 00:32:19.345

I think she, and a lot of parents think that it's gonna be complicated to download the app you gotta fill out all this information and it, it it

really isn't. It was very quick. Very simple. And so she didn't want people to put off using that for fear.

190

00:32:19.345 --> 00:32:30.744

All right and one other quick reminder to. We have a lot of resources out there. We continue to have those trainings in the realized platform that everybody can access to the most portal.

191

00:32:31.315 --> 00:32:40.795

They're on a variety of topics that can support your current agency on your policies and procedure development on your staff training around infection control and prevention around the utilization of.

192

00:32:42.000 --> 00:32:55.734

So, again, those are really great resources that we have available to you to support you and your local effort and greatly appreciate all the work that everybody continues to do. So, I want to jump in on what Ken said about those resources.

193

00:32:56.545 --> 00:33:09.234

So those of you that are multitasking and listening and doing something else. This is that moment where I wanna big and say, please pay attention to your monitor. I promise it will save you heartburn later. If you will take a look at your screen.

194

00:33:09.234 --> 00:33:17.904

Now, this is our D homepage you scroll down and click on community support. You're gonna see a section there that says education and learning.

195

00:33:18.625 --> 00:33:19.644

When you click on that,

196

00:33:19.644 --> 00:33:30.744

there is a dedicated accordion here for the reliance self registration portal those modules and things that she mentioned are located in the content self registration portal,

197

00:33:31.045 --> 00:33:34.585

which is different than our employment support self registration portal.

198

00:33:34.974 --> 00:33:35.605

A lot of times,

199

00:33:35.605 --> 00:33:37.194
we see folks having little trouble,

200
00:33:37.194 --> 00:33:40.285
and they're in they're going into the wrong portal,

201
00:33:40.884 --> 00:33:43.555
if you have questions on that feel free to submit that,

202
00:33:43.555 --> 00:33:44.065
to me,

203
00:33:44.424 --> 00:33:46.494
send me an email drop me a message in the chat box,

204
00:33:46.825 --> 00:33:56.694
but just note this page right here can be your best friend if you're
struggling to find those modules are needing a little help or your staff
they need to print certificates or something like that.

205
00:33:56.724 --> 00:34:10.074
So just a quick note. Thanks to putting on the spot. But why you've got
the web page pulled up when we've got everybody's attention, could you
quickly pull up and show them where those email blasts are? When we're
communicating out on the community?

206
00:34:10.074 --> 00:34:18.264
We'd love to. So, if again, you go back to our homepage and you'll see
the scrolling panel here.

207
00:34:19.494 --> 00:34:26.335
Take a moment, get some good information. If you're not signed up to
receive those email blast, you can do that by clicking on this page.

208
00:34:26.335 --> 00:34:36.744
It'll take you to an external site, but if you know, something came out,
or hey, I'm not sure if something came out, click there and we have all
of these email blasts that have been sent out in archive.

209
00:34:37.045 --> 00:34:38.275
He'll be able to go back,

210
00:34:38.635 --> 00:34:39.144

obviously,

211

00:34:39.144 --> 00:34:39.235

two,

212

00:34:39.235 --> 00:34:39.534

twenty,

213

00:34:39.534 --> 00:34:40.315

seventeen,

214

00:34:40.885 --> 00:34:44.605

but that can be your best friend if you're looking for something quickly and you've seen it,

215

00:34:44.605 --> 00:34:54.594

but you don't exactly remember what it was aware to find that you can easily go right here to get to that information right and so we just been out this week the first on a series.

216

00:34:54.594 --> 00:35:06.144

That will be expecting on those community testing events and so, for next week, I know there's sites setup and it's as easy as going and registering online and showing up and getting tested. And I know boon county.

217

00:35:06.510 --> 00:35:20.244

And Columbia has some sites set up there's some sites set up in St Charles, I believe, down in southern Missouri, Harry, Harry county and the, and they're gonna keep saying yeah, so please be looking for those.

218

00:35:21.144 --> 00:35:23.664

We've got actually a couple of questions here kind of,

219

00:35:24.594 --> 00:35:38.364

and there there are things that have been addressed and first of all I get right now that there was a lot of community anxiety about finally knowing people that are there was before you probably didn't know anybody it was still very positive now.

220

00:35:38.364 --> 00:35:49.045

I don't think you could throw a rock and not know somebody you won't be. I don't think you could throw a rock in this room and wouldn't be able to

find somebody who doesn't know somebody who's focused on to run down the data service. What I'm saying.

221

00:35:49.855 --> 00:36:04.764

So, knowing that I see some questions in the chat, and first of all the CDC website is your friend yeah. It can help answer a ton of these question. Two of the questions that we just specifically got one was the question.

222

00:36:05.454 --> 00:36:18.565

About if you're positive how long are you contagious? Well, a couple of things will matter. Here. One is how severity was your illness if you were asymptomatic the whole time you never had any symptoms.

223

00:36:18.565 --> 00:36:30.565

You never had any fever, ten days from your positive test day. You are no longer considered contagious at this point you can re, enter. You should if you've been Colvin positive and you're ten days later.

224

00:36:30.594 --> 00:36:41.514

So go out in the community without a things, mass on put that face mask, gone, washed your hands. You should still be limiting your exposure by you are no longer considered contagious at that point.

225

00:36:41.514 --> 00:36:51.505

If you are completely asymptomatic if you have mild or moderate symptoms and those symptoms are gone for more than forty eight you've got ten days at least.

226

00:36:51.505 --> 00:37:02.335

But if you go a little bit longer, you need to be forty eight hours fever, free that means no fever with medication. Then you are to ten days and then forty eight hours. Sometimes that all sense.

227

00:37:02.335 --> 00:37:08.125

At the same time, then you are considered symptom free and you are no longer contagious.

228

00:37:08.215 --> 00:37:18.175

Again, do not go out in the community without your mask on do not think that because you've had so bad and you are now recovered it is a free app to do whatever you need to do.

229

00:37:18.204 --> 00:37:31.885

We still require anybody who has recovered from to her full recover from Colvin. Yeah, we all are gonna recover from TV. Right? Recover from covet to where they still have to wear their masks to the facilities.

230

00:37:31.885 --> 00:37:41.425

And they also still the two weeks. Can they come back to work? They're wearing full at that point. So just wanna make sure that everybody understands that.

231

00:37:41.425 --> 00:37:47.994

Now you have more advanced illness those days changed, but the CDC includes all of that information.

232

00:37:49.255 --> 00:38:02.905

On their website in a very easy to read very easy to access another question that we got was if you were around somebody on Friday, and then on Monday, you found out that they were coping positive. Are are you at risk?

233

00:38:03.385 --> 00:38:15.264

Okay, first right now everybody is at risk. We are a community transmission and the state of Missouri, you can go to Walmart. You can wear your back. You can wash your hands. You can not be around anybody else. You can get kilobits.

234

00:38:15.264 --> 00:38:26.304

So I don't want anybody to think they're not at risk at all times because right now you are at risk second. So I wanna make sure that you under. Yes, we would consider you a positive contact.

235

00:38:26.364 --> 00:38:38.844

And if you worked in one of our facilities, we would test you within five days of that exposure. And if you've been around in the facilities, if you've been around somebody within seven days, we consider you a positive contact.

236

00:38:39.474 --> 00:38:45.894

So that is how we do it in in the D facility you've been in all of the damaged facility. So.

237

00:38:46.344 --> 00:38:59.994

If you're around somebody on Sunday, and then on Saturday, we found out, they were positive. The next Saturday, we would consider you a positive contact. We go back seven again. Your local public health agencies should be supporting you on those contact tracing efforts.

238

00:38:59.994 --> 00:39:00.295

But you,

239

00:39:00.295 --> 00:39:03.715

as an agency still need to be thinking about your own individualized policies,

240

00:39:03.715 --> 00:39:06.925

and how you're going to be addressing some of those contact tracing efforts,

241

00:39:06.954 --> 00:39:12.804

and how you're gonna be addressing with your staff and as an individual on somebody who is just thinking,

242

00:39:12.835 --> 00:39:13.045

oh,

243

00:39:13.045 --> 00:39:13.554

my gosh,

244

00:39:13.585 --> 00:39:18.445

I just found out that my office may have so bad.

245

00:39:18.445 --> 00:39:33.025

What do I do again? Leave at we have information on our website, the Department of health, the senior services that the for based on their website, the CDC has information on their websites. All of these questions are very easy to find the answers to on the website.

246

00:39:33.025 --> 00:39:37.614

And those are those policies or the policies that we are following as the state.

247

00:39:37.945 --> 00:39:52.554

So, there was another question about the vaccinate, and they just want me to reassess the vaccination and yeah, I have a Masco on and I'm farther away from the phone so I'm fine. That's fine.

248

00:39:52.585 --> 00:40:06.534

So, by reading, so I'm trying I'm sorry, the audio is breaking out, but we're in a room together and we're, we're back. So that's why that's

happening. But there was a question about again what is the expectations for? Vaccine availability?

249

00:40:06.840 --> 00:40:16.014

So the say I've been told that we will get vaccine covet vaccine somewhere on the fourth quarter of twenty twenty. So that's October first to December. Thirty first twenty, twenty.

250

00:40:17.275 --> 00:40:25.855

How much we're gonna get we don't know who the intended audience for what we get. We don't know, but we know that's something that arrived during that period of time.

251

00:40:25.885 --> 00:40:36.054

It will likely be focused on large congregate settings and the workforce in those large congregate settings that continue to be where we see the worst outcome.

252

00:40:36.594 --> 00:40:49.255

And then there was finally somebody had a shout out so everybody can see it, but apparently the Department of health and Kansas City space to donate cases of two thousand are available as well as math for kids.

253

00:40:49.284 --> 00:41:04.284

So way to go camp department for helping, make sure everybody has access to math and is there and updated information about the expedited you our process we will work on that and the Q and a follow up.

254

00:41:04.315 --> 00:41:17.994

Okay. We've been on this call flooding along. Thank you. All oh, sorry we got a bunch of questions built around monitoring, you know, we're gonna go ahead and address all of those monitoring questions in the Q and a, so let's just do that.

255

00:41:18.474 --> 00:41:27.144

And because we've been on here for now forty five minutes, I think that's enough time. And we are starting to not really drop people but I would if I was, I was losing interest.

256

00:41:27.144 --> 00:41:39.684

So, thank you all for your time today, pay attention to the queue and I, there's a lot of monitoring questions out there and and we'll get those out. We always get them out right into anyway, but we will go ahead and do that. That sounds good. Thank you and have a good weekend. Thanks. Thanks. Please.

