



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
December 4, 2020 ▪ 12:00 p.m. via WebEx

1
00:00:02.279 --> 00:00:08.339 **ANDREW REESE**
Good afternoon everyone.

2
00:00:18.298 --> 00:00:24.539
I'll try that now. Good afternoon everyone now it's working better, right?

3
00:00:24.539 --> 00:00:32.520
Okay, having some technical issues today, making sure that I'm connected with my video and

4
00:00:32.520 --> 00:00:35.939
microphone with the right devices,

5
00:00:35.939 --> 00:00:44.219
and also going to share my screen, I hope. We'll see how this goes as well.

6
00:00:57.384 --> 00:00:59.814
I'm assuming that people can see this.

7
00:01:02.820 --> 00:01:14.370 **KIRK DOBSON**
Yes, Director, we see it. **ANDREW REESE** wonderful. So first of all not very good news to report, as you can see November was not a good month at all.

8
00:01:14.370 --> 00:01:18.780
A total of 34 people diagnosed with COVID.

9
00:01:18.780 --> 00:01:23.340
That's 27 more since the last time we met.

10
00:01:23.340 --> 00:01:28.859



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So that we are now up to 297 people who have tested positive

11
00:01:28.859 --> 00:01:32.219
for COVID-19, amongst the people we support.

12
00:01:34.049 --> 00:01:41.129
I changed this a little from before so that people can sort of see

13
00:01:41.129 --> 00:01:50.579
the representation of the people with COVID versus their overall representation by placement type supported by

14
00:01:50.579 --> 00:01:55.650
DDA, so that you can see, for example, on the left-hand side

15
00:01:55.650 --> 00:02:07.859
during the course of the year 299 people were in intermediate care facilities out of those 102 have tested positive for coronavirus.

16
00:02:07.859 --> 00:02:12.840
So, you know, by proportion that is much higher.

17
00:02:12.840 --> 00:02:18.659
So, we can see that the folks who have been most at risk for contracting coronavirus

18
00:02:18.659 --> 00:02:21.689
Have been the people

19
00:02:21.689 --> 00:02:25.050
who live in intermediate care facilities.



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20
00:02:25.050 --> 00:02:31.379
So that to date there have been 102. In Host Homes

21
00:02:31.379 --> 00:02:35.490
we have 91 people who are in host homes and five

22
00:02:35.490 --> 00:02:41.490
Who have tested positive for coronavirus to date.

23
00:02:41.490 --> 00:02:46.020
In natural homes

24
00:02:49.620 --> 00:02:59.699
there are 931 people who live with their families and natural homes are live in their natural home and of those 29 have tested positive.

25
00:03:02.219 --> 00:03:16.800
In residential habilitation, we have 110 people and 32, so while that number 32 may not sound that big you can see it still is a larger representation. It's a higher percentage than many of the other

26
00:03:16.800 --> 00:03:20.159
placement types, and then in supported living

27
00:03:20.159 --> 00:03:25.349
we have about the same number as we have in natural homes. There's about 932 people

28
00:03:25.349 --> 00:03:31.710
who are in supported living and out of those 127 have tested positive for coronavirus.



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29

00:03:33.270 --> 00:03:39.000

And as you can see here, sort of the COVID rate by placement type

30

00:03:39.000 --> 00:03:42.240

Excuse me overall of the people

31

00:03:42.240 --> 00:03:51.330

That we support, we've seen 12.36% of those people have tested positive for coronavirus.

32

00:03:51.330 --> 00:04:01.770

And in terms of placement type, it is not surprising at all that in our congregate settings, we're seeing a much higher rate of coronavirus.

33

00:04:01.770 --> 00:04:06.389

34% in ICFs and 29% in ResHab

34

00:04:06.389 --> 00:04:13.020

The percentage in natural homes is only 3.11%, which is

35

00:04:13.020 --> 00:04:17.220

very positive and I will say, I think I've mentioned before,

36

00:04:17.220 --> 00:04:23.430

Since July, we do have access to the Medicaid data, and we have access to the CRISP

37

00:04:23.430 --> 00:04:32.158

System which gives us medical information. So, while prior to that date, there may have been folks who tested positive where we didn't get the report



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38

00:04:32.158 --> 00:04:37.918

we're now getting, we hope a pretty thorough report of people who are in natural homes, testing, positive.

39

00:04:37.918 --> 00:04:42.238

As you can see the outcomes for people, so.

40

00:04:42.238 --> 00:04:45.928

And I'd talk about this in a couple of minutes.

41

00:04:45.928 --> 00:04:50.728

The outcome in terms of the most serious outcome to date, we have had

42

00:04:50.728 --> 00:04:57.059

37 people who have tested positive for coronavirus, have died.

43

00:04:57.059 --> 00:05:00.298

Now, some of those have died subsequent.

44

00:05:00.298 --> 00:05:10.978

And in two instances, we have had an OMCE determination that it was not in fact, the coronavirus was not the cause of death.

45

00:05:10.978 --> 00:05:15.718

We do still have seven

46

00:05:15.718 --> 00:05:19.738

where we have not gotten a final determination from OCME

47



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00:05:19.738 --> 00:05:33.959

about the cause of death and so, in terms of the mortality rate for people who've contracted coronavirus, I have 2 separate numbers for each placement type and overall. So overall

48

00:05:33.959 --> 00:05:42.449

our, the percentage of people who contracted coronavirus who subsequently died is 12.45%.

49

00:05:42.449 --> 00:05:51.988

And the percentage where we have a determination, or a presumption from OCME that it was coronavirus is 9.42%.

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00:05:51.988 --> 00:06:01.079

In supported living overall people with coronavirus, who've died, it's been 8.6% of those who have tested positive,

51

00:06:01.079 --> 00:06:05.968

and that have a confirmed or presumed

52

00:06:05.968 --> 00:06:10.048

cause of death being coronavirus 6.29%.

53

00:06:10.048 --> 00:06:18.449

The reason I say confirmed or presumed is when someone is in the hospital, diagnosed with coronavirus has pneumonia and dies

54

00:06:18.449 --> 00:06:23.848

At that time, they are presumed to have died from coronavirus. We will get a subsequent confirmation.

55

00:06:25.108 --> 00:06:31.499



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As I said, we have a number of people where they had coronavirus, and then months later they died. So we're waiting for

56
00:06:31.499 --> 00:06:34.978
the determination OCME about that cause of death.

57
00:06:34.978 --> 00:06:41.548
So, in ResHab, there's no distinction between the two we've had 6.25% of the people who contracted

58
00:06:41.548 --> 00:06:51.178
coronavirus have died from it in natural homes it's been much higher 17.24% of the people who contracted coronavirus.

59
00:06:51.178 --> 00:06:54.478
have died,

60
00:06:54.478 --> 00:07:00.149
and we have a confirmation that 13.79% of those were from coronavirus.

61
00:07:00.149 --> 00:07:03.269
And in intermediate care facilities as well.

62
00:07:03.269 --> 00:07:16.678
it's a high percentage, which we might expect to see more serious outcomes, because we do have some people who are more medically compromised in intermediate care facilities. They have more

63
00:07:16.678 --> 00:07:25.918
underlying health conditions, so it's been 16.66% who had coronavirus who subsequently died and 13.72%



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64

00:07:25.918 --> 00:07:31.889

Where we do have a confirmed cause of death as COVID-19 or presumed cause of death as COVID-19.

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00:07:33.778 --> 00:07:37.108

So, as you can see

66

00:07:37.108 --> 00:07:43.348

diagnosis by month, and by placement type, there was a bump up in November.

67

00:07:43.348 --> 00:07:51.749

Most significantly this bump up has been in ICF and then in supported living.

68

00:07:51.749 --> 00:08:04.738

And as well as so in residential facilitation placements, we had not had a case of Coronavirus since July. And in November we had five.

69

00:08:04.738 --> 00:08:07.798

I will say all five occurred in one placement.

70

00:08:07.798 --> 00:08:15.718

And this is one thing that we have seen in terms of our numbers in November, is that

71

00:08:18.598 --> 00:08:26.189

what we see is in congregate settings we're seeing a number of people test positive.

72

00:08:26.189 --> 00:08:31.079

And I'm going to talk about that a little more in just a bit when I talk about the staff, but



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73

00:08:31.079 --> 00:08:36.178

one thing that occurred to me this week

74

00:08:36.178 --> 00:08:42.599

as we've seen this big bump up in numbers is that in April, when we had our most significant numbers.

75

00:08:42.599 --> 00:08:50.099

The, because of the availability of testing, only people with symptoms were tested. We now

76

00:08:50.099 --> 00:08:53.999

with DC Health there is a protocol so that

77

00:08:53.999 --> 00:09:07.318

if a person in a home contracts is diagnosed with COVID-19, then everyone else in the home is tested everyone who lives in the home has tested every 3 days. So we are identifying all people

78

00:09:07.318 --> 00:09:10.469

who have contracted it in some instances

79

00:09:10.469 --> 00:09:15.989

it has been people who are asymptomatic and we're monitoring them throughout.

80

00:09:15.989 --> 00:09:26.908

It's very important we are overall we're seeing some better outcomes and so it's very important that we stay on top of it and catch it early to make sure that people are getting whatever treatment they may need.

81

00:09:28.019 --> 00:09:33.089



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So, people who required in-patient treatment for COVID.

82

00:09:33.089 --> 00:09:36.808

We did see a bump up of people needing in-patient treatment.

83

00:09:40.078 --> 00:09:45.298

Since the beginning we've had 121 people who have required in-patient treatment.

84

00:09:46.943 --> 00:10:01.494

In November, and to date in December, we've had 10 people who required in-patient treatment. We currently have 6 people who are still in the hospital, and we have had 166 people who have not required in-patient treatment

85

00:10:03.389 --> 00:10:11.249

for COVID. As I said before, people who

86

00:10:11.249 --> 00:10:14.369

have been diagnosed with COVID who have died.

87

00:10:14.369 --> 00:10:17.609

in November, there were three deaths.

88

00:10:17.609 --> 00:10:24.958

Only one of those is so far presumed or confirmed as a COVID related death.

89

00:10:24.958 --> 00:10:34.019

Overall, though there have been 37, and, as I said, there have been 2 where we, where there was a determination by OMCE that it was not in fact.

90

00:10:34.019 --> 00:10:39.298



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And if we look at those, where there's been a confirmation, it does bear out where I say the outcomes

91
00:10:39.298 --> 00:10:42.418
mostly have been better.

92
00:10:42.418 --> 00:10:48.149
We had one death in November that we know was COVID related at 1 in July.

93
00:10:48.149 --> 00:10:52.649
Prior to that of the 28 deaths that we

94
00:10:52.649 --> 00:10:56.099
either know or presume or COVID related,

95
00:10:56.099 --> 00:11:00.328
26 of those occurred in April and May.

96
00:11:01.859 --> 00:11:10.469
Amongst our

97
00:11:10.469 --> 00:11:18.178
provider staff to date there have been 443 staff who have tested positive for coronavirus.

98
00:11:18.178 --> 00:11:22.708
34 of them who work at more than one agency.

99
00:11:22.708 --> 00:11:29.188
We have really got to talk about



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100

00:11:29.188 --> 00:11:36.479
we need to continue to reinforce

101

00:11:37.918 --> 00:11:49.798
for all of us, but especially for the staff who are in these placements who work with, you know, in the case of people working in ICFs or even, you know, some of our folks in

102

00:11:49.798 --> 00:11:53.818
In supported living, or in their natural home

103

00:11:53.818 --> 00:11:58.649
are people with serious underlying conditions, it is essential.

104

00:11:58.649 --> 00:12:05.158
that all of us are paying attention to the mitigation measures that we're all supposed to be taking

105

00:12:06.568 --> 00:12:11.249
all day every day, you know, outside of our home

106

00:12:11.249 --> 00:12:18.899
we need to have a mask on we need to continue to social distance. We need to continue washing our hands regularly.

107

00:12:18.899 --> 00:12:30.058
You know, all of these measures are essential, because what we've seen is in some homes and it's really a concern. You know, we see some homes

108

00:12:30.058 --> 00:12:34.408
where eight staff have all tested positive in the home.



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109

00:12:34.408 --> 00:12:37.589

So, you start to wonder,

110

00:12:37.589 --> 00:12:47.999

you know, what does the mitigation look like in that home. Are they exercising the kinds of caution regarding the use of

111

00:12:47.999 --> 00:13:00.149

face covering regarding surgical or procedure masks, face, shield, maintaining social distance, all of those things that are so essential.

112

00:13:00.149 --> 00:13:04.379

I didn't say at the beginning but let me just say

113

00:13:04.379 --> 00:13:10.619

that,

114

00:13:10.619 --> 00:13:21.149

Daryl Hawkins I'm blanking on her last name who is with us every week from DC Health is not with us this week, but

115

00:13:21.149 --> 00:13:34.259

DC Health is on the line and we have a number of folks from DC health who will be available to answer questions. Should there be health related questions? Nelson Venucci, Andrea Coker and Dr. Anitra Denson.

116

00:13:34.259 --> 00:13:38.729

Are all with us, and they will answer questions that come up.

117



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00:13:40.259 --> 00:13:53.609

So, just so that people are aware, we began, I began to do some drop in visits this week

118

00:13:53.609 --> 00:14:02.849

with our provider agencies, both in day programs as well as ICF's ResHab's and supported living so that we could

119

00:14:02.849 --> 00:14:07.469

check in on, you know, we've been doing virtual monitoring since the beginning.

120

00:14:07.469 --> 00:14:10.948

Our quality resource specialists do it.

121

00:14:10.948 --> 00:14:16.558

Our service coordinators are there. I know Quality Trust continues to do their monitoring.

122

00:14:16.558 --> 00:14:19.678

But I will say when you go there in person

123

00:14:19.678 --> 00:14:24.509

and I know that our provider agencies are doing their own monitoring as well as.

124

00:14:24.509 --> 00:14:28.318

In I hope all instances in-person monitoring.

125

00:14:28.318 --> 00:14:32.668

You know

126

00:14:34.889 --> 00:14:42.389

what it reinforced for me by going out to the homes is how essential it is



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127

00:14:42.389 --> 00:14:45.418
that there continue to be

128

00:14:45.418 --> 00:14:50.219
ongoing regular, I don't want to call it training,

129

00:14:50.219 --> 00:15:03.298
discussions because training is that thing that you turn on and, you know, it's like, is there a test at the end? I'll take the test. There need to be ongoing discussions, ongoing reminders about the importance

130

00:15:03.298 --> 00:15:08.249
of all of these steps that we need to be taking in terms of

131

00:15:08.249 --> 00:15:14.068
Masking, maintaining distance and for staff that means from each other.

132

00:15:14.068 --> 00:15:26.068
I know this was one of the things, and one of the homes I went to, which the person I was with, and I joked about how we kept moving to make sure that we were maintaining a distance from the staff.

133

00:15:26.068 --> 00:15:36.298
And I know that I've seen some questions raised about whether the people that live there are maintaining a distance when they're eating their meals or when they're sitting and watching television,

134

00:15:36.298 --> 00:15:42.688
but staff who are walking around and engaged in activities and working with people



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135

00:15:42.688 --> 00:15:49.769

they also, and in a house, it is so much more difficult need to be mindful of how close they are to people.

136

00:15:49.769 --> 00:15:57.328

We need to be wearing the masks in ICF and ResHabs and wearing a face shield and maintaining the distance.

137

00:15:57.328 --> 00:16:07.769

and I appreciate that there are certain tasks that a staff needs to perform where they need to be right up next to the person they're helping with that task and

138

00:16:07.769 --> 00:16:12.749

certainly, that makes sense and that reinforces the need to be carefully

139

00:16:12.749 --> 00:16:27.594

complying with all PPE requirements. We will be continuing to do these drop-in visits and continuing to provide feedback to the various agencies about what we're seeing and

140

00:16:27.869 --> 00:16:35.158

you know, the areas where we feel that they need to strengthen their training and monitoring.

141

00:16:40.139 --> 00:16:52.109 **QUESTION**

So there is a, at some point today, can you or one of your staff talk about the new POC portion of MCIS?

142

00:16:52.109 --> 00:16:58.528 **ANSWER**

I am not familiar with a POC portion of MCIS.

143

00:16:59.639 --> 00:17:08.548



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And so if there is anyone who understands what that question refers to, if they could please jump in and answer.

144

00:17:21.058 --> 00:17:28.138

Perhaps we need some more clarity because no one is answering so far. Someone could also answer,

145

00:17:28.138 --> 00:17:39.689

if there's a staff person who is available, but not one of the presenters, if they could just type in and make sure that when you are typing in the chat box

146

00:17:39.689 --> 00:17:46.378

that you are typing in that you scroll down and type into everyone.

147

00:17:46.378 --> 00:17:54.749

And that's something if people have questions, please scroll down to where it says everyone and type in your question, there's a

148

00:17:56.429 --> 00:18:07.409

drop down, one of the first things you come across is all attendees and everyone, but those of us who are not muted and can answer your question will see that.

149

00:18:16.409 --> 00:18:20.788

So someone from Service Coordination.

150

00:18:20.788 --> 00:18:32.009

Who I hope is here, Winslow is out today, so he's not able to respond to this. There's a new plan of care section. It's the new way that they access prior authorizations.

151

00:18:32.009 --> 00:18:35.578

And if there's someone from



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152

00:18:35.578 --> 00:18:40.439

Service Coordination or Waiver who can answer this because I don't

153

00:18:44.308 --> 00:18:53.969

I wasn't aware of any change regarding this. **KIRK DOBSON** Director Reese. I've added Robin and Shasta to our panelist chat. So hopefully one of them can provide some insight.

154

00:19:02.249 --> 00:19:10.318 **SHASTA BROWN**

Hey, this is Shasta. Hello everyone. I am actually reviewing the communication that was sent out by Pam Harmon.

155

00:19:10.318 --> 00:19:16.949

She sent an email out to all of the providers with the screenshot

156

00:19:16.949 --> 00:19:29.489

On how to actually review the new plan of care that's in that email was sent to the provider community on October 27th.

157

00:19:29.489 --> 00:19:36.479

But so I'm trying to review it. I don't know if anybody from Waiver is on the line.

158

00:19:36.479 --> 00:19:43.138

Can I share my screen? Hello?

159

00:19:43.138 --> 00:19:47.729 **KIRK DOBSON**

I'm sorry, you can share your screen.

160

00:19:47.729 --> 00:19:56.098



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I'm just going to pull up the email communication that came from Pam Harmon that went out to the provider communities by how to view the POC.

161

00:19:56.098 --> 00:20:02.368

A new process reviewing the POC. **KIRK DOBSON** you should have the rights to share now.

162

00:20:02.368 --> 00:20:08.548 **SHASTA BROWN**

Okay, let me see. Oh, this is the right one.

163

00:20:13.348 --> 00:20:18.028

Okay. All right so

164

00:20:18.028 --> 00:20:21.509

it looks like now to view it

165

00:20:21.509 --> 00:20:30.239

It's saying you have to go to person in MCIS and so you log into MCIS as the same way that you used to.

166

00:20:30.239 --> 00:20:34.108

You click on person, then you click on

167

00:20:34.108 --> 00:20:38.459

POC requests.

168

00:20:40.229 --> 00:20:51.838

And then, once you click on request, you should be able to view the POC You have to click on the current one the most recent one

169

00:20:51.838 --> 00:21:00.028



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for the person, so whichever we reset one in this demonstration, she gave it would be 52520.

170

00:21:00.028 --> 00:21:06.328
and then you click "view plan of care".

171

00:21:06.328 --> 00:21:13.888
And you'll be able to see the authorization for the person and MCIS.

172

00:21:13.888 --> 00:21:26.159
It's no longer under the profile tab where you click waiver, it's under the person tab plan of care POC requests.

173

00:21:27.324 --> 00:21:40.193 **ANIKA WALKER**
Hello everybody, this is Anika. I'm from the waiver unit. I apologize. I was trying to unmute. Hi, Shasta. I just wanted to come in and add to what you're saying.

174

00:21:42.114 --> 00:21:47.304
Yeah, this function we usually in the past, we would

175

00:21:47.608 --> 00:22:01.888
approve the service and submit the prior authorization form to the providers, but now we are no longer submitting that form. So now you have access to actually go in

176

00:22:03.263 --> 00:22:15.624
MCIS and create your own PDF form and print it out and retrieve it and do everything yourself. What Pam did was to send the directions So you can be able to go in

177

00:22:17.128 --> 00:22:21.449
and retrieve the PDF

178



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00:22:21.449 --> 00:22:28.888

yourself so, what Shasta was just explaining was how to go to the tab person.

179

00:22:28.888 --> 00:22:34.378

You go to person, you go down to POC requests.

180

00:22:35.788 --> 00:22:39.868

You will select the first,

181

00:22:39.868 --> 00:22:46.769

Which is the most current year you will click POC review.

182

00:22:48.388 --> 00:22:52.558

And from there, you would select,

183

00:22:52.558 --> 00:23:04.648

Prior auth report, so when you select prior auth report, you're able to then generate your PDF form and you can print it out yourself and that's just the same thing

184

00:23:04.648 --> 00:23:11.848

that's what we will send it to you all when we would approve the service. So now you have access to

185

00:23:13.949 --> 00:23:17.969

print your own service approval.

186

00:23:19.288 --> 00:23:29.729

So, it's no new section that's in MCIS. It's always been there. It's just you have access now to retrieve your service authorization approval.

187



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00:23:34.588 --> 00:23:37.798 **ANDREW REESE**
Thank you very much.

188
00:23:37.798 --> 00:23:45.118
The next question that I see is, **QUESTION** is it possible that weekly bi-weekly or monthly testing for staff

189
00:23:45.118 --> 00:23:54.269
could be mandated, **ANSWER** so to date and perhaps DC Health can speak to this to.

190
00:23:54.269 --> 00:24:01.439
To date there is no requirement for routine testing for staff.

191
00:24:01.439 --> 00:24:06.898
Some of our providers are doing routine testing.

192
00:24:06.898 --> 00:24:10.469
And some are not.

193
00:24:10.469 --> 00:24:19.199
And I do think we are actually making sure that we have the data on that so that we can see whether the

194
00:24:19.199 --> 00:24:22.739
impact of routine testing on our outcomes.

195
00:24:22.739 --> 00:24:29.189
Because I, you know, whether that routine testing would be effective in preventing

196
00:24:29.189 --> 00:24:33.088



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COVID infections is a good question.

197

00:24:33.088 --> 00:24:44.429

But to date, I know that it is not required by DC Health and I also know that some of our providers with some of our better outcomes are not doing routine testing.

198

00:24:44.429 --> 00:24:51.509

So, I want to go back and emphasize what I had talked about before, which is there are a number of factors

199

00:24:51.509 --> 00:25:00.659

that are essential in reducing the risk of transmission of coronavirus and we know these things to be true.

200

00:25:00.659 --> 00:25:09.898

Which is routine consistent regular I don't know how many adjectives to use. Use of masking

201

00:25:09.898 --> 00:25:18.239

in our congregate settings, intermediate care facilities and face shields need to be used.

202

00:25:18.239 --> 00:25:24.239

maintaining physical distance and regular hand washing.

203

00:25:26.098 --> 00:25:29.189

And so if DC Health can speak to

204

00:25:29.189 --> 00:25:39.028

You know, the decision regarding routine testing I also, as we talk about it want to sort of emphasize for people as well. You know, we have a workforce

205



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00:25:39.028 --> 00:25:49.769

of about 4500 DSP's just within our ICF community we're talking about more than 50 placements and more than a 1000 people.

206

00:25:49.769 --> 00:26:01.199

So, as you start to think about the logistics of being able to test all of those people in a routine way, and the number of tests you'd be doing, and how soon you'd be getting the results back

207

00:26:01.199 --> 00:26:06.419

But, anyway, if someone can from DC Health can speak to that, I would appreciate it.

208

00:26:07.499 --> 00:26:12.179 **DC HEALTH (did not identify self)**

Thank you Director Reese. I think you answered it pretty well, actually

209

00:26:12.179 --> 00:26:20.969

You know, I think it's also important to note that testing is not a substitute for those everyday

210

00:26:20.969 --> 00:26:30.473

protection measures, and so I think it's really easy and we're seeing this people getting COVID fatigue where they're just tired of all these different interventions,

211

00:26:30.473 --> 00:26:36.594

But it's, it's really easy to get that false sense of security that I will because I'm tested every week

212

00:26:36.898 --> 00:26:48.719

You know, I don't have to do, wear a mask, or I don't have to wear eye protection and so on, but it's not a substitute. And so at this time, you're correct. There's no mandate from DC Health

213

00:26:48.719 --> 00:27:01.588



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for that type of testing certainly, if the agencies choose that they want to do that on their own that they are more than welcome to do that. But I think it's important that, you know, the

214

00:27:01.588 --> 00:27:08.368

What I said, you know, that it's not a substitute for every new prevention measures. Just, as you said, also.

215

00:27:08.368 --> 00:27:12.898 **ANDREW REESE**

Thank you, thank you and actually you can stick around because this next one.

216

00:27:12.898 --> 00:27:23.489

Is for someone the health as well, which is, **QUESTION** does DC Health anticipate changing the quarantine guidance based on the new CDC guidance, which just came out.

217

00:27:23.489 --> 00:27:26.489

Potentially adjusting the quarantine time.

218

00:27:26.489 --> 00:27:34.169

It says from 14 days down to 7 to 10 days and I do know actually that the Mayor's guidance.

219

00:27:34.169 --> 00:27:37.798

regarding out of town travel has already been adjusted, but

220

00:27:37.798 --> 00:27:43.048

I don't know if there's any thought about.

221

00:27:43.048 --> 00:27:47.068

1st changing, I'm trying to think of where the actual quarantine

222

00:27:47.068 --> 00:27:52.739



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Guidance is in the DC Health guidance, but it is that something that DC Health is looking at.

223 **ANSWER - DC HEALTH (did not identify self)**

00:27:53.213 --> 00:27:53.574

Sure,

224

00:27:53.574 --> 00:27:54.413

so actually,

225

00:27:54.594 --> 00:27:56.213

I did anticipate this question,

226

00:27:57.054 --> 00:28:11.903

but coming through and we are still in the process of kind of digesting this new guidance from the CDC and understanding the reasons for why they're changing their recommendations and looking at their source

227

00:28:11.903 --> 00:28:12.503

materials.

228

00:28:12.503 --> 00:28:12.864

Because

229

00:28:12.864 --> 00:28:18.503

as we see a little bit of a spike in positive cases in the community,

230

00:28:18.864 --> 00:28:21.473

I think some of us at DC Health,

231

00:28:21.473 --> 00:28:27.804

and just in general feel a certain kind of way about now reducing the quarantine time.



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232

00:28:27.804 --> 00:28:39.233

And so we're discussing internally how best to address these new recommendations and there will be updated guidance coming out.

233

00:28:40.108 --> 00:28:49.288

I hope by the end of next week, but it may be the week after. It's just going to kind of depend. We just need to determine what's

234

00:28:49.288 --> 00:28:54.028

for our jurisdiction, given the new guidance.

235

00:28:54.028 --> 00:29:01.078 **ANDREW REESE**

Thank you and someone asked if we could put the case numbers in the chat box, which I did.

236

00:29:01.078 --> 00:29:14.878

They were both in PowerPoint and in my handwritten note, so, neither of those lended themselves to cut and paste, so I've typed them in, I hope in a format that you can decipher.

237

00:29:14.878 --> 00:29:19.709

there was a request for updates on the number of staff, which I did provide.

238

00:29:19.709 --> 00:29:24.659

So, I'm hoping that came before I was speaking about the number of staff, but

239

00:29:24.659 --> 00:29:30.568

it's a shortlist, so today it's been 443 provider staff.

240

00:29:30.568 --> 00:29:35.128

And to date, eight deaths have been reported.



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241

00:29:35.128 --> 00:29:42.298

And 34 of the 443 staff worked at more than one agency.

242

00:29:42.298 --> 00:29:54.719 **QUESTION**

Can you provide insight how day services can be provided virtually to people supported that live in a residential setting and are also receiving companion services?

243

00:29:54.719 --> 00:29:58.709

We cannot bill for both at the same time.

244

00:29:58.709 --> 00:30:04.679

Service coordination shared that we can provide employment options, supported employment

245

00:30:04.679 --> 00:30:09.509

And job readiness, actually, which it doesn't say here through our RSA.

246

00:30:09.509 --> 00:30:11.183 **ANSWER**

Yes, that is possible.

247

00:30:13.314 --> 00:30:24.594

RSA did provide guidance to all of our providers I thought on exactly what's needed in order to provide job readiness services that could be funded through RSA,

248

00:30:25.648 --> 00:30:32.969

So that, for people who, for whom you want to provide virtual employment, readiness, or virtual job readiness.

249

00:30:32.969 --> 00:30:36.808

And the person has to be receiving



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250

00:30:36.808 --> 00:30:43.259

In persons, Medicaid funded services, which you can't do two Medicaid funded services at the same time.

251

00:30:43.259 --> 00:30:46.528

RSA can authorize those services.

252

00:30:46.528 --> 00:30:50.128

All of our

253

00:30:50.128 --> 00:30:54.749

We opened it up so that all of our

254

00:31:02.519 --> 00:31:06.808

Have done so

255

00:31:09.953 --> 00:31:11.933

If you have not that is easy enough,

256

00:31:11.933 --> 00:31:14.334

I believe the solicitation stays open,

257

00:31:14.574 --> 00:31:17.483

it gets closed down so that they can add the people,

258

00:31:17.483 --> 00:31:21.443

but anyone who is qualified as an employment readiness provider,

259



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00:31:21.443 --> 00:31:26.604

just needs to submit that they meet the qualifications in which to provide job readiness.

260

00:31:26.759 --> 00:31:34.048

And then, I don't know if Darryl on the line, he can walk through what

261

00:31:34.048 --> 00:31:38.398

what needs to be submitted to, but essentially there does need to be.

262

00:31:38.398 --> 00:31:41.848

A curriculum of what is provided.

263

00:31:41.848 --> 00:31:47.459

There are a number of hours of service that can be provided.

264

00:31:47.459 --> 00:31:56.489

And those can be renewed based on a person's progress or job readiness, you know.

265

00:31:56.489 --> 00:32:02.189

Job readiness, like employment readiness is about preparing to go to work.

266

00:32:02.189 --> 00:32:06.838

One of the changes in our waiver in 2017

267

00:32:06.838 --> 00:32:11.788

was a limitation on how long we can provide employment readiness.

268

00:32:11.788 --> 00:32:19.259

And so, you know, the, I always like to say to people the best employment readiness service is a job.



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269

00:32:19.259 --> 00:32:25.949

Because where most people learn the skills for working is at work.

270

00:32:27.179 --> 00:32:31.739

And the employment readiness is not intended to be something that goes on

271

00:32:31.739 --> 00:32:41.638

for years and years and years but is something that is teaching people specific skills so that they can begin working.

272

00:32:56.519 --> 00:33:09.929 **QUESTION**

I see a question, but it feels like it's responding to someone else's. So we are no longer getting notification when they are approved, which means we have to. Oh, this must be back to the POC question. I'm assuming.

273

00:33:09.929 --> 00:33:13.828

We have to keep going to verify that it has been approved.

274

00:33:13.828 --> 00:33:18.419

Is this going to be addressed? So I am.

275

00:33:18.419 --> 00:33:24.209

assuming that all of the POC questions I read were answered.

276

00:33:24.209 --> 00:33:31.798

If people though, notifications are provided via direct emails now.

277

00:33:31.798 --> 00:33:45.989 **KIRK DOBSON**



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There are a few people who are privately emailed me saying they do not see the numbers that you've posted. So if we could just kind of repost those for everyone. Okay.

278

00:33:47.098 --> 00:33:54.118 **ANDREW REESE**

Oh, because I did what I told you not to do.

279

00:33:54.118 --> 00:34:01.798

which is, I didn't post it to everyone. I just told the panelists.

280

00:34:09.688 --> 00:34:13.679

Now, it's been posted for everyone, thank you.

281

00:34:14.849 --> 00:34:19.798 **QUESTION**

Do ICF's

282

00:34:19.798 --> 00:34:28.079

fall, I assume, under the umbrella of long-term care, which will be the first group of people to receive vaccines, according to

283

00:34:28.079 --> 00:34:31.318

current CDC guidance,

284

00:34:31.318 --> 00:34:36.088

What about residential facilitation and supported living?

285

00:34:36.088 --> 00:34:40.978 **ANSWER**

So, just send the people are aware, you can go to.

286

00:34:40.978 --> 00:34:44.458

The coronavirus.dc.gov/vaccine



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287

00:34:44.458 --> 00:34:47.969

288

00:34:47.969 --> 00:34:53.969

And you will get the current priorities.

289

00:34:53.969 --> 00:35:03.059

The CDC guidance and the federal guidance is guidance for the States and then the States implement that in the manner that works for that state.

290

00:35:04.409 --> 00:35:10.228

ICF people who live in intermediate care facility and residential.

291

00:35:10.228 --> 00:35:15.509

Habilitation are in group 1A people in supported living.

292

00:35:15.509 --> 00:35:20.608

Most of the other people that we support would be in group 1B.

293

00:35:20.608 --> 00:35:29.998

So yes, the highest priority are the people who are the most vulnerable.

294

00:35:29.998 --> 00:35:36.119

The issue of who actually constitutes a health care provider.

295

00:35:36.119 --> 00:35:44.398

Because healthcare providers are in group 1A, but that's going to be a more difficult question, I think and so

296



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00:35:44.398 --> 00:35:52.378

when I tried to read the guidance earlier today, opening that website crashed my computer.
So I'm not sure exactly

297

00:35:52.378 --> 00:35:57.659

how specific the details are, but

298

00:35:57.659 --> 00:36:03.088

the there is a panel that advises Dr Nesbitt.

299

00:36:03.088 --> 00:36:07.768

on priority for providing the vaccine.

300

00:36:07.768 --> 00:36:10.918

What I read this morning.

301

00:36:10.918 --> 00:36:19.139

Mayor Bowser is trying to work with the federal government to have more vaccine allocated
to the District.

302

00:36:19.139 --> 00:36:23.759

It looked like in the first round we will have about 6000 doses.

303

00:36:23.759 --> 00:36:28.798

So, when you consider the number of health care workers.

304

00:36:28.798 --> 00:36:35.699

You know, as I said before, our DSP workforce is 4500 people.

305

00:36:35.699 --> 00:36:41.009



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Our DSP workforce in ICF alone is over a 1000 people.

306

00:36:41.009 --> 00:36:51.719

And then when you consider, you know, health care workers in hospitals in the District, so, you know,

307

00:36:53.728 --> 00:37:01.438

the work of balancing all of those priorities is a tremendous challenge.

308

00:37:01.438 --> 00:37:05.668

But what I do know, because I did hear this morning from

309

00:37:05.668 --> 00:37:20.034

Dr. Nesbitt and have had this confirmed before, Dr. Nesbitt recognizes our population as one of the highest priorities. And in fact, in the guidance that's been issued to date, people living in ICF and ResHabs

310

00:37:20.878 --> 00:37:23.938

are considered among the highest priorities.

311

00:37:25.889 --> 00:37:39.688

Silence.

312

00:37:54.954 --> 00:38:02.543 **QUESTION**

So, I do see a comment responding to someone that you will only see the people you serve MCIS set up to view the people individually.

313

00:38:02.789 --> 00:38:11.789

So, you would have to view each person individually. This is in response to a question, I assume, regarding the POC issue.



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314

00:39:50.789 --> 00:39:54.480

So, I don't see any additional questions in the chat box.

315

00:39:54.480 --> 00:39:57.929

I will do what I did earlier today, which

316

00:39:57.929 --> 00:40:01.500

in my

317

00:40:04.074 --> 00:40:18.684

In an earlier meeting today I had said to people, I'll just give you this many minutes and then we'll end, because, in my experience, kind of like, in my experience as a social worker, it's those important things that people ask you, as they walk out the door

318

00:40:18.960 --> 00:40:28.079

That are often the most important questions to have to deal with. So, I always like to let people know when we're about to end so that we can get those in and talk about them.

319

00:40:28.079 --> 00:40:31.110

320

00:40:31.110 --> 00:40:39.449 **QUESTION**

So, I thought I had answered this, is the count for vaccines, inclusive of both person support and staff who work directly with those people?

321

00:40:39.449 --> 00:40:43.710 **ANSWER**

I know very clearly it is people supported.

322

00:40:43.710 --> 00:40:49.139

If as I said, if you start talking about staff, in addition



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323

00:40:49.139 --> 00:40:53.340

When you consider that D.C. initially has 6000.

324

00:40:53.340 --> 00:40:57.119

And ICF alone and.

325

00:40:57.119 --> 00:41:02.909

DC Health is considering both ICFs and ResHabs in their calculation and I don't know how many.

326

00:41:02.909 --> 00:41:09.179

Staff we have at ResHabs, but ICFs alone we're talking about more than a 1000 staff.

327

00:41:09.179 --> 00:41:15.030

I think that being in category 1A for the staff will be challenging.

328

00:41:15.030 --> 00:41:21.630

I would invite you, however, to look at coronavirus.dc.gov/vaccine.

329

00:41:21.630 --> 00:41:28.260

They ran out of tabs, so you

330

00:41:31.019 --> 00:41:36.090

Information about the priority groups and who falls in them.

331

00:41:36.090 --> 00:41:43.590

While the staff who work, there may not be category 1A, they would be category 1B.

332



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00:41:43.590 --> 00:41:47.789 **KIRK DOBSON**

Director Reese, can you just repeat that? Please there's a part of your conversation that cut out.

333

00:41:47.789 --> 00:41:58.260 **ANDREW REESE**

Okay, so the question related to whether staff supporting the people at ICF and ResHabs

334

00:41:58.260 --> 00:42:09.900

would be counted in that total. I would invite people to look at coronavirus.dc.gov/vaccine. As I had said, well, over a 1000 staff.

335

00:42:09.900 --> 00:42:23.309

When you consider that the initial number of vaccines currently that the District is slated to receive now Mayor Bowser is working to get that increased. But the number as it stands right now is about 6000.

336

00:42:23.309 --> 00:42:31.889

I expect that that provider staff would be in group 1B.

337

00:42:33.869 --> 00:42:40.710

I do know for certain that the people we support in ICF and ResHabs are in 1A.

338

00:42:44.934 --> 00:42:58.195 **QUESTION**

There was a question when vaccines are released will DSPs be required to get them and perhaps I can let DC Health, speak to this. But I did have this question earlier today. So I'm going to give the response. I gave and maybe DC Health

339

00:42:58.195 --> 00:43:05.934

can tell me if I was incorrect on this to date I have heard nothing indicating that there will be a requirement.

340



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00:43:06.239 --> 00:43:14.094

To get the vaccine one of the things I have heard a fair amount about is some reluctance by people to get a vaccine.

341

00:43:14.454 --> 00:43:22.224

And I don't think that the way to deal with those concerns that people may have about a vaccine is by mandating it.

342

00:43:22.500 --> 00:43:28.079

But by providing education about the positive impacts and

343

00:43:28.079 --> 00:43:34.170

The side effects that 1 can expect from a vaccine so that you convince people of the benefits of getting it.

344

00:43:34.170 --> 00:43:37.590

I do not believe that in any setting at this point

345

00:43:37.590 --> 00:43:42.570

it is being mandated, but DC Health may have other information about that.

346

00:43:42.570 --> 00:43:49.380 **DC HEALTH (did not identify self)**

Hi, good afternoon. Everyone we have no intention of making it a mandatory vaccine.

347

00:43:49.380 --> 00:43:57.840

One, I agree with Director Reese's comments about how mandating things is usually not the best way to get buy-in.

348

00:43:57.840 --> 00:44:05.909

Also, even if mandating a vaccine was something we were considering



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349

00:44:05.909 --> 00:44:16.739

it probably wouldn't be the most ethical thing to do to mandate something that has been approved on an emergency basis when there's significantly less

350

00:44:16.739 --> 00:44:27.809

safety data available, then with other approved vaccines or medications so DC Health has no attention of making and emergency use product

351

00:44:27.809 --> 00:44:32.940

mandated. Thank you.

352

00:44:32.940 --> 00:44:41.369 **QUESTION**

Can you talk about travel and essential workers specifically DSPs and the Mayor's order dated November 6th.

353

00:44:41.369 --> 00:44:48.030 **ANSWER**

It would help if you could tell me specifically, I can look up Mayor's orders.

354

00:44:48.030 --> 00:44:54.599

And get there eventually, but could you type in which are you referring to the Mayor's order regarding out of town travel?

355

00:44:54.599 --> 00:44:58.860

Because what I can tell you is

356

00:44:58.860 --> 00:45:03.869

that when it's that the Mayor's order

357

00:45:03.869 --> 00:45:16.800



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requires that if you travel to particular states which is now almost every state in the Union, I will say, except Virginia or Maryland, but there is a list of those states on the Mayor's website.

358

00:45:16.800 --> 00:45:24.360

So, travel by District residents if you go to one of those states, you are required

359

00:45:24.360 --> 00:45:33.599

to quarantine upon return there was some update in that requirement in that

360

00:45:33.599 --> 00:45:42.690

and I think it was 4 to 7 days after your return, you could get a test and then could return to work.

361

00:45:42.690 --> 00:45:50.159

My understanding, and now I'm going to try and look up the order. So

362

00:45:50.159 --> 00:45:57.329

my understanding of the order was that it did not apply to people who traveled out of state

363

00:45:57.329 --> 00:46:01.679

on essential work.

364

00:46:02.909 --> 00:46:11.880

There was not an exception if I'm not mistaken for people who travel out of state and do essential work.

365

00:46:11.880 --> 00:46:22.380

And perhaps DC Health knows the answer to that one. I'm pretty sure if we have a DSP who has traveled to one of those parts of the country, they need to

366



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00:46:22.380 --> 00:46:27.539

follow the same guidance that the rest of us follow with that they should not be going back to work

367

00:46:27.539 --> 00:46:31.679

Until the time has passed, they've gotten a test and confirmed it negative.

368

00:46:31.679 --> 00:46:39.300

But, like I say, I'd need to look at the order. My reading of it when it came out in my recollection this moment

369

00:46:39.300 --> 00:46:45.420

is the exception is for doing essential work out of state.

370

00:47:03.809 --> 00:47:10.409 **ANDREW REESE**

So did anyone have a different interpretation of that requirement from what I just said?

371

00:47:16.170 --> 00:47:25.679

Yeah, so it's very important. And this has been an issue, one of the things that I did notice and talk to different people about

372

00:47:25.679 --> 00:47:30.420

is that as you are

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00:47:30.420 --> 00:47:35.699

doing screening for visitors

374

00:47:35.699 --> 00:47:40.019

or for your staff

375



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00:47:40.019 --> 00:47:46.260

that we need to make sure that we continue to update our screening tools to take into account

376

00:47:46.260 --> 00:47:56.250

current requirements, so that the screening tool should no longer ask. Have you traveled out of the country in the last two weeks,

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00:47:56.250 --> 00:48:04.139

only. It should ask whether you've traveled to any of

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00:48:04.139 --> 00:48:09.059

the states that have been identified by the Mayor as a high-risk state

379

00:48:09.059 --> 00:48:16.289

in the last two weeks, and therefore would have needed to quarantine because you should not be out of your home much less going

380

00:48:16.289 --> 00:48:24.210

into a home where people who potentially are really at high risk for serious outcome from COVID are living.

381

00:48:24.210 --> 00:48:35.760 **QUESTION**

Can DC Health expand on a recommendation of mid-shift temperature checks?

382

00:48:35.760 --> 00:48:44.219

So, I don't believe there is a DC Health requirement for mid-shift temperature checks.

383

00:48:44.219 --> 00:48:52.110

I do know, because I heard people talking about this this morning that in the Director of Nursing meeting.



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384

00:48:52.110 --> 00:49:02.159

There was a discussion about whether that would be a good measure for providers to adopt on their own to just ensure that staff.

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00:49:02.159 --> 00:49:06.480

In the middle of their shift, or every 4 hours over their shift

386

00:49:06.480 --> 00:49:16.050

be checking their own temperature just to ensure that they are that they're as healthy as what they got there but that is not a DC Health requirement and it's not a District requirement.

387

00:49:22.170 --> 00:49:30.869 **QUESTION**

So, is there a DC Health recommendation on low temperature readings for staff who are coming in from the cold

388

00:49:30.869 --> 00:49:34.860

since you have to check their temperature before they enter the house?

389

00:49:34.860 --> 00:49:45.630 **ANSWER**

I would say you need to check their temperature in a place and manner and this is just me and I'll have to see how to answer in a place and manner

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00:49:45.630 --> 00:49:53.815

that you can get an accurate temperature reading. Is that a fair statement? **DC HEALTH**
That's a fair statement Director Reese

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00:49:53.844 --> 00:50:06.355

I think that's one of those operational things where things in a perfect world on paper now. It's always normal temperature outside. It's never cold. It's easy to take someone's temperature.

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392

00:50:07.164 --> 00:50:21.264

But, you know, you're at the limitation of whatever device you're using and so if the device you're using to take the temperature is going to be affected by coming in over the cold, then you need to take measures to ensure that you're getting an accurate reading.

393

00:50:22.164 --> 00:50:28.585

And then also back on the travel guidance, I just wanted to remind everyone that the travel guidance was updated on November 27th

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00:50:30.719 --> 00:50:39.300

from DC Health, so please go back and review that. I think it answers most of those exceptions pretty clear

395

00:50:39.954 --> 00:50:53.605

and I actually wasn't sure the exact question that was being asked. I think it was related to the Mayor's order specifically, but we did release guidance on the 27th. I would encourage everyone to review. That can be that can be found at coronavirus.dc.gov.

396

00:50:59.489 --> 00:51:12.960 **ANDREW REESE**

And that would be under the health guidance and in which section? **DC HEALTH** Its under both sections actually now, so you can go under health guidance. And I think it's towards the bottom it says travel guidance and then in parentheses I think it says November 27th, if I recall.

397

00:51:12.960 --> 00:51:16.199

Thank you.

398

00:51:20.969 --> 00:51:33.239 **QUESTION**

So, I see a, a really good question. Can you discuss the consent process for people? We support receiving the vaccine?

399



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00:51:33.239 --> 00:51:42.869 **ANSWER**

No, and I don't know if DC Health can answer that. What's the consent going to look like?

400

00:51:42.869 --> 00:51:46.409

I expect there has to be informed consent.

401

00:51:46.409 --> 00:51:50.039

Which means that it would be the same informed consent as exists

402

00:51:50.039 --> 00:51:56.280

for any other medical procedure that a person gets, whoever has the authority

403

00:51:56.280 --> 00:52:00.989

to provide informed consent would need to provide the informed consent.

404

00:52:00.989 --> 00:52:09.630

For this particular procedure, **DC HEALTH** I would say that's correct Director Reese not really sure the question on the consent process.

405

00:52:09.630 --> 00:52:20.579

Is the same now as it's always been for any, anything like this or similar to this. It doesn't change just because it's a new vaccine.

406

00:52:20.579 --> 00:52:35.550 **ANDREW REESE**

So, QAPMA must sent an email to providers November 25th

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00:52:35.550 --> 00:52:40.050

saying DSPs need to follow the Mayor's order regarding travel precautions.

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00:52:40.050 --> 00:52:47.730



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That's correct they did, because I asked them to. because I asked that they remind people.

409

00:52:47.730 --> 00:52:53.460

That there is guidance about travel and what Mr. Vennuci is telling us. Is it on the 27th

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00:52:53.460 --> 00:53:02.340

It was updated. The email that went out was the 25th just reminding people that if you were traveling for Thanksgiving, which was

411

00:53:02.340 --> 00:53:06.239

Not recommend it, but if you were and you

412

00:53:06.239 --> 00:53:10.980

travelled to one of those hot spots that you should not

413

00:53:10.980 --> 00:53:15.929

that you should be quarantining upon return.

414

00:53:15.929 --> 00:53:21.809

The link to the guidance is in the chat box, so people should

415

00:53:21.809 --> 00:53:31.619

take a look at that and remind themselves of what it says, especially because we're about to come upon another holiday season where there may be questions about travel.

416

00:53:34.559 --> 00:53:43.679

Silence.

417

00:53:44.335 --> 00:53:57.684 **QUESTION**



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So, can we develop, we have not developed so there's a question has health and wellness developed. No. Or can they develop tools to help us with education for people regarding consent for the vaccine?

418

00:53:57.954 --> 00:54:06.474 **ANSWER**

And I think that's a really good thing for us to work on along with DC Health because I know that DC health is doing a lot of work right now

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00:54:06.750 --> 00:54:15.420

on education for the general public about the vaccine and so we need to make sure that we're providing education also for people

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00:54:15.420 --> 00:54:19.110

who may be consenting on their own so that they understand as well.

421

00:54:19.110 --> 00:54:33.750

I think that's a really good idea. So we will, as I say, we'll talk to DC Health about the kind of public education they are doing, and also look at what kind of education we can provide for people. So that

422

00:54:33.750 --> 00:54:38.820

when they provide informed consent for the vaccine, it is truly informed.

423

00:54:57.840 --> 00:55:10.320

Okay, so now we're actually at 1:04 so I hope that everyone has a nice weekend, stay safe and, as I said, in the beginning, I understand

424

00:55:10.320 --> 00:55:14.369

You know how long this has gone on.

425

00:55:14.369 --> 00:55:17.760



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Please remember, even though we have

426

00:55:17.760 --> 00:55:21.449

On the horizon a vaccine.

427

00:55:21.449 --> 00:55:25.409

There's 350 million of us in this country.

428

00:55:25.409 --> 00:55:29.010

It's going to be a long time.

429

00:55:29.010 --> 00:55:36.000

Before we are at a place where we can begin to reduce our vigilance,

430

00:55:36.000 --> 00:55:43.349

About regularly about always using a mask whenever we're outside around other people.

431

00:55:43.349 --> 00:55:50.039

Whenever we leave home about maintaining physical distance regularly, washing our hands.

432

00:55:50.039 --> 00:55:54.360

They should see our flu really drop this year.

433

00:55:54.360 --> 00:55:58.349

Because we should be taking really good preventive health care.

434

00:55:58.349 --> 00:56:03.510

Really good care of ourselves. So I'm hoping everyone is taking good care of themselves.

435



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00:56:03.510 --> 00:56:08.820

It is so essential because to the extent we come in contact with anyone.

436

00:56:08.820 --> 00:56:13.409

Who is at higher risk for serious outcomes this vaccine this

437

00:56:13.409 --> 00:56:19.349

Virus does still have really serious outcomes for some people.

438

00:56:19.349 --> 00:56:26.699

So, please take care of yourselves and think about the people that you work with, or come in contact with as you

439

00:56:26.699 --> 00:56:29.909

do everything you need to do take care of your own health so.

440

00:56:29.909 --> 00:56:33.030

Thanks a lot and I will talk with people next week.