

WEBVTT

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00:00:28.890 --> 00:00:32.759

All right, I think we have everyone on.

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00:00:32.759 --> 00:00:45.895

So, we will go ahead and get started my usual housekeeping reminder. Please make sure that you submit questions via the chat to all panelists. So that we can get those to the right person to be able to answer them.

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00:00:46.465 --> 00:00:49.975

And with that, I am going to turn it over to Dr.

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00:00:53.935 --> 00:00:59.664

Hello can you hear me? Yes. Okay, great. Hi thanks.

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00:00:59.905 --> 00:01:14.665

For having me, you know, I just really wanted to take a minute to discuss our solution or service and I know there's been some questions about it through some of the participants and for those of you who know about us and heard my spiel before.

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00:01:14.665 --> 00:01:15.385

I apologize.

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00:01:15.385 --> 00:01:29.754

But I just want to take a few minutes to let people know that we are a waived cover service and available for individuals that are on the waiver to add to their estate plan just to refresh everyone's memory station.

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00:01:29.754 --> 00:01:41.635

Md is a telehealth service. That is available to individuals with disabilities as a resource. Basically, we are there to contact 24 hours a day. 7 days a week. With any questions. You may have medical.

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00:01:41.635 --> 00:01:49.734

Any concerns are physicians are licensed unable to prescribe medications with a goal of treating individuals in in their home setting,

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keeping people out of urgent care whenever necessary but most importantly serving as a resource to families,

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00:01:56.245 --> 00:01:57.625
individuals DSPs.

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00:01:58.680 --> 00:02:04.379
Um, whenever is needed, um, it's been really well received. Um, we had.

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00:02:04.379 --> 00:02:09.449
Several 100 calls last month. Um, and I just want to let people know that.

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Uh, we transition to a waiver service, so the individuals in, in your care, or that want this, simply you need to speak to your service coordinator to add it to the service plan.

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Um, if you have any questions, you can reach out to us at, or the dmhc website, but I, uh, wanted to alert this group that we are.

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00:02:30.569 --> 00:02:45.180
I'm still there and a presence and a resource for families happy to answer any questions. I'll actually put my email in the chat box if anyone has any questions about it. Um, but, uh, we're a.

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00:02:45.180 --> 00:02:53.250
Uh, going out and just letting individuals know that this service is still available. Um, and, and, uh, as a waiver service.

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00:02:53.250 --> 00:03:07.919
So, thank you, thank you. Dr too many toy. I am going to pass the control to you. I believe you have something to share with folks today on connection.

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00:03:07.919 --> 00:03:11.460
Do yeah, thank you.

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00:03:11.460 --> 00:03:24.569
Okay.

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00:03:24.569 --> 00:03:28.259
Okay, good morning. Everyone.

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00:03:28.259 --> 00:03:31.979

Hi, could you just let me know if you guys can see my screen. Okay.

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00:03:31.979 --> 00:03:41.639

Yes, we can. Awesome. Okay. All right so good morning. Everybody I wanted to just come this morning. Um, Troy will do here with the division of the.

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00:03:41.639 --> 00:03:49.349

With the division today sorry spend a morning, wanted to come and provide a connection updates. So.

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00:03:49.615 --> 00:04:04.284

We are in the process of the implementation of connection that the DV case management system. So we are excited. We have made it a lot of strides in the last year. So I wanted to kind of come through and just give an update to this group. So.

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00:04:04.650 --> 00:04:12.780

The contract amendments, you guys have heard a lot about the contract amendments we were doing and looking at. So our original RFP had kind of.

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Had a comprehensive coverage of basically our waiver services, so I wanted to come back through we officially got through the contract amendment process.

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00:04:21.894 --> 00:04:33.055

Um, since this contract we use, and we apply for and use federal federal match money. Um, it was kind of a, a pretty complex process to get the contract amendments through.

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00:04:33.055 --> 00:04:42.625

So we have to not only go through our office of administration division of purchasing to add contract amendments and kind of abide by our procurement processes.

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But then we also have to go through CMS in order to kind of apply and make sure that we can apply our 9,010 funding has some really great news that all successfully went through and got passed by, by both areas in the month of January.

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00:04:57.355 --> 00:04:57.985

So.

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00:04:58.769 --> 00:05:07.528

I wanted to come back through and kind of run through what that contract amendments, what enhancements we basically receive from that to be able to apply to the connection system. So.

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00:05:07.528 --> 00:05:19.704

Without a do, I'm very excited to announce our we have 3 contract amendments so we had contract amendment number 2, number 3, and number 4, which we'll see, kind of identified in those different buckets on the screen.

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So, in contract amendment, 2, what we really focused on was additional system enhancements.

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What I would say is, most of the things that we focused on in that contract amendment were things that would make it easier easier to use the system would make it more functional more configurable for the long term. For us.

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00:05:36.329 --> 00:05:48.088

So some of those, for example, are like a document compare. So when you're in doing your, if you're doing your annual update, you'll be able to once we have, I think it's.

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00:05:48.088 --> 00:06:01.949

There's a minimum of 2 basically 2 have to be in the system and we'll work through the specifics on this. But basically what you can do when you're doing your annual update is it will do a basically a document compare on any changes between.

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You know, last year's in this year so there's that document compare feature. We've added rich text editor to to basically all of our areas where you're going to.

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00:06:11.064 --> 00:06:23.033

Write a note that way you have that enhanced function ability to do the different underlining, highlighting all those different things. The isb printing. We have a customized way that we can print out our.

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00:06:24.084 --> 00:06:35.514

It just lends to being much easier that if you needed to print out the isb, we have a ability to customize that to make it more more friendly. So it's not going to print out fields that were not documented on.

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00:06:35.514 --> 00:06:40.704

It will give you basically a holistic view of what was documented and what's applicable to that individual.

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00:06:41.274 --> 00:06:53.454

And then our active directory, um, stands for single sign on, basically, with the connection system, we did have a part of the requirements for us to have single sign on use for the state.

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But what we've added is a single sign on feature for our individuals and families through FBI so that when they go in, they just have a single source of sign on. So, we're very excited to add that.

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00:07:06.024 --> 00:07:18.473

So, contract amendment to think of it as more of additional enhancements those are just a few that I listed but then it's also contract clarifications that make our contract more holistic and of what we really need to accomplish right now.

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So, for example, 1 of those was also our CMS certification so our DD case management system connection will be CMS certified. There is a new process that we do that we do for that. I won't get into.

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To specifics, it's it's very complex, but I wanted to just share in general. The rest of them are basically contract clarifications so wanted to share that kind of transparently but there was a lot of additional enhancements that will really make the system much more user friendly.

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So excited about that contract amendment number 3. um, like, I had mentioned the original contract really focused on just the waiver programs. Um, but with contract amendment 3 um, the added huge value of that is being able to.

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To add in our additional case management to connection, we'll also be adding an information and referral um, any other, any kind of.

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Any other services that fall into the bucket that are not waiver, or kind of not in any of these other categories will be supporting and then we'll be supporting autism in the system. We'll also be supporting some children's division.

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Collaboration in this, the brain injury waiver will also be now supported in the system and then our choices for family stature payment program will be supported in the system.

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So, we are just now starting the process of gathering requirements on these additional programs and, and kind of really defining how that looks and feels in the system.

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So, a very big win, so that that really pushes the majority of that program management and hopefully, the majority of our billing and claims processes into connection from Seymour.

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00:08:53.153 --> 00:09:05.604

So contract amendment number 4, this is basically all housed around additional services that we are going to get provided in the contract. So we are going to have additional user acceptance testing and coordination.

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We want to do a very robust amount of user acceptance testing. So that gives us additional support from API to do a more robust and extend our timeline around user acceptance testing.

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We will also have a be having a supported connection billing claims pilot.

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So, this billing claims pilot will be doing a test basically between, and our Medicaid billing to basically do a successful pilot of doing the billing between Seymour and connection with a small subset of of.

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00:09:38.068 --> 00:09:48.899

Did providers to be able to make sure that we ensure that we have a successful transmission. And then we get through basically a 60 to 90 day cycle of that billing claims.

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00:09:48.899 --> 00:09:56.038

We also have additional services around go live transition support so we are getting extra.

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00:09:57.234 --> 00:10:06.114

Dedicated resources around go live and our go live transitions. So that will be very helpful for all of us that way it can help support just the, the questions and concerns.

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00:10:06.114 --> 00:10:13.494

If we have any major things, come up, this just gives us more cushion during that go live, transition, and more hands on deck.

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And then the other big thing that came out of contract amendment for it was level 1, help desk for 24 months post, go live of connections. So.

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Currently,

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what we have right now is we have a tier 1,

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or it's upgradable to level 1 help desk and then there's a tier 2 and the contract it originally just specified that FBI our vendor would be the tier 2,

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which is kind of a higher level support now,

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00:10:42.293 --> 00:10:44.004

FBI will be supporting for the 1st,

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00:10:44.004 --> 00:10:50.754

24 months post go live of the system a level 1 and level 2 and then they will do help us create our level 1,

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00:10:50.754 --> 00:10:52.913

help desk and then transition us to our,

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00:10:52.913 --> 00:10:57.653

our level 1 help desk post that 24 month period of their support.

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So, at a high level, this is our contract amendments and what what we are getting a lot of great additional ads. Um, we are in the process right now of signing all of the rest of our contract amendments.

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00:11:10.979 --> 00:11:24.658

Or signing, basically, we've signed the contract amendments, but now it's getting into what's called a change request where we're really defining and scope out of scope and gathering these requirements. So, with that being said, I'm going to move into our net.

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00:11:25.073 --> 00:11:37.403

This updated our project timeline. This is a pretty massive addition addition of work. We're adding more almost doubling the amount of users, um, and individuals that we support in this system.

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00:11:37.764 --> 00:11:42.083

So it did have a basically about a 6 month impact to our project timeline.

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00:11:42.359 --> 00:11:55.859

So, the project we are currently in, how we have this broken out is the project is lined up in 6 different phases currently. Right now we're in that design building configuration phase, but we do take an agile approach.

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To this project, we are also working actively in testing, um, items for stabilization and certification so we're kind of doing things in all of these different sectors, other than close out. We're working simultaneously.

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00:12:09.323 --> 00:12:22.764

But right now, if you were really to ask me where we are defined in the project, it's really this design building configuration. So, the biggest update that you'll, you'll notice is, we originally had a November of 2022 go live date. That is now a May 2023 right?

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Now, tentatively in our schedule, that's may 17th of 2023. so that's when we're looking to.

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To kind of finish the workout and bring the system live. So just wanted to kind of let you all know, um, what that look like. I also wanted to point out because a lot of I get a lot of questions about. Okay, we go live. Well, why wouldn't the project close out? Why does the project close out a year later?

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Some of the requirements for us to use that federal match money, is that we have to stabilize and certify the system post go live.

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So there is about a 9 month process to stay stabilize and certify the system with CMS once we get that basically approval and awards this that certification,

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it's called streamlined,

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modular certification,

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00:13:08.274 --> 00:13:11.183

then we can move into full close out of the projects.

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00:13:11.183 --> 00:13:14.394

So, I just wanted to highlight that because I have had a few questions on that.

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00:13:16.134 --> 00:13:27.594

Next I wanted to give just a quick relevant project status update as far as budget. Again, we just got our that's the document that we send to to get our federal funding for the project.

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We just got our contract amendments and that budget document back from CMS. And I'm happy to share that 98.9% will be supported by our federal share for all 3 of those contract amendments that I had spoke about earlier.

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00:13:42.323 --> 00:13:56.094

So that's very, very exciting. So, now, we're in the process of re, baselining our budget to be inclusive of that extended timeframe that we have for the project. We are currently at time at this time, 65% complete with the project.

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00:13:56.094 --> 00:14:04.524

That's where we need to be is at a 65 and why we are coming in at a 66% complete. So we're just a tiny bit ahead of where we should be.

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00:14:08.423 --> 00:14:19.734

As far as that design building configuration phase that I talked about, while we're gathering all of our requirements, we are building the system the way the division needs it to be built. We are at 77% complete.

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And then, as I mentioned, we have kicked off all of our meetings to gather that additional requirements needed to add all of those additional programs mentioned earlier. Um, we are in a little bit of a resource. Um, this is.

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I'm I'm sure not a shock to most people, because I I know this is globally pretty much everywhere. Um, we are having a little bit of a resource issue from, um, with FBI, but we are actively working on additional subcontractors and the use of additional resources, offshore to keep us on schedule.

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00:14:47.903 --> 00:14:58.734

But there's just been an I. T, world a lot of flux. No, different than in the healthcare world so we are actively working to keep this resource issue under control so that we can keep on time.

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00:15:00.479 --> 00:15:13.494

The next phase is, I just wanted to show you really the only area that we are technically quote, unquote, running behind on is our testing phase we are since we had to redefine our timeline for the the project we are redoing our testing plan.

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00:15:13.764 --> 00:15:18.384

Um, and then moving into some more testing ones that testing plan has done. So, I.

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00:15:18.688 --> 00:15:23.369

Would say that we would be moving back into green in the testing area relatively soon.

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00:15:23.369 --> 00:15:33.149

I'm not going to go over too many of this, because I know there's a lot of other presenters today, but I will send these out post or send them Tyco so that it can be shared out more globally.

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00:15:34.464 --> 00:15:44.903

Okay, I will go to my next slide, so just some detailed areas of accomplishments we have a lot of things going on. Like I said, this just shows you that we are actively working on our 10 interfaces.

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00:15:45.114 --> 00:15:54.504

We have 11 migrations of data that we're working on several change requests that are being deployed and then as far as our functional requirement documents,

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00:15:54.533 --> 00:15:56.333

where we're gathering our requirements,

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00:15:56.394 --> 00:16:02.303

we are only 6 away from being complete on that to having all the requirements gathered for the system.

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00:16:03.683 --> 00:16:13.884

So, what's coming next? The walkthrough demos really, really excited to share that. We have a platform now that we can share all of those walkthrough demonstrations of how the system is being configured.

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00:16:14.274 --> 00:16:23.604

Um, I'm actively working with and we should, in the next couple weeks have those out and posted in reliance for you all to go through. So we'll be posting the 1 that was done in November of 2021.

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00:16:23.604 --> 00:16:30.234

and then the 1 that we most recently did January 12th of 2022, and we'll continue to make sure that those are infused in that system. And you have direct access.

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00:16:32.818 --> 00:16:36.418

Have have a heavy focus on for.

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00:16:36.418 --> 00:16:46.948

Finishing our requirements and configuration. Um, especially right now we are heavily focused on billing and claims and on our, the finishing out the, um.

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00:16:47.124 --> 00:16:59.124

Things to be coming as well as webinars to understand what is a functionality moving to connection. I know a lot of folks have questions

about. Okay, this is where I currently do it. Is it going to be done in connection? Where is that going to look? What's that going to feel like?

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00:16:59.124 --> 00:17:07.733

So I'll be doing some webinars to kind of break that down to give you guys a better understanding of what, what functionality and what items will be supported in connection.

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00:17:08.038 --> 00:17:14.429

We are actively working on the training plans, uh, strategy that we'll use for training for this. Um.

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For this project, I will just tell you upfront it is a train, the trainer that is the, the strategy, the kind of overarching strategy we have for that we are working on user acceptance testing.

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We are in the process of doing many uat cycles with our subject matter experts in the project, but then we are.

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00:17:31.679 --> 00:17:44.578

In the next phase of planning user acceptance testing that is more formal that will include providers and service coordinators and and all kinds of other folks. Um, we're working on planning our.

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Pilot billing and claims, so we've been working with Mark and Mac to identify some, some providers that can help support us in this billing in claims pilot.

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Um, and then we'll be working and reaching out to to all provider groups to see whether, you know, you want to batch in your claims into connection or if you're going to manually enter because there will now be the expectation of either batching in.

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00:18:09.239 --> 00:18:16.048

Your claims to connection, or you'll manually enter, you'll do your manually logging of your claims into connection.

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And then we'll be working on making sure that we have a comprehensive list of anybody that does not have active state, active directory access at this time. Um, that would need access to connection.

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Um, because that's that is the 1st step in getting access to connection is having your state active directory. So that is kind of another big step that we have coming.

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00:18:37.703 --> 00:18:48.953

Requests for questions or concerns, you know, that you can reach out to me. I've listed my contact information and then we did just do some updates to our connection webpage that have kind of the comprehensive updates that we've shared here.

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00:18:49.374 --> 00:18:54.054

So, with that, I will pause and take any questions that might have come in.

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Or, if anybody wants to ask anything, I'd be happy to.

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Address that someone's asked, do any of these stages include the ability for connection and outside systems like that works or they're app to talk to each other.

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00:19:10.558 --> 00:19:20.098

So, I'm going to assume when you mean by talk to each other that you would build an interface, the only type of interfacing that we're building at the current time for.

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00:19:20.098 --> 00:19:31.558

For those type of connections is is truly for claims to so to send over your claims and do the billing piece, there is no interface in the implementation.

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00:19:31.558 --> 00:19:45.298

That will have, um, anything more than billing and claims being kind of sent over. There is some crossover. And I, I just wanted to maybe, in this might help clarify. We are working on the lead grant project and a lot of that.

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A lot of the leap grant project really looks at that interoperability of sending elements that we document.

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00:19:52.558 --> 00:19:57.719

Or that are documented in the case management system, back over to the provider.

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00:19:57.719 --> 00:20:10.259

In that in their electronic system, so that is a side project they're working on, but that will not be active or live at the time of implementation. So, I just wanted to clarify that. That is something we're actively working towards.

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00:20:10.259 --> 00:20:19.078

Okay, thanks another question will TCM agencies still have the ability to use their own templates for their.

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00:20:19.078 --> 00:20:25.288

Or will we all transition to using connection? You will all transition to using connection.

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00:20:26.519 --> 00:20:31.709

Right and I am scrolling to make sure I didn't miss any other.

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00:20:37.138 --> 00:20:45.269

The 1 thing I will, I didn't have it on the list, but I will kind of just briefly mentioned we are looking at the options for isb.

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Migration right now it's a really, really difficult.

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Difficult topic in this project and and 1, that doesn't really have a lot of great solutions, but we're trying to work through at the division level to see.

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00:20:57.898 --> 00:20:59.094

What we can integrate,

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00:20:59.483 --> 00:21:06.233

or or if there is a kind of basically a timeline where providers have to go into the system into connection,

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00:21:06.443 --> 00:21:11.453

kind of upload that the rsp or document the in connection,

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00:21:11.874 --> 00:21:12.653
we're looking at the,

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00:21:12.683 --> 00:21:13.763
the best way to handle it.

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00:21:13.763 --> 00:21:26.273
There's just it's a very, very complex task. So right now we're working with FBI to identify the options and then, and really find the best option. I, I will be just transparent because I believe in transparency.

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00:21:26.729 --> 00:21:30.868
There's not a lot of great options. It's going to be a lot of work.

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00:21:31.463 --> 00:21:39.923
Whatever result we're in, but we're really looking at what is the best for data integrity? What is the best to make sure that we have the most functionality?

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00:21:39.923 --> 00:21:49.973
And if the person has the most information in the system, when we go live, so more to come on that, we're just really right now diving into the technical pieces of how do we get that initial.

142

00:21:51.233 --> 00:22:05.753
Service plan, and or the ISV that those service authorizations, and those initial things in the system, and make it really as seamless of an experience as possible, and also make it not as much of a manual entry thing as possible. So we are working on that.

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00:22:05.753 --> 00:22:13.193
I will just be transparent with you. It's just it's a complex piece, but we'll come back more when we have more decisions and more information to share on that.

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00:22:15.358 --> 00:22:19.469
Okay, I think that is all the questions that we received today.

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00:22:19.469 --> 00:22:25.769
Oh, thank you very much. So thank you. Everybody will reach out if you have anything.

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00:22:25.769 --> 00:22:29.098
All right and Angie, it is, you.

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00:22:29.098 --> 00:22:44.038

Good can you hear me? Yes. Okay. Okay. Okay. So I have just a couple of quick updates we did receive from CMS, a partial approval on our CBS spend plan. So we had received a partial approval before.

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To be able to draw down the money and now we're receiving partial approval to be able to start moving on some of our projects. So, we received that on February 7th.

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And we did have a robust conversation with them, just this Wednesday on the 16th about the spin plan.

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And so basically the, the partial approval.

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00:23:04.378 --> 00:23:10.378

Indicates that we can begin to implement any activity in this spin plan as long as we have not identified.

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00:23:10.378 --> 00:23:20.453

The activity, or as long as they don't have that. Sorry as long as TMS has not identified it as a not approval or if they've asked for additional information about the activity.

153

00:23:20.814 --> 00:23:35.243

And so, when we dig through the letter, there was really just 3 points where they had questions nothing was identified as not approval at this point. Um, there are 3 points where they wanted additional information, was in regards to, um, a section where we had. Um, and.

154

00:23:35.548 --> 00:23:41.098

Funding for technical assistant contracts and staff administration associated with the projects.

155

00:23:41.098 --> 00:23:49.229

That were included in the enhancement plan, and we explained to them during our conversation that that was like an example of that would be.

156

00:23:49.229 --> 00:24:03.773

For additional technical assistants and contracting to help us continue with our health ity data. Interoperability that is not something that we

can we can do on our own. Um, the other 1 was, they just had they wanted to know additional information on the initiative.

157

00:24:04.193 --> 00:24:14.243

And so we talked to them about that and how that initiative really incentivizes providers with their system connection, um, with their system connections, connected to the States aggregator.

158

00:24:14.519 --> 00:24:19.558

And then 1, that was more of a broad question.

159

00:24:19.558 --> 00:24:25.979

Um, from them was under each of our activity functions within our proposed spin plan.

160

00:24:25.979 --> 00:24:31.199

Anywhere that we indicated that we're still in the planning phase, or have not finalized details.

161

00:24:31.199 --> 00:24:39.808

They want us to update those descriptions of the initiatives as we finalize those activities. And then to also just confirm that we're using enhanced f map funds.

162

00:24:39.808 --> 00:24:48.898

So, examples of those are the details of the workforce recruitment and support data exchanges of screening and assessment data.

163

00:24:48.898 --> 00:24:58.679

Provider services review and so those are all components that we are flushing out more, especially with the governor's recommendations that we'll be able to.

164

00:24:58.679 --> 00:25:01.949

To provide them the more detailed language now.

165

00:25:01.949 --> 00:25:09.058

As we have that, so we will be working on that to submit to CMS. So we were really excited to finally have that that approval.

166

00:25:09.058 --> 00:25:12.209

And to be able to talk to them more about the details.

167

00:25:12.209 --> 00:25:18.749

And then, finally, as far as the budget, as, you know, we've presented to the house, our budget, it looks like.

168

00:25:18.749 --> 00:25:30.749

We are tentatively set to present to the Senate on the 23rd, so just next Wednesday. So we're looking forward to and prepping for that. And then the emergency supplemental that was voted.

169

00:25:30.749 --> 00:25:35.969

That was reported from the Senate Appropriations Committee to the Senate floor. So.

170

00:25:35.969 --> 00:25:42.148

We anxiously awaiting movement there and that is what I have for today so I will.

171

00:25:42.148 --> 00:25:46.199

Pass it along to Emily Thank you.

172

00:25:48.598 --> 00:25:49.673

Hi, good morning.

173

00:25:50.544 --> 00:25:56.814

1st thing that I wanted to announce is that our DD manual or updated 1 was approved,

174

00:25:56.814 --> 00:26:05.574

and it is published it's out on health net website as well as on the website a link to get to it.

175

00:26:05.574 --> 00:26:14.753

So, I think I put that information in the agenda. If you could post it in the chat for everybody in case, you need those links.

176

00:26:14.753 --> 00:26:27.324

We also sent out a blast this morning with that those links and email blasts. And then, I think the only other thing that I wanted to give an update is, as we are working through our.

177

00:26:27.598 --> 00:26:36.749

Low kids and partnership for help renewal process, which will renew July of 2023. we are.

178

00:26:36.749 --> 00:26:41.519

We started with our stakeholder input and, um.

179

00:26:41.519 --> 00:26:48.989

We have concluded that portion of the renewal process. The stakeholder input is the requirement from CMS.

180

00:26:48.989 --> 00:26:54.328

To get your family's individuals providers.

181

00:26:54.328 --> 00:27:04.588

All of the stakeholders for a waivers for a waiver, get their feedback on possible changes that can be made improvements, that sort of thing.

182

00:27:04.588 --> 00:27:08.519

That information has been collected, we've reviewed.

183

00:27:08.519 --> 00:27:15.509

The feedback that we've received for those waivers and discussing internally, and then we'll take.

184

00:27:15.509 --> 00:27:21.088

Um, items to, for approval are those that we make decide to make changes on.

185

00:27:24.838 --> 00:27:32.669

I think that's all I have, so I am going to pass it off to Leslie. If you have anything today.

186

00:27:35.068 --> 00:27:45.749

Yeah, thank you, Emily. I sure do. I have quite a bit, so I'll try not to take up too much time, but there's just a lot of exciting things to share that we have going on. So I'm gonna share my screen.

187

00:27:45.749 --> 00:27:50.548

Hang on a 2nd, here. I'm a little slow.

188

00:27:55.798 --> 00:28:00.239

Okay, so hopefully you can see my screen.

189

00:28:01.259 --> 00:28:06.028

And I will get right.

190

00:28:06.534 --> 00:28:20.243

Here, okay, anyway, I'm very happy to be joining you this morning. I'm, I'm Leslie to grow your divisions clinical coordinator, and I wanted to let, you know, about a webinar that can be found on our website related to resources to help navigate through Co.

191

00:28:20.243 --> 00:28:31.013

vid, it has details on how to utilize station empty as a resource. We talk a lot about it and it seems a little overwhelming, maybe to some just because it's new.

192

00:28:31.253 --> 00:28:39.233

So this will hopefully help break down, um, how you can access it and and use this great service. Um.

193

00:28:40.013 --> 00:28:52.374

I just want myself, I want to make sure I can let as many people as I can know how easily it really can be to get started using this service, especially since, you know, the emergency departments are often crowded, especially during this pandemic.

194

00:28:52.763 --> 00:29:06.534

Um, as well as urgent cares, and perhaps the person's health need is not necessarily an emergency, but that person maybe doesn't can't wait until they're next primary care provider appointment or when they can get in. Um.

195

00:29:06.894 --> 00:29:19.884

As, um, Dr, said earlier, you can utilize this resource to consult with a physician. Um, you can do this in the comfort of your own home, and not have to wait near for hours or get out and wait an urgent care station.

196

00:29:19.884 --> 00:29:24.263

Md can also come in handy at any hour, 24 hours a day 7 days a week.

197

00:29:25.554 --> 00:29:35.634

You can see the webinar recording look at my PowerPoint slides, and also a document. That helps you understand how station MD can help anyone receiving wavered services.

198

00:29:35.874 --> 00:29:43.314

And right here what you're seeing is the link, which will drop into the chat to get to the webinar page. And right here is recorded.

199

00:29:43.739 --> 00:29:54.989

Um, presentation transcripts, and then this is a resource resource sheet right here that you can be be sure to look at. If you, if you're interested.

200

00:29:54.989 --> 00:30:09.298

As I said, I tried to simplify it because I know that new things and using technology and areas where you maybe haven't used them before it can seem overwhelming and complicated. So we're going to drop that link into the chat.

201

00:30:09.298 --> 00:30:13.378

Um, so I'm, I scroll down here.

202

00:30:13.378 --> 00:30:17.729

And I am going to pull up the page that.

203

00:30:17.729 --> 00:30:24.209

Is posted this kind of tells you when, you know, kind of when it would be appropriate to use station in D.

204

00:30:24.209 --> 00:30:36.388

If you have any urgent medical issues, such as fever, cough, tiredness or throat, runny nose, loss of taste, or smell headache, moderate pains, minor behavioral issues.

205

00:30:36.388 --> 00:30:48.834

Uh, seasonal infections, um, non urgent issues, like medication, refills, constipation, rude routine, check ins or referrals, diagnostic referrals.

206

00:30:49.163 --> 00:30:57.384

And then also, we have this caveat, you know, when is it better to call 911 cause this shouldn't replace any kind of emergency service? So, if someone's having oh, sorry.

207

00:30:59.969 --> 00:31:04.614

And then I right here, it says, how do you sign up for station? Empty, directly contact station M.

208

00:31:04.614 --> 00:31:05.034

D,

209

00:31:05.183 --> 00:31:06.773

as the need for health assessment,

210

00:31:06.773 --> 00:31:21.594

coordination arises call your support coordinator and request this service to be included in your and I believe Emily dropped in this link in the chat right here that has that form that the service coordinator can utilize to submit to get that added

211

00:31:21.594 --> 00:31:22.074

to their.

212

00:31:26.578 --> 00:31:30.419

Um, scrolling down.

213

00:31:30.419 --> 00:31:34.108

Um, okay, I have another thing I want to show you here.

214

00:31:34.108 --> 00:31:44.669

And this is a link that will drop in a chat, and you will also see this and it breaks it down in the webinar. I just talked about and it tells you just step by step how to contact station.

215

00:31:44.814 --> 00:31:59.663

And you can even download the app and practice using it. So that way, you're more comfortable using it. It when you need to they have scheduled times where you can practice or if you need a training outside of it, you can always send station MD an email.

216

00:31:59.909 --> 00:32:03.269

So, I just wanted to point that out to you all.

217

00:32:05.638 --> 00:32:16.798

Um, cobin testing also on the webinar um, it also has information on a cobin testing option that provider agencies can utilize that has a webinar link.

218

00:32:16.798 --> 00:32:22.199

Also, and you can review and see if it is right for testing for your agency. Um.

219

00:32:22.199 --> 00:32:31.888

It's an option for free testing, and we will put that link in the chat and I'll show you what the, it's Midwest coordinating center and, um.

220

00:32:31.888 --> 00:32:46.888

If you're interested, you can go in and we'll watch a webinar and see if That'll work for you, you can contact the director and she'll have her team reach out to you and figure out. If if it's if it's a good option for, for testing for your agency.

221

00:32:46.888 --> 00:33:01.138

Another thing I want to bring up to you all that as a resource that you can utilize. Since I mentioned observes aside act informational pages earlier I want to show you the link of what those look like.

222

00:33:02.608 --> 00:33:03.923

So we'll drop that in a chat,

223

00:33:03.923 --> 00:33:05.273

but if you're needing any,

224

00:33:05.304 --> 00:33:05.483

um,

225

00:33:05.483 --> 00:33:07.554

health information on different topics,

226

00:33:07.794 --> 00:33:08.213

this is,

227

00:33:08.213 --> 00:33:09.054

for everyone,

228

00:33:09.263 --> 00:33:14.153

and you can click on them and print them out share with people to educate on it,

229

00:33:14.334 --> 00:33:23.034

just to see what what these are for is the purpose is to educate on how to identify or observe signs and symptoms of the health issue.

230

00:33:23.604 --> 00:33:29.423

Decide if you have those risk factors associated and then how you can act upon them to keep yourself healthy.

231

00:33:29.729 --> 00:33:34.199

And as I said, you can print them off and use them for education for everyone.

232

00:33:34.199 --> 00:33:37.499

We'll get, we'll get that link dropped into the chat.

233

00:33:37.499 --> 00:33:50.548

We're currently working on an observed decide act for oral health importance, accessing dental care how to navigate through funding for dental services. So, you know, we'll stay tuned for more information on that.

234

00:33:52.558 --> 00:34:06.209

I want to remind everyone for code testing resources. This is the, the Department of health and senior services still they have pretesting options. So if you're in in need of.

235

00:34:06.209 --> 00:34:19.648

Free testing don't hesitate to click on here and just see what you can you can get for yourselves. It gives all kinds of different different options. So, I just wanted to remind you guys of that resource. Um.

236

00:34:19.648 --> 00:34:23.309

Another exciting thing that I want to talk about.

237

00:34:23.309 --> 00:34:36.293

Um, is an upcoming conference just for people interested in aging with developmental disabilities it is it's the association on aging with developmental disabilities annual conference it's held on May 23rd and 24th in Saint Charles, Missouri.

238

00:34:36.293 --> 00:34:38.753

You can attend in person or virtually.

239

00:34:41.003 --> 00:34:54.983

And I'm going to show you their, their webpage, and then the conference brochure and this is super exciting. Our division director Jessica backs will be the opening keynote speaker, our division.

240

00:34:55.284 --> 00:35:10.193

We have a vested interest in supporting people while they age and and making enhancements to how we support people and we have been working closely with the association on aging with DD for quite some time now. So, this is really an excellent opportunity for learning about aging.

241

00:35:10.193 --> 00:35:19.344

With D, and supports that are out there and what to expect Here's a, you can see the keynote speakers we have coming up.

242

00:35:19.739 --> 00:35:30.114

Um, this is also a good opportunity to make connections with other people and at at the in person conference, uh, they will have vendors who can show you, like, different products.

243

00:35:30.114 --> 00:35:37.193

That may may help people as the age, like assistive technology that can assist with medication dispensing you know, for example.

244

00:35:37.559 --> 00:35:40.708

So, um, I'm going to stop sharing.

245

00:35:43.434 --> 00:35:57.864

A, 2nd, here, so in closing, um, if there's ever a health educational topic that you're interested in or anything like that, please don't hesitate to reach out.

246

00:35:58.103 --> 00:36:04.824

Um, thank you so much for your time today and have a nice weekend. And I will now hand off to our deputy director of community operations Wendy.

247

00:36:16.498 --> 00:36:20.579

So, if you're talking, Wendy, we can't hear you.

248

00:36:20.579 --> 00:36:32.429

No, it took me more than a minute to find my unmute button. Thank you. But at least this time, I didn't start talking. I realized I was still on mute so that's progress right?

249

00:36:32.429 --> 00:36:43.858

Exactly. All right. Good morning. Everybody I just have a couple items, and then we'll wrap up so, maybe give you a little bit of time back in your day.

250

00:36:43.858 --> 00:36:57.563

Uh, wanted to bring to everybody's attention that effective April 1 we will be going back to in person, monitoring for support coordination, just with the reduced prevalence of 2019 and the availability of vaccinations.

251

00:36:57.653 --> 00:37:04.523

We believe that by April. 1st, we will be totally safe to do that.

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00:37:04.523 --> 00:37:15.594

And this should give all of our, our partners enough time to think, through any technicalities that they need to take care of, in order to make that transition happen.

253

00:37:15.594 --> 00:37:29.184

If you are comfortable in transitioning sooner, you certainly can, but certainly by April. 1st, we expect all support coordination and our monitoring components to be back to in person monitoring.

254

00:37:29.184 --> 00:37:33.594

And then for those of you who are following.

255

00:37:35.489 --> 00:37:39.778

Any information on the, um.

256

00:37:40.074 --> 00:37:48.443

Commission of autism spectrum disorders that was put into effect into statute. Last year.

257

00:37:48.833 --> 00:37:57.833

They had their 1st meeting that was on January 27th and they have several priorities that they will be addressing over the coming years.

258

00:37:57.833 --> 00:38:08.963

But what they're going to be focusing on this year is the transition to adulthood, and they formed 2 work groups to address issues in this in this priority area.

259

00:38:08.963 --> 00:38:16.284

1, is to identify resources and identify unmet needs. And the other is around best practices and recommendations.

260

00:38:16.284 --> 00:38:31.043

So, they meet quarterly and there will be quarterly updates on the discussions, and the progress that they make and their meeting. So you can stay tuned for that. And the next meeting will be in April 28th of this year.

261

00:38:31.043 --> 00:38:35.724

So just look forward to more information coming out on that.

262

00:38:35.724 --> 00:38:49.523

1 other thing that I will mention quickly is that if you have been hearing about an apprenticeship program that the division is working on with workforce development, that continues to progress very nicely.

263

00:38:49.523 --> 00:39:01.554

We are partnering with a national association of direct care professionals to include curriculum that they endorse and have developed as a part of their credentialing practice as well.

264

00:39:03.835 --> 00:39:13.135

And we will be building that more into our reliance platform and hike. I know you may have more information on that.

265

00:39:13.135 --> 00:39:19.704

If there's information in addition to what I shared that you'd like to share with people I will pause for you to do that.

266

00:39:21.264 --> 00:39:31.074

I don't think I have anything in in addition to that, I do know, we have several meetings coming up that will be working to get more detail going out on that.

267

00:39:31.105 --> 00:39:43.105

So, there is a webinar next week, though, that will provide an overview of our reliance content portal. That's a self registration portal. So I will put that link in the chat.

268

00:39:44.724 --> 00:39:55.914

All right, and I see 1 question here from Max, what if a family will not do in person meetings due to coven 19 if someone and the guidance will cover this, it will be coming out today.

269

00:39:56.094 --> 00:40:00.684

So, but it's not really changing drastically from what's up there. It's just.

270

00:40:00.929 --> 00:40:09.719

How to go about your business remains the same as just really announcing the April 1 deadlines. So that will be out there. But the guidance sets up there today.

271

00:40:10.465 --> 00:40:18.355

Does say that if someone in the home has cobit 19, it is justifiable to do a virtual visit.

272

00:40:18.414 --> 00:40:33.054

Um, so that is fine if you have families, that are just nervous about getting out, allowing people in or doing face to face, just as a transition but there's no cobit. No 1 has kilometers exposed.

273

00:40:33.264 --> 00:40:37.554

You just need to be working with that family individually. You need to absolutely do.

274

00:40:37.829 --> 00:40:50.545

A virtual visit, where you can see the individual and make sure that everything is good, but just working with that family to get over that fear we have a risk of isolation setting in.

275

00:40:50.545 --> 00:41:04.014

It's been a long time since we've been doing in person visits, and it's important for us to help people to get back to the normal rhythm of life to the extent possible. And that is safe to do that.

276

00:41:04.045 --> 00:41:08.094

So, if you have trouble working with the family or trying to identify.

277

00:41:08.400 --> 00:41:09.179

Um,

278

00:41:09.804 --> 00:41:10.014

um,

279

00:41:10.045 --> 00:41:13.554

some solutions or concerned about your compliance,

280

00:41:13.855 --> 00:41:18.505

please reach out to your tack at your local regional office,

281

00:41:18.505 --> 00:41:20.304

and they will help you problems solved,

282

00:41:20.605 --> 00:41:20.965

um,

283

00:41:20.994 --> 00:41:24.894

along with provider relations can help work on the provider's side as well.

284

00:41:24.925 --> 00:41:27.835

So any other questions.

285

00:41:28.110 --> 00:41:31.349

That have come out there at Max. I hope that that answers.

286

00:41:31.349 --> 00:41:39.840

Your question there I don't see any other questions.

287

00:41:39.840 --> 00:41:45.329

In the chat, so with that.

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00:41:45.329 --> 00:41:54.119

I think we can wish everybody a wonderful weekend. If you're off Monday for the state holiday, enjoy.

289

00:41:54.119 --> 00:42:00.329

Your extra day off, everybody have a safe, uh, weekend out there in this crazy weather.

290

00:42:01.440 --> 00:42:02.429

Bye bye.