



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

WEBVTT

1
00:00:00.000 --> 00:00:04.378 **Andrew Reese:**
The Director of the Department on Disability Services.

2
00:00:04.378 --> 00:00:08.640
As always, I will

3
00:00:08.640 --> 00:00:11.999
begin with our

4
00:00:11.999 --> 00:00:18.419
data. Let me begin actually by sharing the data so that,

5
00:00:19.980 --> 00:00:27.600
Silence.

6
00:00:29.875 --> 00:00:30.475
okay

7
00:00:30.475 --> 00:00:39.924
so far, we have had 398 people who have tested positive for
coronavirus,

8
00:00:39.924 --> 00:00:41.125
as I've said

9
00:00:41.125 --> 00:00:44.335
and this includes 2 people who



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

10
00:00:44.335 --> 00:00:44.755

11
00:00:44.755 --> 00:00:48.384
both of whom tested positive twice.

12
00:00:52.945 --> 00:01:06.594
Both tested positive in April, one then subsequently tested positive in December and the other one in January. In the month of January, we had 55 people who tested positive which

13
00:01:07.590 --> 00:01:11.219
is the highest number we have had since April.

14
00:01:12.659 --> 00:01:16.829
I'm hopeful we will start to see that

15
00:01:16.829 --> 00:01:28.260
begin to go down, as we've seen in the city and the country. It does seem that the numbers are beginning to go back down.

16
00:01:29.310 --> 00:01:43.709
So, by provider type: In Host Homes we have had 6 people test positive and Intermediate Care Facilities (ICFs) 111, in Mental Health Facilities one,

17
00:01:43.709 --> 00:01:47.400
in Natural Homes 48,

18
00:01:47.400 --> 00:01:53.640
in Nursing Homes two, in Out-of-State placement four,



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

19

00:01:54.084 --> 00:02:06.055

and in Residential Habilitation 34, and in Supported Living 192. And just as a reminder there is the graph on the left that shows for each of those placement types

20

00:02:06.055 --> 00:02:15.175

the percentage of people, the numbers of people supported by DDA in each different placement type

21

00:02:15.775 --> 00:02:27.474

because I've said before, even though 192 people represents a significant percentage of the people who have tested positive, they also represent a significant people that are supported by DDA.

22

00:02:33.840 --> 00:02:48.539

So, if we look at infection rate and death rate, by placement type for our major placement types of the 111 people in ICFs that represents

23

00:02:48.539 --> 00:02:59.094

about 37% infection rate, so 37% of people in ICFs, of those people in ICFs who have contract COVID 18% have died

24

00:02:59.094 --> 00:03:12.655

subsequently, however, to date only 10.8% of those have been confirmed as COVID related. We are still talk about this later. We're still awaiting the final

25

00:03:17.400 --> 00:03:20.430

cause of death for a number of people.



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

26

00:03:20.430 --> 00:03:34.319

Within Natural Homes of the 48 people who've tested positive, this represents about 5.15% of the people who are in Natural Home placements,

27

00:03:34.319 --> 00:03:48.210

and of those 48 people who have tested positive there have been five who have died from COVID all of which are confirmed as COVID related, representing about 10% of the people who

28

00:03:48.210 --> 00:03:56.580

had COVID. In Residential Habilitation we have seen an infection rate of 30.9%,

29

00:03:56.580 --> 00:04:00.240

representing 34

30

00:04:00.240 --> 00:04:12.509

people and of those 34 people, three have subsequently died, two of those to date had been confirmed as COVID related, so that the

31

00:04:13.615 --> 00:04:26.095

death rate from confirmed COVID is 6.25% and overall, for people supported by DDA we have had, as I said, 398 people who have tested positive which represents about 16.56% overall.

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00:04:32.994 --> 00:04:46.374

Of those, we have had 46 deaths however, only 33 have been confirmed as COVID related, representing a death rate of people with COVID supported by DDA of 8.29%.

33



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

00:04:50.189 --> 00:04:56.309

So, if we look at COVID-19 by placement type.

34

00:04:57.473 --> 00:05:11.903

Over time in ICFs in January, we had nine which is way up from December when there were none and what we actually see over time in the fall, in November

35

00:05:11.903 --> 00:05:21.504

we saw spike in ICFs as well. In our congregate settings when a person test positive, we are seeing outbreaks within the setting.

36

00:05:22.858 --> 00:05:34.079

And so, in Residential Habilitation Facilitates we've had one person in January and Supported Living 34,

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00:05:34.079 --> 00:05:37.949

and in Natural Homes 11, and so the

38

00:05:37.949 --> 00:05:43.079

biggest increase we've seen have been in Supported Living and Natural Homes.

39

00:05:44.189 --> 00:05:50.038

Of the people who required inpatient treatment

40

00:05:51.869 --> 00:05:56.548

for COVID in January it was nine people.

41

00:05:56.548 --> 00:06:05.848

Overall, it's been 137 and there are currently four people who are still in the hospital

42



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

00:06:05.848 --> 00:06:09.718
including someone who is in Long Term Care who's

43
00:06:09.718 --> 00:06:15.178
getting rehabilitation before being able to transition back home.

44
00:06:17.124 --> 00:06:19.793
People diagnosed with COVID who subsequently died,

45
00:06:19.793 --> 00:06:20.244
as I said,

46
00:06:20.244 --> 00:06:21.593
there have been 46,

47
00:06:21.593 --> 00:06:24.894
including two people who had COVID,

48
00:06:24.894 --> 00:06:35.004
Who have had COVID who died in January neither one of those on the next slide is listed as a COVID related death

49
00:06:35.004 --> 00:06:49.884
yet. We're awaiting confirmation from Office of the Chief Medical Examiner (OCME) on six out of the 46 deaths and seven we've gotten confirmation that excluded COVID as the cause of death. Of the two who died in January

50
00:06:49.884 --> 00:06:55.254
one of them had COVID all the way back in April the other one in August.

51
00:06:55.254 --> 00:07:08.064



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COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

They had both recovered from COVID so, while we're including them here in terms of people who've been diagnosed to have confirmed COVID to date that's 33 people

52

00:07:08.064 --> 00:07:10.343
and as I said,

53

00:07:11.848 --> 00:07:20.548
there are six where we are still awaiting confirmation for the final cause of death from the Officer of the Chief Medical Examiner.

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00:07:22.673 --> 00:07:36.892
And then among our provider staff, we have had 619 provider staff test positive for COVID, 45 of these staff worked for more than one provider agency and sadly, ten of the staff have died from COVID.

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00:07:49.408 --> 00:07:53.038

56

00:07:55.199 --> 00:08:00.329
So, just by way of an announcement,

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00:08:00.329 --> 00:08:08.548
we have some upcoming.

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00:08:08.548 --> 00:08:15.658
As people may be aware, we, I expect your aware. So, we have our

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00:08:15.658 --> 00:08:24.598
Rights and COVID discussion which has occurred amongst all of our DDS that all of our DDA

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00:08:25.283 --> 00:08:26.334



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

Service Coordination

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00:08:26.334 --> 00:08:29.663

staff as well as many of our provider staff

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00:08:30.024 --> 00:08:40.613

and we also worked with some folks to develop that PowerPoint so that we could also have the discussions with people we support and their family members

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00:08:41.094 --> 00:08:43.703

and so those sessions are coming up.

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00:08:44.339 --> 00:08:50.639

So, the Assuring Rights, the discussion for people supported by DDA,

65

00:08:54.413 --> 00:09:00.714

session one occurred yesterday. We have a session next Thursday from 2:30 to 4:00,

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00:09:00.714 --> 00:09:11.124

it's on Zoom and we have a session on Friday, February 19th also from 2:30 to 4:00 and that is also on Zoom.

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00:09:16.739 --> 00:09:21.658

And then for families

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00:09:21.658 --> 00:09:24.658

and supporters of people,

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00:09:24.658 --> 00:09:29.849

we will be having a session on Monday from 10:00 to 11:30



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

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00:09:29.849 --> 00:09:37.889

and that's on Zoom, a session on Friday 15th from 10:00 to 11:30,

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00:09:37.889 --> 00:09:43.589

on Tuesday the 19th and on Friday.

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00:09:43.589 --> 00:09:56.188

Oh, I'm very sorry I get a little confused, times going by really fast. So, our last session is this coming Monday, February the 8th from 10:00 to 11:30.

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00:09:57.389 --> 00:10:08.729

and perhaps Crystal, someone could put in the chat. Exactly how people go about registering for these, because I can't copy from the document I have.

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00:10:11.099 --> 00:10:24.599

As a reminder to people, if you have questions, please type them in the chat. Please remember to scroll all the way to the bottom of the chat

75

00:10:24.599 --> 00:10:27.958

and type your question to everyone.

76

00:10:27.958 --> 00:10:32.999

When I open a chat, it defaults

77

00:10:32.999 --> 00:10:42.869

to all attendees and if you type it there, I won't see your question but everyone else everyone who's listening

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00:10:42.869 --> 00:10:50.999



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

but not able to respond to your question will be seeing it so please type your question to everyone so that we can see it and respond to it.

79

00:10:53.333 --> 00:11:04.283 **Question:**

Is there a timeline for the second dose for the vaccine for people we support?

Andrew Reese:

And I'll just say so, once again this week we are very happy. I'm very happy to have

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00:11:04.283 --> 00:11:12.474

and I think all of our folks here are because they've been very helpful in this to have staff from DC Health join us to respond to questions.

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00:11:12.474 --> 00:11:22.644

So, I think Caryn Springfield with DC Health, who is working on, who has worked with DDS on coordination, coordinating vaccine. So far

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00:11:23.158 --> 00:11:36.869

could respond to this. Is there the timeline for the second dose for the people we support, and I assume that question is related to the approximately 130 people who got their first dose last week? Caryn

83

00:11:37.313 --> 00:11:50.693 **Caryn Stringfield:**

Yes, hi everybody, the short answer is yes, with the Moderna vaccine the timeline for the second dose is 28 days give or take about three days plus or minus.

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00:11:50.693 --> 00:11:55.583

So, we're looking at the week of February 21st

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00:11:56.818 --> 00:12:08.278



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

so, more information on that coming the layout will pretty much be exactly the way it was before where

86

00:12:08.278 --> 00:12:22.438

those who have received the first dose will sign up for an appointment to receive their second dose and we will block off that time at the Kenilworth Recreation Center to make sure everybody is accommodated.

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00:12:23.303 --> 00:12:26.964 **Andrew Reese:**

Thank you, the next question.

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00:12:26.964 --> 00:12:29.514 **Question:**

If staff have been fully vaccinated,

89

00:12:29.543 --> 00:12:40.104

what are the quarantine requirements if they travel outside the DMV area prior to them being able to return to work?

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00:12:40.708 --> 00:12:50.519 **Andrew Reese:**

I believe, okay thanks.

Daryl Hawkins: Yeah, Hi Director Reese, Okay so for

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00:12:50.519 --> 00:13:01.469

any individual that is traveling outside of DC we, I can put it in the chat, but we, the phase 2 guidance for

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00:13:01.469 --> 00:13:06.568

travel is posted on website that is applicable to anybody

93

00:13:06.568 --> 00:13:15.989



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

who has been fully vaccinated or not there is no difference between the two at this time and that guidance document really

94

00:13:15.989 --> 00:13:25.528

outlines essential travel, and then the requirements for quarantine for those that are returning to DC. So, it does outline

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00:13:25.528 --> 00:13:33.774

limiting daily activities for 14 days upon returning or limiting daily activities and getting tested for COVID-19 within 3 to 5 days after returning to DC

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00:13:34.524 --> 00:13:48.744

and then it outlines a lot of those different things. I will say, however, that as an employer, your policy and your procedures can be more stringent than that guidance document. So,

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00:13:49.828 --> 00:13:52.948

as an employer you can require

98

00:13:52.948 --> 00:14:04.288

additional things from those that work for you when they travel to high risk areas. Thanks. And I'll put that into the chat for everyone's reference.

99

00:14:07.073 --> 00:14:20.183 **Andrew Reese:**

Oh, I'm sorry go ahead. **Daryl Hawkins:** Oh, sorry. I was going to say for those that joined on the phone, you can find that guidance under coronavirus.dc.gov and go under the tab Phase 2 and you'll find that there, if you're not able to see it in the link.

100

00:14:22.259 --> 00:14:28.048 **Andrew Reese:**

So, just as a reminder to people, which I think Daryl talked about a couple of weeks ago.

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00:14:28.048 --> 00:14:34.318



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

The vaccine is an extra layer of support of an extra layer of protection

102

00:14:34.884 --> 00:14:48.083

and getting the vaccine does not change the need to continue to implement all other layers of protection, including you know, for the staff using the required PPE

103

00:14:49.438 --> 00:14:55.288

surgical or procedure masks, face shields, it's maintaining

104

00:14:55.288 --> 00:15:07.499

physical distance to the extent you're able, for people making sure you wear a face mask when you go out of your home, washing hands regularly. None of that changes

105

00:15:07.499 --> 00:15:14.009

when you get a vaccine. The vaccine adds another layer of protection.

106

00:15:15.178 --> 00:15:20.668

Silence.

107

00:15:20.668 --> 00:15:26.818 **Question:**

So, there's a question about the

108

00:15:26.818 --> 00:15:34.139

status of planning for the people in ICFs and Residential Habilitation who did not get

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00:15:34.139 --> 00:15:38.219

in with the initial group of people to get their vaccines,

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00:15:38.219 --> 00:15:43.889

as well as Supported Living and Natural Homes.



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

111

00:15:43.889 --> 00:15:48.778

Caryn

112

00:15:48.778 --> 00:16:02.153 **Caryn Stringfield:**

This is such a common question, again the short answer would be that it's an ongoing process to get these things done. We have a lot of initiatives that are going on in DC

113

00:16:02.153 --> 00:16:05.813

right now, to make sure that we are

114

00:16:07.139 --> 00:16:16.379

having the vaccine accessible to those very vulnerable populations that we've seen have been affected in DC.

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00:16:16.379 --> 00:16:28.048

So, right now, what's happening is that we have a lot of people that are now eligible that and limited appointments, limited vaccine. So,

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00:16:28.583 --> 00:16:39.594

I guess the less complicated answer would be, that we will continue to work with DDS to try to figure out how this is going to go.

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00:16:39.594 --> 00:16:47.783

We need to first prioritize those second doses with the people who have received the first dose and then we can move on from there.

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00:16:47.783 --> 00:17:02.453

We have to make sure people get their second dosage just because we know that the vaccine is most effective with the two recommended doses. We go ahead.

Andrew Reese:



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 • 12pm via WebEx

Can we have plans for the

119

00:17:02.543 --> 00:17:09.743

it's about 90 people who did not get vaccinated in the 1st round, although that's a whole mix of people. So, I don't know.

120

00:17:10.048 --> 00:17:23.814 **Caryn Stringfield:**

Yeah, so what we were thinking about today is to just look at the appointments that are coming up for the second dose and this is not set in stone yet. But we wanted to see if there were any extra appointments in that timeframe.

121

00:17:24.023 --> 00:17:31.824

If we could put more people to get their first dose in that two-day timeframe as well

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00:17:32.219 --> 00:17:47.213

and then kind of add on either a third day or have them coordinate with the Giant Pharmacy so that they can get the second dose. But that is dependent on how many appointments are available within that two-day timeframe.

123

00:17:47.513 --> 00:17:58.344

Other than that, we just have to keep working with our partners. I know that we're going to be opening up another DPR vaccination site within the next week or so.

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00:17:59.183 --> 00:18:13.824

So, that will help us a lot with planning on the mass vaccination sites, but they're just so many other pieces to the puzzle and I understand that everybody kind of wants to be in on it

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00:18:13.824 --> 00:18:19.463

and we have some very vulnerable people in the DDS populations.

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00:18:19.828 --> 00:18:25.169



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

However, we just need to make sure that

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00:18:25.673 --> 00:18:40.344

we get we have an equitable situation going where we're not knocking other people off who are also vulnerable solely to make sure that that those populations

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00:18:40.344 --> 00:18:41.693

are services.

129

00:18:41.999 --> 00:18:54.898 **Questions:**

So, there's someone here who asks if they were already given a follow up appointment, when they got their first vaccine, do they still need to schedule the second vaccine?

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00:18:54.898 --> 00:18:58.919 **Caryn Stringfield:**

Are we talking about staff or are we talking about individuals?

131

00:18:58.919 --> 00:19:11.153 **Andrew Reese:**

It sounds to me, so it could be either and I don't know

Caryn Stringfield:

If it's staff that have already gone to get their vaccination through one of the through the portal

132

00:19:11.394 --> 00:19:24.923

then they should have gotten a second appointment at the time of their first dose. Correct me if I'm wrong, but for our two-day clinic at Kenilworth, I don't think that there was a second

133

00:19:25.348 --> 00:19:32.308

clinic set up at that time, which is what we're going to try to coordinate within that week of the 21st.



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

134

00:19:32.308 --> 00:19:35.939 **Andrew Reese:**
That is correct, but we also have

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00:19:35.939 --> 00:19:41.939
some people who are 65 and older, who could have gotten in through the regular system.

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00:19:41.939 --> 00:19:50.459
The regular systems yeah, they have an appointment everybody else. Yes, exactly.
The people that went to that, right.

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00:19:52.259 --> 00:19:58.588 **Question:**
The ICF folks that were vaccinated at the rec center, do

138

00:19:58.588 --> 00:20:06.088
Does this say did receive or did not receive, did receive an appointment date while they were there?

139

00:20:08.848 --> 00:20:22.949 **Caryn Stringfield:**
Very good. Okay. That's awesome. I'll get with our contact at Giant pharmacy just to see what that was if it was a range or if it was a tentative date or whatever. So that's fine.

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00:20:22.949 --> 00:20:30.209 **Andrew Reese:**
So, we'll clarify that with Giant and have a response next week, which is prior to the date that vaccine is do.

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00:20:44.308 --> 00:20:49.528
I'm trying to get back up because there was a question earlier on that. I did not.

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00:21:07.439 --> 00:21:17.249 **Question:**



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

Can a new provider require two negative results before a person transfer to them

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00:21:17.249 --> 00:21:22.648

for services for a person who's been recently positive?

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00:21:22.648 --> 00:21:28.739 **Andrew Reese:**

That's a good opportunity for us to advertise and it's gone out.

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00:21:29.003 --> 00:21:30.534

There is guidance coming.

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00:21:30.564 --> 00:21:44.693

There's a, is it a nursing roundtable that and Winslow you could fill in Daryl Hawkins will be providing for all of our provider staff regarding ending isolation

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00:21:44.992 --> 00:21:56.094

because this idea of two negative tests is kind of dated guidance. If I'm not mistaken, I can defer to DC health on that,

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00:21:58.798 --> 00:22:08.213

but also conditioning accepting a client based on a negative test would raise another concern for us.

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00:22:08.453 --> 00:22:22.044

But in terms of the guidance about when a person is considered to be no longer infectious, maybe Daryl you could answer that briefly and then just remind it or Daryl or Winslow

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00:22:22.044 --> 00:22:23.753

if you can remind people of when that



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

151

00:22:24.298 --> 00:22:30.449

event is coming up in the near future that and which staff have been invited to it.

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00:22:30.449 --> 00:22:36.269 **Daryl Hawkins:**

Yeah, thanks Director Reese. You summarize it pretty well.

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00:22:36.269 --> 00:22:39.719

Yes, that is outdated guidance.

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00:22:39.719 --> 00:22:46.463

Our guidance both for return to work for staff that had been positive for COVID-19

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00:22:46.463 --> 00:22:55.523

and also, discontinuation of transmission-based precautions for person supported with confirmed or suspected COVID-19 healthcare settings.

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00:22:55.523 --> 00:22:57.203

Also, both of them

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00:22:58.138 --> 00:23:09.449

say that the test-based strategy, which is what those two requiring two negative tests after someone has positive the test-based strategy is not recommended by DC health. There's

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00:23:09.953 --> 00:23:14.094

as an exception, it may be considered for some rare instances.

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00:23:14.153 --> 00:23:25.523

So, for example, for individuals who are severely immunocompromised, which is defined very specifically in our guidance and by CDC, but



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

160

00:23:26.128 --> 00:23:34.919

so that's one and we are going to have a deeper dive to remind everyone about these guidances next week on

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00:23:34.919 --> 00:23:47.459

Wednesday and so, hopefully everyone has received that. So, folks are invited to attend that. I think it'll be hopefully helpful training

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00:23:47.459 --> 00:23:50.788

next week on February 10th.

163

00:23:57.084 --> 00:24:00.564 **Andrew Reese:**

And Caryn referred to DPR,

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00:24:01.584 --> 00:24:04.013

which is Department of Parks and Recreation,

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00:24:04.223 --> 00:24:16.554

and it was Department of Parks and Recreation staff who were some of the folks who helped coordinate the two days that we had last week of vaccinations.

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00:24:17.483 --> 00:24:18.114

Staff who

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00:24:18.114 --> 00:24:19.013

by the way were

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00:24:19.703 --> 00:24:21.713

for the time I stopped by were wonderful,

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TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

00:24:21.983 --> 00:24:34.614

just in terms of their customer service and ensuring that they were safely interacting with everyone and that everyone was maintaining safe distance between each other.

170

00:24:39.568 --> 00:24:50.128 **Question:**

Is it possible to set up a designated portal for our staff and people supported? It's challenging to get in before the appointments are exhausted.

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00:24:50.128 --> 00:24:58.288 **Andrew Reese:**

No, so what we did do is have and we are talking and I

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00:24:58.288 --> 00:25:05.304

think I've mentioned this last week, we are talking with DC Health about whether this we can do this more times.

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00:25:05.604 --> 00:25:15.354

What we did do was have a separate registration for folks in ICFs and Residential Habilitation supported by DDA, which did not go through that portal,

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00:25:15.689 --> 00:25:20.189

but the DC Health has

175

00:25:20.189 --> 00:25:25.409

just that one portal so, when we have special events

176

00:25:25.409 --> 00:25:33.719

they set aside that vaccine for that and then we coordinate that separately, but it's not like a separate portal that's set up

177

00:25:33.719 --> 00:25:37.469

under the vaccinate.dc.gov.



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

178

00:25:56.788 --> 00:25:57.179 **Andrew Reese:**
So,

179

00:25:57.173 --> 00:25:57.713

180

00:25:57.743 --> 00:26:01.074
there's a question but mostly a comment.

181

00:26:01.104 --> 00:26:11.814 **Question:**
Will the additional vaccination site include Supported Living in home and other waiver participants?

182

00:26:11.844 --> 00:26:12.384 **Andrew Reese:**
No, the vaccination, the

183

00:26:12.989 --> 00:26:22.644
coordination that Caryn was referring to was related to the second vaccine for folks, which sounds like may or may not be necessary to do.

184

00:26:22.884 --> 00:26:32.304
We are continuing to have discussions with DC Health about the availability of vaccine. As I said, it gets set aside and then we do a separate

185

00:26:33.263 --> 00:26:46.223
event for that about the availability to do that kind of event. At this time. Oh, I'm sorry, I didn't read the whole. So, it is an equity issue equity of access opportunities for a population

186

00:26:46.223 --> 00:26:50.903



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

that is more at risk not only for COVID, but also for adverse outcomes.

187

00:26:52.528 --> 00:26:57.419

People who are at higher risk based on underlying health conditions

188

00:26:57.419 --> 00:27:01.499

are in priority 1c.

189

00:27:01.499 --> 00:27:05.729

in the first phase that rolls out of 1c

190

00:27:05.729 --> 00:27:09.749

and we are currently in 1b.

191

00:27:09.749 --> 00:27:21.058

I'm forgetting what the three sort of subcategories of those are called, but we're in 1b 2 next would be 1b 3 and then we get to 1c.

192

00:27:21.058 --> 00:27:29.219

So, at this time, that's where people with underlying health conditions, placing them at higher risk are included.

193

00:27:29.219 --> 00:27:35.489 **Question:**

There is a question when will we be? When will vaccines be open to

194

00:27:35.489 --> 00:27:42.263

other people in the waiver when we get to 1c?

195

00:27:42.263 --> 00:27:51.114 **Andrew Reese:**

I don't know and Caryn, maybe you know, if there's any estimate at this time about when we will be to 1c based on the vaccine that's coming in.



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

196

00:27:52.104 --> 00:27:55.673 **Caryn Stringfield:**
I don't have a definite timeline.

197

00:27:55.673 --> 00:28:10.584
What I do want to say is, is that just to address the additional vaccinations site, just for clarification, the vaccination sites that we have will be open to the public as Director Reese said, that we do actually shut down those public sites

198

00:28:10.854 --> 00:28:20.693
just to have these specialized clinics. So, it's not necessarily just to get the

199

00:28:21.118 --> 00:28:28.284
population for DDS, but it is just to make sure that we are reaching more and more people.

200

00:28:29.094 --> 00:28:36.804
There is an issue of storage of handling, of inspection and just basically implementing our no waste policy.

201

00:28:36.983 --> 00:28:51.894
So that is what a lot of people see behind the scenes as making sure we're doing our due diligence. To the public it may look like it's kind of lagging, but we're just making sure that everything is executed

202

00:28:51.894 --> 00:29:03.804
so, to protect everybody health and safety that's going to be receiving the vaccine. As I mentioned last week, the applications are trickling up just a little bit.

203

00:29:03.804 --> 00:29:07.104
They're moving a little bit slower than we thought that they were,



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

204

00:29:07.374 --> 00:29:12.084

but the Biden Administration has now said that

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00:29:12.084 --> 00:29:16.913

in addition to our allocation that we get specifically for DC,

206

00:29:17.124 --> 00:29:21.384

they're also going to be providing us with better allocation

207

00:29:21.384 --> 00:29:22.763

straight to pharmacies.

208

00:29:22.913 --> 00:29:25.762

So that is going to give us more

209

00:29:27.743 --> 00:29:41.094

vaccine doses and appointments also Johnson and Johnson should be coming up very soon. So, that will actually add to the amount of people that are getting vaccinated and kind of move it along a little bit faster.

210

00:29:41.304 --> 00:29:47.753

However, I don't want to stick to a specific timeline, because if that doesn't happen next week, y'all are going to be yelling at me again.

211

00:29:50.723 --> 00:30:00.324

So, we're following the process and we're making sure that everybody gets vaccinated and understand the anxiety. I understand the frustration,

212

00:30:00.743 --> 00:30:14.784



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COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

but I just want you to know that we are tackling a lot of issues and for over 700,000 residents, and however many healthcare professionals that work in DC but don't necessarily live in DC.

213

00:30:14.784 --> 00:30:21.173

We have to devise plans that are going to address getting each one of those people vaccinated.

214

00:30:21.173 --> 00:30:35.723

So, it does take time and I just appreciate everybody's patience and just making sure that you understand that this is going to be a process. We didn't get COVID in one day. We're not going to get rid of it in one day.

215

00:30:35.723 --> 00:30:38.753

So that's the main point of this whole thing.

216

00:30:40.558 --> 00:30:43.679 **Andrew Reese:**

Thank you.

217

00:30:43.679 --> 00:30:50.459 **Question:**

Next so someone is asking, can we do a special event for staff that is similar?

218

00:30:54.328 --> 00:31:06.384 **Andrew Reese:**

I don't know, we can raise that issue with DC Health. We are surveying agencies now regarding the status of staff vaccinations.

219

00:31:06.624 --> 00:31:12.084

The reason I pause so significantly is, you know, our staff is over 4,000 people

220

00:31:13.138 --> 00:31:18.203

and I haven't heard the full numbers.

221



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COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

00:31:18.773 --> 00:31:29.814

One thing, I would like to say there was a nursing roundtable this week at which they discussed the issue of vaccination for staff and one of the agencies

222

00:31:29.814 --> 00:31:38.423

did what I heard, was a really good presentation of how their agency prepared their staff in terms of the vaccine

223

00:31:39.114 --> 00:31:53.874

and they had several education sessions with their Medical Director who was there and available to answer all questions to address some myths that are out there about the vaccine and

224

00:31:53.874 --> 00:32:00.594

really provide good education to people so that people did buy into getting the vaccine and

225

00:32:01.284 --> 00:32:16.013

I understand they found that very successful in terms of the rate of people choosing then to get vaccinated. As I said, we're just collecting that data now So, I'm not sure where we stand exactly.

226

00:32:16.528 --> 00:32:17.128

227

00:32:19.193 --> 00:32:19.554

You know

228

00:32:19.554 --> 00:32:20.243

we can,

229

00:32:20.513 --> 00:32:23.993

we can keep talking about as a healthcare population,



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

230

00:32:23.993 --> 00:32:29.304

what options there could be for these folks to get the vaccine for people in ICFs and Residential Habilitation

231

00:32:29.334 --> 00:32:33.384

in it open December 26,

232

00:32:33.384 --> 00:32:37.314

then it's really unfortunate that not all of them were able

233

00:32:38.308 --> 00:32:45.749

to immediately get in, because once January 11th came, and we moved into

234

00:32:45.749 --> 00:32:51.598

phase 1b there has been a lot more competition to register.

235

00:32:54.088 --> 00:32:59.038

236

00:32:59.038 --> 00:33:07.528 **Question:**

Since people in ICFs are starting to get their vaccines, is there a timeline as to when

237

00:33:07.528 --> 00:33:12.689

people in ICFs could be returning to their day programs?

238

00:33:14.304 --> 00:33:26.723 **Andrew Reese:**

This is a really good question and that it gets back to what I said earlier, which is that the vaccines are an extra layer of protection, keep in mind and we've reviewed it here before



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COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

239

00:33:26.723 --> 00:33:34.314

and maybe I should go back to reviewing it regularly. We are currently in phase 2 of reopening.

240

00:33:35.759 --> 00:33:41.128

And it's that guidance that controls,

241

00:33:42.683 --> 00:33:55.134

you know, people's ability to be going out into the community and certainly our hope is that the vaccine being widely available is going to have an impact on some of those metrics in that

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00:33:55.134 --> 00:34:08.724

we'll start to see the metrics change, but what people need to be following there is not am I vaccinated therefore, can I do X, but they should be watching the reopen DC guidance.

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00:34:10.043 --> 00:34:22.943

You know, as I say, we are still in phase 2, and the guidance is at [coronavirus.dc.gov](https://www.coronavirus.dc.gov) and you can watch the metrics there in terms of what things people can be doing.

244

00:34:24.173 --> 00:34:27.503

We really do need to talk some more

245

00:34:27.929 --> 00:34:37.079

about how people will be engaging in meaningful activities during the day,

246

00:34:37.079 --> 00:34:43.619

while remaining at home, because the reality is it is still going to be months

247

00:34:43.619 --> 00:34:47.934

before we see a reopening



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

248

00:34:47.963 --> 00:34:48.384
like,

249

00:34:48.414 --> 00:34:48.773
you know,

250

00:34:48.773 --> 00:34:55.224
people getting on a bus and going back to a day program. In fact,

251

00:34:56.693 --> 00:35:00.503
to some degree one of the positive things about

252

00:35:00.838 --> 00:35:07.739
the past year is that it has offered the opportunity

253

00:35:07.739 --> 00:35:20.423
for us to be much more person centered and individualized in planning for each person and how to identify meaningful day activities for that person.

254

00:35:21.054 --> 00:35:28.134
And so, my hope is that will filter into the planning as we do get back to what looks

255

00:35:28.409 --> 00:35:33.958
something like normal, but the short answer is we still watch

256

00:35:33.958 --> 00:35:38.728
the reopening metrics in terms of



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

257

00:35:38.728 --> 00:35:47.039

when we go back, and as I said before, the vaccine is one more layer of protection, it's a layer of protection for you.

258

00:35:47.039 --> 00:35:53.219

So that each person, when they're able to get it should get it.

259

00:35:54.353 --> 00:36:03.264

And, you know, as we get to a certain percentage of the whole community having it, then we'll all be in a better place,

260

00:36:03.264 --> 00:36:13.043

but in the shorter term, you know, if everyone who works in a particular placement has had the vaccine, they also reduce the risk at that placement.

261

00:36:13.469 --> 00:36:25.318

And so, we really need to be seeing our folks get more vaccine. But for now, if you have questions about what you're allowed, you know, what activities we can engage in.

262

00:36:25.318 --> 00:36:34.108

Go to coronavirus.dc.gov and you will see the phase 2 reopening metrics.

263

00:36:39.148 --> 00:36:47.369 **Question:**

Is there any consideration for the DDS weekly vaccination report from providers to be bi-weekly? There's a lot of

264

00:36:48.418 --> 00:36:51.449

follow up with staff to determine



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COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

265
00:36:51.449 --> 00:36:55.139
if they've received the first dose or the second dose.

266
00:36:55.139 --> 00:37:10.074 **Andrew Reese:**
We can certainly take that into account. The most important thing is that we would like to have a number and those are numbers that at some point won't be changing all that much. So, Kirk is not here to answer that question, but we could certainly take that into account.

267
00:37:13.079 --> 00:37:27.298 **Question:**
What recommendation for high risks persons that are not 65 are older? I assume that that question is, what are we supposed to do given that we can't get the vaccine until we get to 1c?

268
00:37:27.298 --> 00:37:35.818 **Andrew Reese:**
Continue doing everything that you have been doing. Hopefully you have not gotten COVID since last January

269
00:37:36.324 --> 00:37:50.153
and continue taking all those same measures, continue wearing a face mask, continue keeping a safe physical distance, washing hands regularly, continue to live that safe lifestyle

270
00:37:51.233 --> 00:37:53.063
even after you get a vaccine.

271
00:37:58.168 --> 00:38:10.079 **Question:**
Do we know what day services will look like moving forward? Specifically, individualized day services.

272
00:38:10.079 --> 00:38:15.090
Our day programs meeting monthly, like, we used to discuss how we



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

273

00:38:15.090 --> 00:38:20.309

will pivot or remain solvent? Is there any information? Well,

274

00:38:20.309 --> 00:38:27.090

let me stop there and then I'll answer the questions. So, um.

275

00:38:28.980 --> 00:38:39.269 **Andrew Reese:**

So, um, we are actually, I'm, I'm I see your next question and I'm answering it in this 1. is there any information regarding the appendix? K will there be an extension?

276

00:38:40.409 --> 00:38:44.670

Okay, so 1st of all the current appendix K, which was

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00:38:44.670 --> 00:38:53.760

to expire on March the 10, 2021 was extended for 6 additional months

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00:38:53.760 --> 00:38:58.050

until the end of September 2021.

279

00:38:59.695 --> 00:39:13.375

We are also working on drafting some amendments to that appendix K to address some of the issues related to day services, including things related to IDS location

280

00:39:13.375 --> 00:39:17.574

that services can be provided and this kind of these kinds of issues.

281

00:39:18.715 --> 00:39:29.934

Unfortunately, one of the things that was not allowed is that the retainer payments that were allowed under the appendix K could not be

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COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

00:39:30.869 --> 00:39:41.699

given for another year could not be once the original 90 days were exhausted. There's still no option for any additional retainer payments.

283

00:39:41.699 --> 00:39:47.789

The day program meetings,

284

00:39:52.914 --> 00:40:03.445

I'm not certain whether you're referring to, I know the provider coalition has day program meetings. And did we also, I don't know if Tasha is on this call

285

00:40:03.445 --> 00:40:13.554

and can answer that question because we definitely should be having such meetings so that people can share amongst themselves about the things that they

286

00:40:13.829 --> 00:40:21.960

are doing. I know there were monthly meetings, but were they provider coalition meetings or were they DDA

287

00:40:21.960 --> 00:40:25.230

meetings and so.

288

00:40:25.230 --> 00:40:39.570

Because they definitely should be happening. So, I will speak with the folks who used to have those and find out what's up with those because we should be having those. We really need. It is essential

289

00:40:39.570 --> 00:40:43.860

to be talking about how people spend their days

290

00:40:43.860 --> 00:40:48.179



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

and to be talking about how we ensure that our providers

291

00:40:48.684 --> 00:41:01.494

remain solvent so that when this is over our day providers are there, but in the interim, you know, the way that those services can be provided is going to be different

292

00:41:01.885 --> 00:41:05.215

and we really do all need to speak together

293

00:41:05.519 --> 00:41:10.619

about how that can occur and so those

294

00:41:10.619 --> 00:41:14.070

should be happening.

295

00:41:15.780 --> 00:41:22.440

And I see Tasha started typing something. She is a panelist now, so perhaps she would like to speak to that.

296

00:41:30.119 --> 00:41:33.869 **Tasha Klusmann:**

Can you guys hear me.

297

00:41:33.869 --> 00:41:44.485 **Andrew Reese:** Now we can.

Tasha Klusmann: Okay great. There have not been regular monthly Day meetings as there had been previously, but of course, they can be resumed.

298

00:41:44.965 --> 00:41:45.144

So,

299

00:41:45.144 --> 00:41:48.235



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COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

I agree with everything that you said,

300

00:41:48.235 --> 00:41:48.385

and

301

00:41:48.385 --> 00:41:48.775

do know

302

00:41:48.775 --> 00:41:49.284

we will,

303

00:41:49.284 --> 00:42:03.414

we have been talking about the impact of COVID onto your programs and ways in which residential providers and day providers can work together to get people more engaged and to support the day providers

304

00:42:03.594 --> 00:42:15.655

continued ability to serve folk. So that can be something that we can resume. So, as you said, Kirk's not here, but we can talk within Quality Assurance and Performance Management Administration (QAPMA) about how to resume the day meetings.

305

00:42:18.510 --> 00:42:29.610 **Question:**

Does DC Health have a recommendation regarding vaccinations for people who are receiving hospice?

306

00:42:39.300 --> 00:42:50.159 **Caryn Stringfield:**

I don't know that there is any recommendation for/against. I would say go on the advice of your healthcare provider. If Daryl has any other insight, I would

307

00:42:50.159 --> 00:42:56.010

more than welcome that. **Daryl Hawkins:** No, I would have said the same thing you said Caryn.



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

308

00:42:56.010 --> 00:43:01.380

Silence.

309

00:43:02.639 --> 00:43:14.789 **Comment:**

There's just a comment here, there are people who in Supported Living who are it says extremely high risk who are very high risk for serious outcomes from COVID.

310

00:43:14.789 --> 00:43:20.039 **Andrew Reese:**

That is true and they are in group 1c at this time.

311

00:43:20.039 --> 00:43:25.349

One of the distinctions is that in Supported Living

312

00:43:25.349 --> 00:43:30.030

and ICF has four to six people

313

00:43:30.324 --> 00:43:44.034

and so, the as you saw from the numbers at the beginning the infection rate amongst people in ICFs was higher in making the determination about who to include in the group in 1b,

314

00:43:44.034 --> 00:43:47.184

we shared all of our data with DC Health.

315

00:43:47.574 --> 00:43:49.494

And as Caryn was saying,

316

00:43:49.735 --> 00:43:52.045



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

these are really difficult decisions to make

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00:43:52.045 --> 00:43:54.835

because they're looking at our population,

318

00:43:54.835 --> 00:43:57.835

but they're looking across the city at all populations

319

00:43:58.074 --> 00:44:04.735

and trying to prioritize and get everyone vaccine as soon as they can with certain priorities.

320

00:44:05.039 --> 00:44:16.409

So, they are doing their best to get it out to everyone. The reality is it's not going as fast as any of us would like.

321

00:44:16.409 --> 00:44:25.349

I think that's a fair statement. I've heard Dr. Nesbitt say regularly, the district needs to receive more vaccines.

322

00:44:58.409 --> 00:45:02.820

323

00:45:19.829 --> 00:45:25.289 **Andrew Reese:**

I don't see other any other questions. I'll just

324

00:45:25.289 --> 00:45:37.949

sort of as a summary, let people know and then you can type in if I'm missing something. We will have a follow up next week



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

325
00:45:37.949 --> 00:45:44.130
regarding resuming monthly day program meetings.

326
00:45:44.130 --> 00:45:53.730
We will check into this question of Giant providing the second vaccination for folks who got the vaccination last week

327
00:45:53.730 --> 00:46:04.230
and my hope is that we will have an update next week regarding any proposed changes to our appendix K.

328
00:46:04.230 --> 00:46:16.110
And this isn't just for next week, but I expect I'll be out.

329
00:46:45.119 --> 00:46:48.929

330
00:46:55.530 --> 00:46:59.340 **Crystal Thomas:**
Just hold on everyone while Director Reese

331
00:46:59.340 --> 00:47:02.909
fixes his computer,

332
00:47:02.909 --> 00:47:06.659
it is probably a bandwidth issue.

333
00:47:11.610 --> 00:47:16.590 **Winslow Woodland:**
I just got a message from the Director Reese that he

334



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

00:47:17.034 --> 00:47:31.375

have what we lovingly refer to as the blue screen of death. It's where you get the sad face and your screen just turns blue and there's really nothing you can do about it until you boot back up. So,

335

00:47:31.800 --> 00:47:40.980

he wants me to close out the call or take any questions that are. Oh, here he is.

336

00:47:40.980 --> 00:47:53.130 **Andrew Reese:**

Sorry about that, I'm not sure exactly where I cut off, we will continue working with DC Health on the issue of

337

00:47:54.505 --> 00:48:08.875

how quickly we can get to people in Supported Living and in Natural Homes and whether we can schedule that as a separate event rather than relying on them how to use the portal.

338

00:48:11.519 --> 00:48:14.579

Silence.

339

00:48:21.630 --> 00:48:28.739

Silence.

340

00:48:36.090 --> 00:48:48.000 **Crystal Thomas:**

And I left a note for everyone in a chat box that are Public Information Specialist will send out and for more information regarding COVID Rights discussions.

341

00:49:00.235 --> 00:50:02.695 **Andrew Reese:**

So, it

342

00:50:02.695 --> 00:50:05.335

appears we have no additional questions.



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx

343

00:50:05.610 --> 00:50:08.639

It's 12:57,

344

00:50:08.639 --> 00:50:22.050

we'll just leave this open until 1 o'clock so that if people have any questions, please feel to ask them but otherwise have a great weekend everyone, please continue to stay safe

345

00:50:22.255 --> 00:50:35.184

and, you know, and patient as Caryn said, you know, we really, we understand everyone's anxiety about now that the vaccine is here, getting it out to as many people as possible

346

00:50:35.815 --> 00:50:44.784

and this process is moving slowly, but it is moving. And so please continue to stay safe and ensure the people around you are as well and

347

00:50:45.690 --> 00:50:49.679

hopefully, we will all get to a point in the next

348

00:50:49.679 --> 00:50:54.030

period of time that we are all vaccinated.

349

00:50:54.030 --> 00:50:57.630

So have a great weekend folks.

350

00:50:57.630 --> 00:51:03.449

Silence.

351

00:51:09.269 --> 00:51:10.559

Silence.



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
February 5, 2021 ▪ 12pm via WebEx