



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
December 11, 2020 ▪ 12:00 pm via WebEx

WEBVTT

1

00:00:04.139 --> 00:00:08.400 **Andrew Reese:**
Good afternoon everyone this is Andy Reese, Director of DDS.

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00:00:08.400 --> 00:00:22.320
Starting out, I just want to let people know that today I have a meeting immediately following this one and so I am going to be jumping off at 12:55.

3

00:00:22.524 --> 00:00:30.175
If there are questions that still require answers, there are folks here who can remain on the line, but I really need to be on time for my next meeting.

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00:00:32.395 --> 00:00:43.344
And as we're talking about scheduling, it occurs to me that two weeks from today and the week after that are both Friday holidays

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00:00:43.765 --> 00:00:49.704
and so, after next week, we will then not be meeting again for three weeks.

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00:00:54.960 --> 00:01:00.689
I'd like to share data

7

00:01:04.739 --> 00:01:11.609
with people.

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00:01:16.769 --> 00:01:23.519
The data, correct? Someone could just say, yes, please.

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00:01:23.519 --> 00:01:26.730 **Kirk Dobson:**



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Yes, Director Reese.

10

00:01:26.730 --> 00:01:36.299 **Andrew Reese:**

Okay, Thank you. Because, I have everything for my next meeting on my other screen.

Mark Back: I'm having a hard time hearing you. So, I don't know if others are.

11

00:01:37.650 --> 00:01:45.385 **Kirk Dobson:**

Yes, I'm having a hard time hearing you as well. Yep. Andrew Reese: Just since we started talking to everyone else, you sound good.

12

00:01:45.385 --> 00:01:56.454 **Kirk Dobson:**

Now, it was just a little period of breaking up so I would just take it to you told me. Andrew Reese: It was probably my while I was sharing to make sure I was sharing the correct screen.

13

00:01:57.900 --> 00:02:02.250

So first,

14

00:02:02.250 --> 00:02:12.300

as you can see once again there's been a jump in the number of people who've tested positive for COVID in the last week.

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00:02:12.300 --> 00:02:19.379

It has gone up by 13 from a week ago. It is now at 310.

16

00:02:19.379 --> 00:02:24.960

In the month of December, we've had 14 and you can see November

17

00:02:24.960 --> 00:02:28.830

was worse than any month since May.

18



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00:02:28.830 --> 00:02:32.520
Um.

19
00:02:36.270 --> 00:02:47.004
Comparison sort of a breakdown between placement type compared to the percentage of people who've contracted COVID as

20
00:02:47.724 --> 00:02:52.794
the chart on the right shows total COVID infections by placement type

21
00:02:52.794 --> 00:03:00.414
and the chart on the left is the total number of people this year who have been in those placement types.

22
00:03:00.805 --> 00:03:14.634
And so, for example, and the colors changed, I'm sorry, I should've fixed that because previously the colors were the same, but in the last week, we've got two new reports, one of an out-of-state placement

23
00:03:14.634 --> 00:03:23.395
that's not waiver placement so, it's listed separately. It's not a Residential Habilitation or Supported Living placement and

24
00:03:24.150 --> 00:03:31.830
one person who was in ADH placement that we provide supports to.

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00:03:31.830 --> 00:03:45.240
So, that changed all of the colors on my pie graph, I should have corrected it. So, as you can see in Supported Living, we have 137 people who have tested positive,

26
00:03:45.240 --> 00:03:52.349
in Intermediate Care Facilities that have been 103, in Natural Homes 29,



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27

00:03:52.349 --> 00:03:58.080

in Residential Habilitation 32, and in Host Homes there have been 5.

28

00:03:58.080 --> 00:04:10.020

I'm at, I can see in the chart you know, the vast majority of our folks are either in Natural Homes or in Supported Living.

29

00:04:14.099 --> 00:04:17.759

So, here just updated the, um.

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00:04:19.019 --> 00:04:23.790

kind of COVID infection rate by placement type.

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00:04:23.790 --> 00:04:27.028

Intermediate Care Facilities

32

00:04:27.028 --> 00:04:35.069

the 103 people constitute a little more than 34% of people who been

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00:04:35.069 --> 00:04:38.459

in Intermediate Care facilities

34

00:04:39.988 --> 00:04:43.889

and of those 103,

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00:04:43.889 --> 00:04:49.439

there have been of the 103 who've gotten COVID and 17 have died, which

36



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00:04:49.439 --> 00:04:56.338
works out to a 17.47% death rate, although, as I've said

37
00:04:56.338 --> 00:05:07.649
we've had a number of people, especially the longer this goes on. To date, it's eight people who tested positive for COVID

38
00:05:07.649 --> 00:05:21.209
that seemed to resolve and then sometime later they died, and we have still not gotten a final cause of death for Office of the Chief Medical Examiner (OCME). For people who have had either confirmed or presumed COVID deaths

39
00:05:21.209 --> 00:05:29.879
the rate of death for people in Intermediate Care Facilities is about 13.6%.

40
00:05:29.879 --> 00:05:44.459
We still do have a pretty low percentage of people who are in Natural Homes who have tested positive, it's 3.11%. That's 29 people out of a total of about 930.

41
00:05:44.459 --> 00:05:47.699
Um, those people who have tested positive, have

42
00:05:47.699 --> 00:06:01.829
generally, not, I mean, the percentage have not had good outcomes has been fairly high with five deaths out of those 29 people, four of those have been confirmed as COVID.

43
00:06:01.829 --> 00:06:10.079
In Residential Facilities we've also seen a fairly high COVID infection rate, another

44
00:06:10.079 --> 00:06:20.038



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congregate setting where a number of people live together and as we all should know by now, this is a very contagious virus.

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00:06:20.038 --> 00:06:27.269

So, the infection rate of COVID in Residential Habilitation at 29%.

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00:06:27.269 --> 00:06:38.338

The folks who have died, they've all been confirmed as COVID related and it is two deaths constituting 6.2%

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00:06:38.338 --> 00:06:42.238

and then in Supported Living

48

00:06:44.723 --> 00:06:52.764

37 people who contracted COVID, which is about 14.7% of the people in Supported Living, 8% of those people have died

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00:06:52.764 --> 00:07:00.954

and to date we've confirmed almost 6% of those as COVID related and we're still awaiting the final

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00:07:03.538 --> 00:07:16.074

word from OCME, sorry about that on some of those. Overall, the COVID infection rate amongst people supported by DDA there been 310 people out of about 2400,

51

00:07:16.074 --> 00:07:19.314

which is an infection rate of about

52

00:07:22.108 --> 00:07:36.684

12.9% the death rate of people who have had and have gone to die, has been about 12.2% and those that have been confirmed as a death related to COVID. It's been 9%.



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53

00:07:42.869 --> 00:07:48.749

Type, uh, so far in December

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00:07:49.829 --> 00:08:02.069

of our COVID infections have been in Supported Living. I've only got the four biggest numbers in this chart. That's why it has an equal the total number.

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00:08:03.778 --> 00:08:07.769

Who, in December

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00:08:07.769 --> 00:08:18.928

has be tracked, you see Intermediate Care Facilities constituted 16 of the people who got and then Supported Living was 11, four in Natural Homes.

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00:08:18.928 --> 00:08:27.959

People who have

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00:08:27.959 --> 00:08:33.418

required inpatient treatment and I'm sorry, I don't think.

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00:08:35.543 --> 00:08:48.504

Oh, yes, I did 121 people have required inpatient treatment and as you can see, there were two people in December, eight in November, there are currently five people who are still in the hospital.

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00:08:54.264 --> 00:09:07.073

And as I've mentioned overall we've had 38 people who have had COVID, who have died of those two were confirmed by OCME as not COVID related, another eight

61



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00:09:07.104 --> 00:09:13.403

we are still waiting on a final determination by OCME, because those other eight folks

62

00:09:14.399 --> 00:09:17.849

Um.

63

00:09:17.849 --> 00:09:21.328

recovered

64

00:09:21.328 --> 00:09:29.639

from COVID, and so if you look at it that way, what we've got is 28

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00:09:29.639 --> 00:09:36.989

confirmed or presumed COVID deaths.

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00:09:36.989 --> 00:09:47.639

Saying that, this November who died the hospital to determine the cause of death

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00:09:47.639 --> 00:09:52.13

and so, we're assuming that the OCME agree with that.

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00:09:53.639 --> 00:10:08.278

I did see that there were questions.

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00:10:08.278 --> 00:10:12.028

Um.

70

00:10:13.139 --> 00:10:19.528 **Crystal Thomas:**

Andy you sound muffled.



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71

00:10:24.328 --> 00:10:32.27

72

00:10:36.359 --> 00:10:39.509

73

00:10:42.509 --> 00:10:46.229 **Kirk Dobson:**
Director Reese you are muffled. I think it's your connection.

74

00:10:46.229 --> 00:10:52.078
So, I don't know if you just want to maybe turn off your video for a minute and see if that works. I don't know if that's something an option, but.

75

00:10:53.879 --> 00:10:59.908
Silence.

76

00:10:59.908 --> 00:11:04.739
Silence.

77

00:11:06.629 --> 00:11:10.528 **Andrew Reese:**
In Supported Living there have been 11 deaths

78

00:11:12.479 --> 00:11:20.879
and of those eight have been confirmed as COVID related, we're still awaiting OCME determination on three.

79

00:11:54.688 --> 00:12:04.859
So, it says there's a wobble in my audio. Can people hear me now?

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00:12:06.149 --> 00:12:11.639 **Crystal Thomas:**



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Much better.

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00:12:11.639 --> 00:12:17.249

82

00:12:29.519 --> 00:12:41.009 **Andrew Reese:**

Well we received no questions this week by email. So, if people do have questions, please

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00:12:41.009 --> 00:12:46.619

share them in the chat box.

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00:12:51.808 --> 00:12:59.068 **Kirk Dobson:**

Just as a reminder, please make sure to share your questions with everyone in the chat box instead of to panelists or attendees. Thank you.

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00:12:59.068 --> 00:13:02.219 **Andrew Reese:**

So, I see there's a question regarding

86

00:13:02.219 --> 00:13:06.359

the vaccine distribution in the District

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00:13:06.359 --> 00:13:20.698

we are working with. The question says:

Question: This morning I saw that DC is getting under 7000 doses initially. How will that affect people supported by DDS and their staff?

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00:13:20.933 --> 00:13:31.644 **Andrew Reese:**

As people are aware, I believe we've shared this and I'm pretty sure we do have DC Health people with us as well who can provide any updated information that I don't have,



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00:13:31.644 --> 00:13:38.693

but the information that we have had for one is the initial recommendation

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00:13:39.149 --> 00:13:43.288

from CDC

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00:13:43.288 --> 00:13:48.688

that in the 1st group should be people in

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00:13:48.688 --> 00:13:52.739

Um, Long Term Care Facilities, which would be

93

00:13:52.739 --> 00:14:01.979

for us that would include people in Intermediate Care Facilities as well as the Residential Habilitation.

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00:14:01.979 --> 00:14:06.328

Our

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00:14:06.328 --> 00:14:09.389

96

00:14:09.389 --> 00:14:13.109

Well, and ideally their staff

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00:14:14.668 --> 00:14:25.168

and in my conversations with Dr. Nesbitt and in our conversations with DC Health, DC Health would like to see

98

00:14:25.403 --> 00:14:31.104



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all of our folks be included in the initial vaccine distribution,

99

00:14:31.403 --> 00:14:41.453

but as you can see from that number that could prove challenging because we're also talking in terms of highest priority would be other people in congregate

100

00:14:41.788 --> 00:14:56.519

settings like, Nursing Homes and other Long-Term Care facilities as well as healthcare professionals who work in, like, emergency rooms, ICU and those folks.

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00:14:56.519 --> 00:15:00.328

102

00:15:01.043 --> 00:15:10.134

So, we are working with DC Health, we're providing them with all of our numbers

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00:15:10.283 --> 00:15:17.964

so that as they try and make a determination regarding the number of actual vaccines that we have for distribution

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00:15:18.173 --> 00:15:25.464

and then how those can be allocated most appropriately, and you can see from our numbers in some respects

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00:15:25.708 --> 00:15:36.688

you know, when you look at COVID infection rates in ICF and Residential Habilitation placements, the risk of contracting

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00:15:36.688 --> 00:15:41.339

COVID in those congregate settings is far higher. So,

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00:15:41.339 --> 00:15:50.038

you know if there is to be, if it is that people we support or staff that work in different kinds of places

108

00:15:51.533 --> 00:16:05.783

are in group 1B, as opposed to group 1A, it would be that they have identified that would be identified based on the risk and looking at other people in the city who also have a need for

109

00:16:07.078 --> 00:16:10.318

this vaccine.

110

00:16:12.028 --> 00:16:24.658

There is a question. **Question:** How many people are in committed status?

Andrew Reese: We don't track that because whether a person is committed or not is not really

111

00:16:24.658 --> 00:16:30.869

a risk factor and so that's not something that we track regularly.

112

00:16:32.428 --> 00:16:38.009 **Question:**

Do we have a plan to mandate the vaccine for people working with person served?

113

00:16:38.009 --> 00:16:47.489 **Andrew Reese:**

No, we do not at this time and DC Health spoke to this last week. There's

114

00:16:47.489 --> 00:16:52.379

Um, there is work being done

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00:16:52.379 --> 00:17:01.469



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and, you know, on education this is partly challenging because, you know, you may know that the

116

00:17:01.469 --> 00:17:06.594

Pfizer vaccine, all of the research data was just made available this week.

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00:17:06.953 --> 00:17:18.354

So, in terms of having the education in order to encourage people to get the vaccine, we're just now getting all the information we need in order to compile that education

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00:17:19.163 --> 00:17:28.884

and there certainly will be significant public information campaigns and education in the city to encourage people to get vaccinated.

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00:17:28.884 --> 00:17:40.403

But at this time, and there are a number of folks from DC Health, who could correct me if I'm wrong at this time there is no intent to require the vaccine for anyone. I will say,

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00:17:42.058 --> 00:17:47.548

it will definitely be strongly encouraged

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00:17:47.548 --> 00:17:52.199

for everyone. We need to get to a point in this

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00:17:52.199 --> 00:17:56.939

in the city, in the country where

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00:17:57.653 --> 00:18:03.923

substantial enough proportion of people are vaccinated that we do reach that herd immunity in a safe way

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124

00:18:04.794 --> 00:18:16.733

and so that's going to require confronting people's feelings about getting vaccines and it's going to require a lot of education so that people understand the risks and benefits of the vaccine,

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00:18:17.249 --> 00:18:29.578

but at this time and I'll pause to see if there's any difference of opinion from DC Health, there is no plan to mandate a vaccine under any circumstance that I'm aware of at this time.

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00:18:32.519 --> 00:18:38.489 **Daryl Hawkins:**

Director Reese, that's correct. Currently, we don't have any plans to mandate vaccines at this time. Thank you.

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00:18:38.489 --> 00:18:51.713 **Andrew Reese:**

Thanks and there's a comment here, I don't think it's the question. The problem is that many staff live in Maryland and Virginia and that isn't considered for a vaccine doses being provided. You are absolutely right

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00:18:53.874 --> 00:18:59.394

and that doesn't just refer to our staff that refers to healthcare professionals generally

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00:19:00.298 --> 00:19:05.308

and it is an issue with how the allocation is determined, but

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00:19:05.308 --> 00:19:17.429

I do know that Mayor Bowser has been working on getting the District's allocation increased, but at this time we will get the amount that we get.

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00:19:21.324 --> 00:19:30.773 **Question:**



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So, last week someone the idea came up about preparing materials for people supported by DDA. Can we update you on the preparedness?

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00:19:31.523 --> 00:19:38.034 **Andrew Reese:**

The issue is there's not materials yet for anyone and so modifying those materials

133

00:19:39.598 --> 00:19:46.259

we have spoken with the people at DC Health that are

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00:19:46.259 --> 00:19:59.304

managing the distribution of the vaccine and so we will work as quickly as we can with them as they've produced materials to then make sure that those materials are accessible to all of our folks.

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00:19:59.693 --> 00:20:07.344

Unfortunately, like I said the information you need to really pull those materials together is only just now available.

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00:20:14.128 --> 00:20:23.249 **Question:**

Can IDS people stay in the Day Program building versus being in the community as before

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00:20:23.249 --> 00:20:27.023

noting that it's not safe out there and there are so many limitations.

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00:20:27.443 --> 00:20:42.413

Can they participate in activities in the building and have limited community outings?

Andy Reese: And I'm going to defer to Winslow on that about what's appropriate IDS versus other particular services the person could be doing.



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139

00:20:42.778 --> 00:20:55.979

Winslow you're speaking okay, there.

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00:20:55.979 --> 00:21:05.368 **Winslow Woodland:**

So, IDS is Community Based and it's to support a person's goal moving towards employment or a

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00:21:05.368 --> 00:21:08.699

interest in a Community Based

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00:21:08.699 --> 00:21:15.358

Programming within a building is Day Habilitation, so we have no plans of having IDS

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00:21:15.358 --> 00:21:21.358

being conducted in a Community Based building.

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00:22:26.249 --> 00:22:33.778 **Andrew Reese:**

So, I will defer the question to DC Health.

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00:22:33.778 --> 00:22:36.959

There was a question about

146

00:22:36.959 --> 00:22:51.509

screening people's temperature at the door in the winter, because the thermometers are giving very low readings because of the cold, any ideas how to go about this.

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00:22:51.509 --> 00:22:54.989



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Just anecdotally, I believe that

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00:22:54.989 --> 00:23:05.189

they give low readings when you're standing in the cold, and that those readings become quite accurate if you're just able to step inside. So, it seems to me

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00:23:05.189 --> 00:23:11.548

that just having a place immediately indoors and the person being screened might appreciate

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00:23:11.548 --> 00:23:19.439

if it gets really cold being screened in a safe indoor location where they have not sort of fully entered.

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00:23:20.064 --> 00:23:30.773

The DC Health folks might refer to this as a treatment area in a home. But, you know, where they've not really fully entered the home yet so that they can be screen before they really come in

152

00:23:31.463 --> 00:23:46.134

but if someone from DC Health could speak to how you get an accurate temperature reading without using an oral thermometer for this in their office or at least.

153

00:23:46.913 --> 00:23:57.773 **Daryl Hawkins:**

I think your suggestion is correct for no touch the monitors, it's going to be really difficult to get an accurate reading. If you're standing outdoors and it's winter time, I think it is appropriate for individuals to be able to step inside the home.



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154

00:23:58.104 --> 00:24:07.223

As long as in there are no person supported or other individuals within 6 feet of that entry way. I think that's appropriate.

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00:24:07.223 --> 00:24:21.804

And Additionally, DC Health is not necessarily say that you must use no touched thermometers. There are other temper portal thermometers as long as you appropriately clean and disinfect that's also appropriate and we do suggest having a backup thermometer in case

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00:24:21.804 --> 00:24:29.723

your thermometer isn't getting readings that don't make sense and then if any of my other colleagues from DC Health want to chime in. I think

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00:24:30.239 --> 00:24:41.038

and maybe they made have addresses it why was away, but, um, that's all and Director Reese. I go what you also already mentioned. Thank you.

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00:24:45.118 --> 00:24:55.528 **Nelson H:**

This is Nelson, I think we talked about this last week I think this is one of those operational questions and, you know, you kind of need to do what's necessary to get an accurate reading for the method

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00:24:55.528 --> 00:24:57.203

and which you're taking the temperature,

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00:24:57.203 --> 00:24:57.594

so,

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00:24:57.594 --> 00:25:00.983

if you know that you're using a touch list system



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162
00:25:00.983 --> 00:25:03.084
and it's not giving an accurate reading,

163
00:25:03.384 --> 00:25:07.104
then you either need to modify the environment that you're testing it in

164
00:25:07.104 --> 00:25:08.604
or use a different method,

165
00:25:08.933 --> 00:25:10.703
which is what I think Daryl is speaking to.

166
00:25:14.784 --> 00:25:26.544 **Questions:**
So, someone has a question. Will providers have to show evidence that they have encouraged a person supported to get the vaccine, as well as that they have encouraged their staff to do so?

167
00:25:26.544 --> 00:25:33.354 **Andrew Reese:**
We will certainly be following up in terms of the people we support

168
00:25:33.354 --> 00:25:46.463
and whether all of them have received a vaccination, so evidence that it's been encouraged, there will be conversations in instances where it's not being administered. It is my,

169
00:25:48.263 --> 00:26:00.564
I'll defer to Winslow so after I've already said that, but I'll defer to Winslow about the steps that Health and Wellness will take. In terms of the staff, I think as we move forward



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00:26:00.804 --> 00:26:06.713

that'll just be sort of an ongoing discussion we're going to need to have as we see

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00:26:07.199 --> 00:26:10.528

kind of the percentage of staff that

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00:26:10.528 --> 00:26:23.759

are interested in being vaccinated and the extent to which that does begin to create an issue of risk for the people we support or for your other staff.

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00:26:27.328 --> 00:26:33.898

And Winslow, maybe you could speak on steps Health and Wellness will take regarding each of the people that they're assigned to.

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00:26:33.898 --> 00:26:37.588 **Winslow Woodland:**

So, Health and Wellness pre-

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00:26:37.588 --> 00:26:44.548

public health emergency did monitor immunizations that were recommended and or required by

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00:26:44.548 --> 00:26:51.088

primary care physicians and recommendations from the CDC, so what we would do is we would

177

00:26:51.088 --> 00:27:04.919

established likely a tracking system to know of those supported who has had the vaccine and I don't believe we would be tracking staff in Health and Wellness, but

178

00:27:04.919 --> 00:27:09.209



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it would be proven to know who has received it. Actually.

179

00:27:09.209 --> 00:27:17.634

So, we will be track on that.

Andrew Reese: So, there's a question here and I know Winslow you were talking to DC Health

180

00:27:17.634 --> 00:27:25.794

about vaccines this week.

Question:

In preparation for immunization program DC Health asked for provider agreement.

181

00:27:26.219 --> 00:27:29.729

Will this be used for distribution of vaccinations?

182

00:27:29.729 --> 00:27:34.078 **Winslow Woodland:**

So, in speaking to DC Health about this issue

183

00:27:34.078 --> 00:27:38.909

as many of you may have read or seen in news reports.

184

00:27:38.909 --> 00:27:52.528

The initial vaccine requires refrigeration. Um, I believe it's like 80 degrees below 0. So, in discussion with the nurse who's on the committee, the vaccine committee

185

00:27:52.528 --> 00:28:01.259

the initial doses will likely be distributed and facilities such as location designated, and I believe

186



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00:28:01.259 --> 00:28:04.318
that will be

187
00:28:04.318 --> 00:28:09.778
the designated hospitals who had the capacity to store the vaccine correctly.

188
00:28:09.778 --> 00:28:15.179
And, um, I don't know if Ms. Stringfield is on the line, but

189
00:28:15.179 --> 00:28:20.788
if she is, then if we can unmute her, she probably could speak to it a little more

190
00:28:20.788 --> 00:28:26.459
appropriately than I can. Is Caryn Stringfield on the line? She's probably not, okay.

191
00:28:29.278 --> 00:28:37.798 **Andrew Reese:**
We may want to if it's possible invite her for next week, if that's something she's able to do.

192
00:28:37.798 --> 00:28:44.249 **Winslow Woodland:**
Yeah, I know they are doing field visits so she may be out in the community.

193
00:28:45.358 --> 00:28:55.798 **Andrew Reese:**
And as a reminder to people, people have typed it in the chat box. But when you do the drop down if you're typing in a question to everyone

194
00:28:55.798 --> 00:29:02.729
is down on the list a little bit when you first open up the drop box

195
00:29:02.729 --> 00:29:09.358
you may see all attendees and think you've sent it to everyone. It



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196

00:29:09.358 --> 00:29:15.989

Oh, wonderful. She, Caryn Stringfield is

197

00:29:15.989 --> 00:29:20.608

She says she's in the chat so if people do questions.

198

00:29:20.608 --> 00:29:25.679 **Kirk Dobson:**

I am trying to move her over Director Reese.

Andrew Reese: Wonderful, Thank you.

199

00:29:38.969 --> 00:29:44.338 **Kirk Dobson:**

It's not really allowing me to do it, but I'm doing my best.

200

00:29:46.378 --> 00:29:49.528

Okay, Caryn should be good to talk now.

201

00:29:54.503 --> 00:30:00.834 **Caryn Springfield:**

Hi, this is Caryn I am sorry I was out for a while. Winslow

202

00:30:00.834 --> 00:30:12.324

you do have it correct the initial doses that will be distributed will be ones that require the obstacle storage.

203

00:30:13.433 --> 00:30:13.854

So,

204

00:30:13.854 --> 00:30:17.243

due to just the unstable nature of it



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205

00:30:17.243 --> 00:30:28.614

those will have to be stored in facilities that have the capacity to have that obstacle storage so that the vaccine will be stored correctly.

206

00:30:29.064 --> 00:30:35.003

I'm sorry if I missed another question related to the vaccine.

207

00:30:36.239 --> 00:30:42.598 **Andrew Reese:**

Well, people were just asking a couple of things one about

208

00:30:43.884 --> 00:30:51.384

given the low number of vaccines that we will be receiving what impact might that have on the number of

209

00:30:51.864 --> 00:31:02.334

the people supported by DDA both the people supported and the staff who work with them in terms of where they will fit in priority for getting a vaccine.

210

00:31:03.503 --> 00:31:03.953 **Caryn Stringfield:**

Well,

211

00:31:03.983 --> 00:31:06.923

our plan is to still within that phase 1A

212

00:31:06.923 --> 00:31:07.253

213

00:31:07.253 --> 00:31:12.834

to be able to administer the vaccine to all the healthcare providers



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214

00:31:12.834 --> 00:31:25.913

including those DSPs who are license in the congregate settings to make sure that both the employees and the clients of persons are vaccinated.

215

00:31:27.354 --> 00:31:41.604

It's not a one stop shop so the vaccine will keep coming even though our initial supply is very limited, but we want to ensure people that they are going to be accounted for

216

00:31:41.604 --> 00:31:45.144

and we do want to make sure that everybody is vaccinated.

217

00:31:45.144 --> 00:31:59.003

It may not be in the first week that the vaccine is out, but we do plan on the subsequent shipments to the various pharmacies to make sure that everybody is accounted for.

218

00:32:00.598 --> 00:32:08.038 **Andrew Reese:**

So, when you say in congregate settings at DDA, we have

219

00:32:08.364 --> 00:32:11.183

people in Intermediate Care Facilities,

220

00:32:11.183 --> 00:32:13.074

which are clearly congregate settings,

221

00:32:13.314 --> 00:32:14.124

Residential Habilitation

222

00:32:14.933 --> 00:32:25.824

which are slightly smaller congregate settings, but then we have people who are in Supported Living and we have people who are living in their Natural Homes.



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223

00:32:27.298 --> 00:32:37.588

Living in your Natural Home, not a congregate setting, but level of risk may be the same. So, who all in those four categories is?

224

00:32:37.588 --> 00:32:41.939

Sorry to put you on the spot.

225

00:32:43.554 --> 00:32:57.864 **Caryn Stringfield:**

So, in that, in our meetings we do plan for initially the ICF, the clients and the staff the whole team is aware of what we call our CRF. I think you call them Residential Habilitation right.

Andrew Reese: Right.

226

00:32:58.644 --> 00:33:11.034 **Caryn Stringfield:**

Okay. So, the CRS they are aware that there are congregate settings and also staff that are in those facilities as well. We have

227

00:33:11.699 --> 00:33:15.772

pretty much outlined all the staff and both of those in the CRF

228

00:33:16.493 --> 00:33:29.364

and ICF for supporting Supported Living there is a little bit of complication and just basically getting the number of people

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00:33:29.394 --> 00:33:31.973

the staff that's going in and out and expect

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00:33:31.973 --> 00:33:36.564

and also, in the Natural Homes one

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00:33:36.564 --> 00:33:36.713



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is,

232
00:33:36.713 --> 00:33:40.884
is that we want to make sure that staff and clients,

233
00:33:41.153 --> 00:33:41.544
hopefully,

234
00:33:41.544 --> 00:33:44.094
maybe they can be vaccinated together.

235
00:33:44.094 --> 00:33:57.564
So, if you think about just being able to get around to the different facilities and things like that, the logistics of working out the different locations with a limited supply, we do have to make some prioritization.

236
00:33:57.564 --> 00:33:58.223
So that's why

237
00:33:58.223 --> 00:34:05.394
for right now we're focusing more on the ICF and CRF not to leave out those other settings,

238
00:34:05.574 --> 00:34:14.094
but just to make sure that we're creating a framework so that we can build a plan.

239
00:34:14.094 --> 00:34:17.003
So that everybody, at some point, you'll get vaccinated.

240
00:34:17.579 --> 00:34:23.789 **Question:**



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And there's a question it says DSPs. Will they get vaccinated where they live

241

00:34:23.903 --> 00:34:38.423

or where they work?

Andrew Reese: And my understanding it's based on where they work.

Caryn Stringfield: Correct. Our plan for DC Health for the corporate vaccine task force. Our plan is to actually base our numbers on the workforce.

242

00:34:38.423 --> 00:34:52.914

We understand that there are so many people that are working and that are not necessarily residents and that's why DC is so unique because it does is not just for healthcare.

243

00:34:52.914 --> 00:34:56.634

It's for people that work in government for people that work in all types of settings.

244

00:34:56.873 --> 00:35:09.204

So even though we planned for vaccinating the workforce, in addition to the residents and the patients and the clients that is still our plan going forward

245

00:35:09.204 --> 00:35:18.353

and that's why we had to make some modifications with just the distribution because of the low number of doses that we'll get initially.

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00:35:18.623 --> 00:35:29.634

But again, the plan is to make sure that each person that lives and works in DC, especially in those ICF and CRF will be accounted for with the vaccine.

247

00:35:31.259 --> 00:35:39.208 **Andrew Reese:**

Next there's a question, and I'm not sure who can answer it regarding CRIS.



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248

00:35:39.208 --> 00:35:51.478 **Question:**

What part of a person's identification is used to trigger CRIS notification some COVID testing sites don't ask for a Medicaid number or a full social security number.

249

00:35:52.463 --> 00:35:53.003 **Winslow Woodland:**

So,

250

00:35:53.003 --> 00:35:54.983

I answer this question privately,

251

00:35:54.983 --> 00:36:05.244

but it may benefit others to know that DDS gets daily reports to include Saturday and Sunday of CRIS reports and the CRIS report

252

00:36:05.634 --> 00:36:05.963

uh,

253

00:36:05.994 --> 00:36:11.184

just has the person's name the person's address and the

254

00:36:12.028 --> 00:36:19.048

Provider, their telephone number and I'm looking at it right now it does not require a Medicaid number.

255

00:36:19.048 --> 00:36:22.228

It does not require a social security number.

256

00:36:23.693 --> 00:36:32.724 **Kirk Dobson:**

If I could add to that Winslow, so everyone that we support is automatically match into the CRS database. And so we, that's how it's that's how the records are matched.



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257

00:36:32.903 --> 00:36:41.423

So, as long as they give their name, address or anything that was just said that it's automatically linked to us. So, everyone that we support is matched in CRIS.

258

00:36:41.849 --> 00:36:46.048 **Andrew Reese:**

Depending on when the healthcare provider enters it.

259

00:36:46.048 --> 00:36:49.168 **Kirk Dobson:**

Yes, yeah.

260

00:36:50.548 --> 00:36:54.898 **Andrew Reese:**

Because it is an evolving system, it seems to me, I mean

261

00:36:56.278 --> 00:36:59.818

different health systems

262

00:36:59.818 --> 00:37:11.429

have more real time reports in CRIS. I'm sorry there's a question. **Question:** What is CRIS?

And I do apologize. Oh, sorry.

263

00:37:11.429 --> 00:37:16.469 **Winslow Woodland:**

The CRIS is the Chesapeake Regional Information

264

00:37:16.469 --> 00:37:19.498

System (CRIS) and it's a

265

00:37:19.498 --> 00:37:22.918



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health and well Morgan typed it in and I'm kind of

266

00:37:22.918 --> 00:37:29.039

ad-libbing off her answer, but essentially what it allows, what CRIS allows

267

00:37:29.039 --> 00:37:39.628

healthcare workers and now DDA to be able to look into a medical database of real time records,

268

00:37:39.628 --> 00:37:40.259

Um,

269

00:37:41.273 --> 00:37:45.954

diagnostic procedures and documentation of people's experience in ER

270

00:37:46.434 --> 00:37:52.884

and while their hospitalized that so essentially if one of the people we support goes into the hospital and

271

00:37:52.974 --> 00:37:55.373

we need to know real time information.

272

00:37:55.673 --> 00:38:06.983

We found that in Natural Homes, people were going to the hospital and the family would not let us know we may have had we did actually have someone who went into the hospital in May

273

00:38:07.259 --> 00:38:07.858

Um,

274



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00:38:07.974 --> 00:38:12.083

the Service Coordinators have monthly contact with their family

275

00:38:12.083 --> 00:38:24.083

and it took over a month for us to know that that person was in the hospital and actually had expired, because families are educated on the need to communicate with us,

276

00:38:24.083 --> 00:38:24.353

but

277

00:38:24.659 --> 00:38:28.440

there are times when they don't.

278

00:38:29.489 --> 00:38:43.110 **Question:**

Um, there's a question here and I don't know if anyone's able to respond to this. Can you speak to allergic reactions that people have had? I know we've heard this in the news recently regarding the vaccine?

279

00:38:44.489 --> 00:38:50.880 **Andrew Reese:**

And I don't know if we have anyone who has that expertise.

280

00:38:54.150 --> 00:38:59.219

This is why I'm saying the public information about the vaccine trials

281

00:38:59.219 --> 00:39:08.309

came out yesterday and so, you know, as the informed consent are being developed

282

00:39:08.309 --> 00:39:14.340

So, people are learning right now,

283



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00:39:14.340 --> 00:39:19.139
but I don't think any there's, it's

284
00:39:19.139 --> 00:39:28.019
good the vaccines.

285
00:39:28.019 --> 00:39:37.409
Will they come to the home? I think what we said is that no, there'll be a place identified, but Caryn perhaps you could

286
00:39:37.409 --> 00:39:42.840
address that.

287
00:39:47.940 --> 00:39:53.309 **Winslow Woodland:**
As, um, Caryn is, uh

288
00:39:53.309 --> 00:40:00.449
coming, it should be noted so everyone on the call knows that DDA does have

289
00:40:00.449 --> 00:40:03.900
Uh, settings that are in the State of Maryland

290
00:40:03.900 --> 00:40:12.510
and we will not be able to administer the vaccine to the people who live in Maryland. So, at this time

291
00:40:12.510 --> 00:40:18.210
there is no plan for them to receive a complete parts of the allocation

292
00:40:18.210 --> 00:40:23.309



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that is coming to us, so we are working out how that will

293

00:40:23.309 --> 00:40:29.400

Um, likely they will be eligible to receive the vaccine in the State of Maryland where they're living,

294

00:40:30.510 --> 00:40:34.559

but that's on the forefront of discussions we're at.

295

00:40:38.219 --> 00:40:44.190 **Question:**

And there's a question of How were people supported by DDS and their staff be treat it

296

00:40:44.190 --> 00:40:48.000

with regards to the vaccine?

297

00:40:48.000 --> 00:40:56.550 **Winslow Woodland:**

Just as was stated before they are going to be prioritized based on living and settings

298

00:40:56.550 --> 00:41:02.699

that are licensed and we're working diligently to ensure that people in Supported Living settings

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00:41:02.699 --> 00:41:06.659

are included in that initial distribution

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00:41:06.659 --> 00:41:10.440

and their staff will be considered frontline workers.

301

00:41:12.420 --> 00:41:18.869 **Andrew Reese:**

Well, they're considered healthcare workers, right? Because they're in the category 1A.



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302

00:41:18.869 --> 00:41:22.019 **Winslow Woodland:**
I'm sorry, not frontline, but healthcare. Yes.

303

00:41:22.019 --> 00:41:32.400 **Question:**
And that leads into the next question, which says, When should staff working in a Day Program setting expect to get the vaccine? **Andrew Reese:** And I would expect they will be with that later

304

00:41:32.400 --> 00:41:46.710
that includes the kinds of workers who come in contact with people, you know, I haven't the breakdown has not been to that degree, although Caryn may,

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00:41:46.710 --> 00:42:00.239
if Caryn is available, she could tell us whether Day Program like adult day folks are considered in where they're considered based out my recollection. I thought they were like 1B, but

306

00:42:01.349 --> 00:42:10.230 **Winslow Woodland:**
Yeah, they I believe you're correct Director Reese

307

00:42:10.230 --> 00:42:14.190
based on the chart that I saw yesterday.

308

00:42:15.750 --> 00:42:27.690 **Question:**
So, once the vaccine is taken out of cold storage, how long do we have to give it?

309

00:42:29.190 --> 00:42:44.099 **Andrew Reese:**
I don't think that we will be giving it so from what I heard Caryn saying, and unfortunately, it seems there's some connection issues right now for her from what I heard her saying and Winslow



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310

00:42:44.099 --> 00:42:58.079

correct me if I'm wrong, because I know you and she had been talking a lot this week there will be locations identified with the Pfizer vaccine where people will go to get the vaccine. Correct? **Winslow Woodland:** That is correct.

311

00:42:58.079 --> 00:43:02.070 **Andrew Reese:**

Because this is having to be in cold storage.

312

00:43:02.485 --> 00:43:03.054 **Winslow Woodland:**

Correct

313

00:43:17.335 --> 00:43:17.724 **Kirk Dobson:**

Caryn

314

00:43:17.724 --> 00:43:18.864

you are unmuted.

315

00:43:19.494 --> 00:43:23.275

So, I think it's just something on your end with your microphone.

316

00:44:02.789 --> 00:44:11.369 **Andrew Reese:**

Yeah, Webex is becoming the least favorite of platforms.

317

00:44:37.135 --> 00:44:44.454 **Winslow Woodland:**

Caryn's response is that there's a plan later on to be partnering with pharmacies to administer the vaccines.

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00:44:44.760 --> 00:44:48.150

Thanks Caryn.

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319

00:45:30.264 --> 00:45:44.304 **Andrew Reese:**

So, Caryn says, hopefully clients and staff will be vaccinated in the facility. So, you mean that hopefully someone will go to the facility with vaccine or how would that work? Exactly.

320

00:46:05.275 --> 00:46:12.625 **Andrew Reese for Caryn Stringfield:**

Yes, there will be someone who will go to the facility with vaccine. So, I assume that plan to partner

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00:46:12.929 --> 00:46:19.409

facilities with pharmacies will then facilitate that

322

00:46:19.409 --> 00:46:22.619

ability to send someone to a facility.

323

00:46:31.679 --> 00:46:36.809

Hopefully the exactly as time with what I just said. So, um.

324

00:46:39.054 --> 00:46:51.864 **Question:**

So, here's a person who plans and I'm going to defer please to DC Health on this. Someone plans to have their son over for Christmas for a couple of days. He lives in a Supported Living placement with two other people.

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00:46:52.344 --> 00:46:54.054

What is the protocol

326

00:46:54.420 --> 00:46:59.099

before he comes, while he's here and when he returns?

327



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00:47:00.239 --> 00:47:13.829 **Kirk Dobson:**

I think Daryl stepped off. Can you say that one more time Director Reese? I apologize.

328

00:47:13.829 --> 00:47:19.050 **Andrew Reese:**

Yeah, so someone is in a Supported Living placement, which is

329

00:47:19.050 --> 00:47:28.170

shared living, he lives with two roommates and their staff there and he's planning to spend Christmas with his family.

330

00:47:28.170 --> 00:47:34.704

His placement is here in DC, his family is here in DC or the close in suburbs. So, we don't have a travel issue.

331

00:47:35.724 --> 00:47:44.155

What would be the best protocol for before he goes, when he's there and when he returns to the placement.

332

00:47:46.050 --> 00:47:51.090 **Winslow Woodland:**

I would hope that the plan is

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00:47:51.090 --> 00:47:54.090

one that is solid in terms of

334

00:47:54.385 --> 00:48:08.875

ensuring that the family understands the necessity to practice good mitigation strategies within their home to include understanding that their loved one lives with people who might likely may be vulnerable.

335

00:48:09.744 --> 00:48:14.184



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I think it should be based off of the recommendation of the primary care physician

336

00:48:14.519 --> 00:48:24.090

for that person and I'm saying that, because I don't know much about the person and I also don't know the vulnerabilities of the roommates, but

337

00:48:24.090 --> 00:48:30.659

as long as people are practicing good hand hygiene, socially

338

00:48:30.659 --> 00:48:39.900

expanse socially distance and wearing the appropriate mask, um, in appropriate settings to, to meet the staff.

339

00:48:39.900 --> 00:48:53.760

You know, I think the plan just have to be thoughtful. I don't expect that the person would need to quarantine and isolate if that's the genesis for the question when they come back, but I will defer to DC Health on that.

340

00:48:55.559 --> 00:49:01.949 **Nelson H.**

So, I'm not sure that we have quite enough information from what you've said as

341

00:49:01.949 --> 00:49:12.420

it was just stated to make it an accurate recommendation on that. If that person whoever asked that question, wants to connect with us offline, we can do that.

342

00:49:13.284 --> 00:49:26.034

But while I will say is, you know, we are definitely not encouraging folks to go and spend time with those outside of their own household for the holidays.



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343

00:49:27.114 --> 00:49:37.434

So, if this person is going to their family's house, who they do not live with, that's definitely something that is not necessarily recommended

344

00:49:38.724 --> 00:49:53.155

and very careful stringent mitigation techniques need to be used to make sure that when the individual returns to their home

345

00:49:53.155 --> 00:49:55.164

that everyone is safe and protected.

346

00:49:55.164 --> 00:49:59.005

And so, I think the best thing is, that's actually, it's just a very specific question.

347

00:49:59.005 --> 00:50:11.485

I think if they want to reach out to either Daryl or myself offline, we'll be happy to discuss some more details and then come up with a solid recommendation for that question.

348

00:50:11.909 --> 00:50:17.849 **Andrew Reese:**

Because I'd also be curious currently whether there's visitation occurring already

349

00:50:17.849 --> 00:50:22.110

and what kinds of measures are being taken. So, I am

350

00:50:22.110 --> 00:50:35.309

jumping off now, because I need to go to another meeting, but clearly you all are in good hands and the folks here will answer any subsequent questions. I'll talk with everyone next week and have a good weekend Everyone.

351

00:50:36.420 --> 00:50:44.610 **Winslow Woodland:**



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So, Nelson could you put your contact information in the chat box if you would.

352

00:50:44.610 --> 00:50:47.639 **Question:**

There's a question, people will be required to quarantine at the vaccination

353

00:50:47.639 --> 00:50:53.670

for monitoring or is it just the specified 15 minutes observation?

354

00:50:53.670 --> 00:50:58.500 **Winslow Woodland:**

That will be required and that is a very good question. Um.

355

00:50:58.500 --> 00:51:01.559

Have not received any

356

00:51:01.559 --> 00:51:06.030

Uh, information on the vaccine with regard to

357

00:51:06.030 --> 00:51:16.440

the administration and post monitoring. I don't believe you would need to quarantine, but I will again defer to my colleagues at DC health on that one, because

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00:51:16.440 --> 00:51:23.849

I believe they would likely have the more current knowledge on that vaccine as it is new and its requirement.

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00:51:23.849 --> 00:51:30.389

post administration, but then, I don't know if Caryn is still on the line to be able to answer that question

360

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00:51:36.780 --> 00:51:40.469

and if she probably would be chatting so I'll go to the next one.

361

00:51:40.469 --> 00:51:50.429 **Question:**

Um, so is Mr Winslow saying, DDA funded people living in Maryland will not be counted on the allocation.

Winslow Woodland: That is exactly

362

00:51:50.429 --> 00:51:53.429

the answer

363

00:51:53.429 --> 00:51:57.960

and that came to me from speaking with the

364

00:51:57.960 --> 00:52:04.349

DC Health staff who are all on the committee

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00:52:04.349 --> 00:52:07.679

supporting this vaccine effort.

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00:52:07.679 --> 00:52:15.300

Interesting point of reference is that 95% of all registered nurses

367

00:52:15.300 --> 00:52:18.900

who practice in the District of Columbia,

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00:52:18.900 --> 00:52:24.840

actually live in Maryland and Virginia and they will be receiving vaccines

369



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00:52:24.840 --> 00:52:31.889

that will be administered to them by out of the District of Columbia allocation.

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00:52:31.889 --> 00:52:36.329

As well as likely most of the staff the DSP's who

371

00:52:36.329 --> 00:52:47.699

work with people who are residing the District that we support will be receiving a vaccine in the District of Columbia. So,

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00:52:47.699 --> 00:52:55.079

it is sort of a tricky kind of balance. We have people that we support that live in another state

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00:52:55.079 --> 00:52:58.829

that I think is going to be getting about 300,000 doses

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00:52:58.829 --> 00:53:03.150

and those people because of their location

375

00:53:03.150 --> 00:53:09.329

will be eligible for those vaccines from what my understanding is and people who live in the state,

376

00:53:09.329 --> 00:53:13.199

but work in the District will be getting District of Columbia

377

00:53:13.199 --> 00:53:16.829

allocate the vaccinations and those are decisions that are

378

00:53:16.829 --> 00:53:26.789



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above my scoping authority I think, but I know will be. I was on a call with the Health Directors around the country

379

00:53:26.789 --> 00:53:34.739

who support people living with ID. This is not common just to the District of Columbia, because many states border

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00:53:34.739 --> 00:53:38.190

and people who live in one state working in another state.

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00:53:38.190 --> 00:53:50.369

So, there are serious discussions about how to manage that, because the District is going to have a significant draw on its allocation, because I don't know if people where most of the First Responders in the District

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00:53:50.369 --> 00:53:53.969

don't live in the District and again, I'll say most of the nurses who

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00:53:53.969 --> 00:54:05.340

practice in the District don't live in the District, but we have to ensure that because they serve the population within the District of Columbia that they are in fact

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00:54:05.340 --> 00:54:13.800

getting these vaccines. So, it is

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00:54:13.800 --> 00:54:20.909

about one o'clock and I have to follow Director Reese to that meeting that he's currently,

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00:54:20.909 --> 00:54:30.570

hopefully already in. I'll stay for a couple of more minutes if people have any questions that I can answer in the next 3 to 5 minutes.



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387

00:54:46.855 --> 00:54:54.655 **Crystal Thomas:**
So, there's a question in regard to insurances.

Question: Will people supported be expected to use their insurance?

388

00:54:56.250 --> 00:55:01.980 **Winslow Woodland:**
For my understanding, this vaccine is going to be free and I will defer

389

00:55:01.980 --> 00:55:03.715
again, to my colleagues in DC Health.

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00:56:15.329 --> 00:56:21.269
All right, so we have a break in questions, so I will just say

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00:56:21.269 --> 00:56:25.920
everyone stay safe. Have a great rest of your day and have a safe weekend.

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00:56:25.920 --> 00:56:30.840
Follow the guidelines to mitigate this vaccine. Stay safe.

393

00:56:30.840 --> 00:56:35.070
Goodbye.