

WEBVTT

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00:00:33.509 --> 00:00:46.765

Of monitoring guidance question and answer session that we had scheduled. We do have that rescheduled. The email blast has not went out yet it's scheduled, I believe, to go out Tuesday.

2

00:00:47.064 --> 00:00:59.304

However, it is already on the division website, or? Yeah, on the division website. On our upcoming wasn't our page so field though, there you will see that September 15th at 9. 0. am.

3

00:01:03.450 --> 00:01:07.859

Their protocol.

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00:01:15.984 --> 00:01:17.484

Hi go, we can't hear you.

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00:01:32.004 --> 00:01:36.894

I will stop sharing my screen for a moment and I will turn it over to Christine.

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00:01:54.480 --> 00:01:58.170

Morning for those that are.

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00:01:58.170 --> 00:02:04.920

My name is Angela status loss and the chief medical director for the department mental health.

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00:02:04.920 --> 00:02:10.379

And I want to use this forum as a way to share information.

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00:02:10.379 --> 00:02:16.889

From the department, so 1 of the things that has the 2 things I want to talk about.

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00:02:16.889 --> 00:02:30.810

1 is on the, the 3rd, those are the to dos for individuals vaccination 3rd dose vaccinations back up the vaccine for those with the amount of compromised conditions.

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00:02:30.810 --> 00:02:34.319

And the other 1 I want to talk about is the monoclonal antibodies.

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00:02:34.319 --> 00:02:41.849

So, let me talk about the 3rd DOS for immunocompromised individuals.

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So, there's the or there's a, have both recommended.

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00:02:46.675 --> 00:02:52.944

That individuals, especially those who have immuno, suppressive conditions. What does that mean?

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Somebody who is having autoimmune diseases and are taking medication that separate immunity or the doctor has told them that their body does not produce the.

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Um, the healthy immune response, or they're taking a full, uh, they're prescribed to take medications that change they meet in the body such as.

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00:03:13.349 --> 00:03:20.669

There are so many other medications such as Detroit the mirror.

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00:03:20.669 --> 00:03:26.460

Treatment for treatment for, uh, for cancer.

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00:03:26.460 --> 00:03:30.689

Et cetera, those individuals can, uh.

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00:03:30.689 --> 00:03:36.479

Get the 3rd does recommend that they get the dose of the vaccine.

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00:03:36.479 --> 00:03:51.120

And that is the Pfizer vaccine, or the Moderna vaccine. They haven't said anything yet about the J and J vaccines. So those will receive the Janet Jane J vaccine probably should wait a little bit or talk to their doctors.

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To really see what would be the best way to go about it.

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But if you've already, if a individual with even a compromise conditions, or on immunosuppressing medications, and if they want to.

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Talk to the doctor, or they can just go to any of the pharmacy or places where they're vaccinating.

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00:04:10.919 --> 00:04:15.240

And tell them that they are there for their 3rd dose, and they should be able to get back.

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Most of the time they just need to sign a self at the station form saying that they do suffer from.

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00:04:20.730 --> 00:04:34.228

A medical condition that is that qualifies them under the compromise, but there is no, they don't need a doctor's certificate. They don't need to adopt this letter. They don't need any of the confirmation. All they need is to sign that.

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00:04:34.228 --> 00:04:37.978

Self registration form, and they should be able to get the.

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00:04:37.978 --> 00:04:44.069

So does for those who got the Pfizer vaccine, it is preferable that they get the dose.

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Of Pfizer for those who got the Moderna vaccine, they get the 3rd dose of Moderna.

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The only, um, the only caveat is 28 days between the 2nd, those and that. So if you had got your.

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00:04:58.319 --> 00:05:03.928

2nd dose of the vaccine then you have to wait at 28 days.

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Becoming before 20 days before.

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You get your 3rd dose, um, if you have any trouble getting at the dose, um, and the community and this is why you're not just you, but your, the people yourself.

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00:05:18.028 --> 00:05:21.449

The community, the community providers, if we have difficulty.

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00:05:21.449 --> 00:05:30.809

Getting that those or your appliance or individuals you care for, and who qualify they are compromised.

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00:05:30.809 --> 00:05:36.689

Guideline then, please let us know and we'll see what we can help you with.

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00:05:36.689 --> 00:05:42.389

The next 1 I want to talk to you about is monoclonal antibodies.

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00:05:42.389 --> 00:05:45.749

So there are.

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00:05:45.749 --> 00:05:50.009

There's a question here let me just quick answer this question.

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00:05:56.999 --> 00:06:05.939

Yes, was there a question about people with monoclonal antibodies? I mean, sorry, people in the vaccine, if they got Pfizer, can they get.

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00:06:05.939 --> 00:06:20.338

Um, there's 1 question, does anyone taking 1 monster class need to get the booster? I would recommend that. You talk to your primary care physician.

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00:06:20.338 --> 00:06:27.389

Regarding individual medications that you're taking that qualify for a booster, because it's going to be pretty exhaustive.

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00:06:27.389 --> 00:06:33.538

And it is best that your primary doctor answers that question for, you.

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00:06:33.538 --> 00:06:47.038

Another question is if people received the Medina vaccine, can they get by simplest advice? Was can people mix up? Ideally know ideally the, um.

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00:06:47.038 --> 00:06:53.009

Cbc recommends that you, if you get Pfizer, get another dose of Pfizer, and if you get Montana.

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00:06:53.009 --> 00:07:02.908

You get another dose Medina, but in case, there is not 1 available or that is going to delay or false. For any reason. You're not able to get the.

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The 3rd does of the same vaccine that he got before.

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Then talk to your doctor and see if you can mix that, uh, some data that says that you can mix it.

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But, uh, it is best that you get the same as the as the, as the 2nd dose.

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See, if you got 500, get the 30,500, if it got, but then I get the 3rd dose in Medina.

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All right not seeing any more questions on.

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On the vaccine, I'm going to talk briefly about the monoclonal antibodies. So today, um, the, uh, the Department of health and senior services published, they are monoclonal antibody treatment.

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So, what is monoclonal antibody? I think I've talked about this earlier.

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00:07:47.668 --> 00:07:55.829

So, once you get a corporate infection in your body of the virus, you either, you are even gonna compromise vaccinated.

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00:07:55.829 --> 00:08:02.278

And you have exposed yourself to, um, to the back to the virus, let's say.

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That you are with someone you are, and vaccinated you to someone.

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00:08:06.809 --> 00:08:18.869

That was unmasked and they were, and they were talking to you very close standing very close to that individual. And you knew that you had very strong exposure of the virus.

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Um, and that are the individual tested positive and, um, and so you had very high exposure to the virus, and you fall under the, uh, fall under the high risk category.

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Um, if you can move it down load that on this, we, it really, uh, on the screen, it tells you all the high risk. Can you go? Yeah. So, yes. Stop there.

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00:08:41.818 --> 00:08:48.328

So, our, the way they to define high risk is that, um.

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00:08:48.328 --> 00:08:53.399

Yeah, being, uh, you have you have exposure to call it or you, you will have.

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A Co, video diagnosis code of it. Plus you have a high reservation such as obesity.

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00:08:59.068 --> 00:09:05.278

Being overweight now that is new being. Oh, wait as anybody with a of more than 25.

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A pregnancy, chronic kidney disease.

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Diabetes immuno, suppressive disease.

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00:09:11.519 --> 00:09:15.749

Or immuno, suppressive treatment. Just like the 1. I talked earlier.

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Cardiovascular disease sickle cell disease.

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Um, near Dallas, renal disorders, and this is important, especially that we are working with individuals with disability.

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A significant number of those with double disability or intellectual disability, have your developmental disorder such as.

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Simple policy, and any kind of brain disorders that, you know, genetically.

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00:09:40.469 --> 00:09:45.058
Or any other kind of, uh, issues that they may have.

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00:09:45.058 --> 00:09:53.788
So is very, very common in those with intellectual disability and those with your developmental disorders are considered extremely high risk.

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00:09:53.788 --> 00:09:57.629
For cobit and and the, and the.

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00:09:57.629 --> 00:10:04.078
And they have a poor outcome from cobit when they do receive them. So, those.

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00:10:04.078 --> 00:10:13.198
Um, individuals who are, uh, and vaccinated and have a new data from the disorder, all vaccinated and have a new disorder.

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00:10:13.198 --> 00:10:20.428
And to have covered should definitely get the monoclonal antibody infusion.

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So, what is this monoclonal antibody infusion is actually antibodies that are produced in the lab they'd mimic.

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00:10:27.239 --> 00:10:31.139
The immune response and antibodies bodies produce.

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00:10:31.139 --> 00:10:34.918

In response to the virus inspired response to the soft scoby virus.

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00:10:34.918 --> 00:10:49.884

Other go in virus, so it is, it is lab produced. So when you get that infusion and your body within the 1st week, even though this website says 10 days, anytime in 10 days, my recommendation is.

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Before 8 day, 5 or 7, the only get it the better the response.

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Because what is the sandy buddy do it? Once? It goes the body.

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It stops the multiplication of the virus, and thereby it decreases the viral load and thereby produces this less severe illness.

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And there and decrease the risk of that individual needing hospitalization.

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Or, or or regulation, or even death.

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00:11:14.759 --> 00:11:22.139

So, given only, it is extremely protected, because it can go and fight the cobit virus virus.

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00:11:22.139 --> 00:11:29.849

If given within 5 days, 7 days so the only give it the better the outcome. So who should receive it? Individuals who are.

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00:11:29.849 --> 00:11:34.198

I'm vaccinated and have his high risk high risk. Um.

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Conditions that I talked to about and have called it.

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All have been exposed to go with vaccinated individuals.

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Who have the hiring situation in the high risk category talked to you about.

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And have cobit, so I'm vaccinated high risk.

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00:11:52.259 --> 00:11:56.698

Whether you have global or exposed vaccinated.

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00:11:56.933 --> 00:12:09.774

Who have cove it and have the high risk. All right so these are the 2 individ, 2 groups of individuals you can 2 situations where you will need the infusion. How can you get the infusion?

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00:12:09.803 --> 00:12:13.734

Their US Department of health and senior services services.

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On their website have published infusions, send us the sites of infusion send us that are available for use.

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Typically, typically, even even the local dock, local hospitals are doing it. If you live in a county, a local county hospital should be able to do the infusion.

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00:12:35.129 --> 00:12:42.568

You know, we, you can get it in any way, but these are some of the centers that the government has set up.

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00:12:42.568 --> 00:12:51.599

Specifically for monoclonal antibody infusion, but you can get at a local hospital. You can talk to your doctor and ask for right?

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00:12:51.599 --> 00:12:57.538

If you if you have high, if the individuals that you're caring for or you or anybody, you know.

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00:12:57.538 --> 00:13:04.408

Is vaccinated, or I'm back to the hospital of it and has 1 of these hydrous conditions that they talk that.

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00:13:04.408 --> 00:13:09.269

All that earlier, call your doctor and get the infusion.

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00:13:09.269 --> 00:13:14.428

Getting infusion with the between before a day 7 we'll definitely make a.

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00:13:14.428 --> 00:13:22.229

Make room for a better outcome. It is not useful after the individual has needed oxygen as or has become sick.

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00:13:22.229 --> 00:13:26.129

So, if it is going to be useful, it has to be given early.

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00:13:26.129 --> 00:13:31.259

Before the person gets really sick, so get it done early.

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00:13:32.458 --> 00:13:36.658

Let me answer some questions. Hi. Can you read the questions?

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00:13:38.369 --> 00:13:50.249

I can, let's see, here 1 of the questions is, is there any information about vaccinations for children under 12 being available?

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At this time, it is still in the developmental phase.

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So, we have to wait for it.

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00:13:58.979 --> 00:14:02.849

So, once we have a CBC.

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00:14:02.849 --> 00:14:06.239

Sorry, FDA approval for emergency authorization.

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00:14:06.239 --> 00:14:11.668

Then we can move forward, but at this point is still in the trial phase is.

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00:14:15.053 --> 00:14:25.913

Okay, and I believe the other I have a couple questions privately with folks. And then the only other question I believe is for Wendy. So I think we're good on questions.

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I have 1 that has come up privately to me, the guidance change regarding the to dos at 1 point it was said it should be 6 or 8 months.

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After the 2nd, those I heard you say 28 days.

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No, the guidance has not changed, so.

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00:14:42.208 --> 00:14:49.708

For right now it is only open for those with even a 3rd does is only open for compromise individuals.

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00:14:49.708 --> 00:14:53.219

And for other individuals, we are waiting for guidance from.

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That you should have within the next week or 2, and most likely that will not.

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Start until 20th of September or later.

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So, in order to get the 3rd dose, if you can't get it anywhere between 6 or 8 months of your last is.

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00:15:13.499 --> 00:15:18.208

But you should have at least had 28 days between your 2nd and 3rd DOS.

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00:15:18.208 --> 00:15:24.389

Does it make sense? So if you're going to get it either your for email compromised individuals.

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00:15:24.389 --> 00:15:31.558

You should wait at least 28 days. 2nd does and that turned us. And most people are probably much for that.

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00:15:31.558 --> 00:15:39.328

Between between between a month between the 2nd, those, and if they compromise and they need the 3rd dose.

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00:15:39.328 --> 00:15:47.639

They can get it, but as long as it's a month has passed between the 2nd and 3rd dose. The other question is what about the regular folks?

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00:15:47.639 --> 00:15:53.219

Who are waiting for the photos they should wait for, at least 6 to 8 months.

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00:15:53.219 --> 00:16:02.249

After their 2nd dose so these are 2 different scenarios that are mixed in the question medical. I made it clear.

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00:16:02.249 --> 00:16:05.999

And if you have any more questions, feel free to.

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00:16:05.999 --> 00:16:09.749

To drop in and I have 1 more.

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00:16:09.749 --> 00:16:16.649

Give me 1 more minute is the monoclonal antibody in fusion the same as the bam infusion.

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00:16:16.649 --> 00:16:20.818

So, when we had the other virus.

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00:16:20.818 --> 00:16:24.538

The original virus, and then even the alpha virus.

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00:16:24.538 --> 00:16:32.249

Um, the Bab, um, I forget the full name, that particular bam 1 of that's another name of a wonderful antibody as well.

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00:16:32.249 --> 00:16:36.178

That was approved for the a V chip.

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After the delta came along, they found that the delta did not respond to all monoclonal antibodies.

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00:16:42.389 --> 00:16:47.849

Is specifically there are 2 specific wonderful antibodies that they found responsive to.

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00:16:47.849 --> 00:16:51.119

A Delta 1 is the region.

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00:16:51.119 --> 00:16:58.349

Which is available, same fusion and, uh, and also the subcutaneous form as well. So, for this, and you delay in getting.

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00:16:58.349 --> 00:17:06.628

The infusion you can get as a subcutaneous form as well after talking to the doctor. So that is 1. and there's another monoclonal antibody.

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00:17:06.628 --> 00:17:10.858

Uh, starts with the as and these 2 that are approved for Delta.

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00:17:10.858 --> 00:17:16.409

So, um, it is the, it is the monoclonal antibody, but it's a different formulation.

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00:17:16.409 --> 00:17:20.038

Specifically for the delta.

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00:17:20.038 --> 00:17:33.538

All right yeah, there was a question someone asked about employee code testing policy, because they're starting code and routine testing at the place of employment.

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00:17:33.538 --> 00:17:41.878

Says we're wanting to mirror what the state is doing of particular interest is how often do you test employees after they've traveled.

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00:17:41.878 --> 00:17:46.019

So, 2 things currently.

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00:17:46.019 --> 00:17:51.959

If we do not have too many positives enough recipes, let's say that, you know, the image has got.

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00:17:51.959 --> 00:18:00.058

1514 and 15 facilities that we, uh, which state operated, uh, both for department of both secondary hospitals.

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00:18:00.058 --> 00:18:03.358

And intellectual disability have send us.

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00:18:03.358 --> 00:18:11.219

So, in these facilities, the protocol is right now that if you do not have too many staff, that's positive.

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00:18:11.219 --> 00:18:14.939

Then we, we just do by next twice a week.

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00:18:14.939 --> 00:18:18.419

So, every employee is tested with by next twice.

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Week as a screening measure, and this is because we have pretty high.

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00:18:23.068 --> 00:18:28.618

Kevin's your transmission in our, uh, in the communities where our facilities are located.

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00:18:28.618 --> 00:18:33.239

What, if there are many staff or tested positive or testing positive.

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00:18:33.239 --> 00:18:40.078

Then we increase the frequency, so they're allowed to decide how frequently maybe every other day.

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00:18:40.078 --> 00:18:45.298

Or, or even 2 to 3 times a week.

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00:18:45.298 --> 00:18:53.128

So, it's depending on how many staff are testing possible, but there was a time in 1 of the festivities. We were having 1520 staff.

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00:18:53.128 --> 00:18:58.048

Positive every week at that point, they increase the testing to have daily.

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00:18:58.048 --> 00:19:08.038

In that facility, so it is based on how many staff are testing positive, uh, based on that decrease the decrease increase the frequency.

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00:19:08.038 --> 00:19:12.239

But it is typically recommended twice a week with.

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00:19:12.239 --> 00:19:16.469

Depending on your community transmission and in facility currently.

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00:19:16.469 --> 00:19:20.729

The transmission is quite high in pretty much all the counties.

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00:19:20.729 --> 00:19:25.318

Um, exposure, if you had somebody was exposed, um.

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00:19:25.318 --> 00:19:33.358

To a staff at work, then we do a test them every other day for a period of about.

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00:19:33.358 --> 00:19:36.388

10 days, unless they're symptomatic.

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00:19:36.388 --> 00:19:42.838

Then we test them and this, we send them home, but usually that is after exposure testing is every other day for 10 days.

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00:19:42.838 --> 00:19:46.199

So that is kind of our testing. We have.

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00:19:46.199 --> 00:19:52.739

You know, because he also take care of residents, and if there's exposure, it's a very complex testing protocol. We have.

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00:19:52.739 --> 00:19:57.568

If you want to get learn more about it, get in touch with me, and be glad to share that.

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00:19:57.568 --> 00:20:05.578

Other questions okay. 1 other thing someone says so, if it's over 8 months since the 2nd dose.

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Will folks have to start the entire series over again? No.

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00:20:09.898 --> 00:20:16.828

Just the 4th dose again again, this is just again this, this out this.

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00:20:16.828 --> 00:20:22.288

Criteria on guideline has not been released by yet.

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So, I don't want to put it too much weight on this. I just want to wait till we get the exact guidelines. This is what the folks.

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00:20:28.499 --> 00:20:31.979

Right now the guidelines are only 5 minute compromised individuals.

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00:20:31.979 --> 00:20:35.699

For the rest of the population that is talk about.

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00:20:35.699 --> 00:20:39.239

The 3rd, those being made available for everyone else.

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And that particular criteria guideline has not been released yet.

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So, let's wait to get those guidelines released before we talk about it more extensively.

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00:20:52.169 --> 00:21:00.479

Okay, and 1 other came in, I'm regarding testing for staff. Does that includes support coordinators.

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00:21:00.479 --> 00:21:10.469

Anyone who comes to work in the image, or even a support coordinator and you are at the person is working.

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00:21:10.469 --> 00:21:13.949

In the community with clients yes.

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00:21:15.868 --> 00:21:19.558

Okay, and I believe that is the last question that we have.

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00:21:19.558 --> 00:21:27.209

Thank you all have a nice day and I think a station empty is next and they should be able to.

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00:21:27.209 --> 00:21:32.038

They are, they should be able to add some more of your questions related to vaccination.

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00:21:32.038 --> 00:21:36.808

And, um, and monoclonal antibodies festivals, and probably will do a better job than I did.

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00:21:36.808 --> 00:21:40.739

Thank you all have a nice day. Thanks.

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00:21:45.503 --> 00:22:00.203

Yeah. Okay. Hello. Hi, everyone. Thank you. I appreciate. Thanks. Dr. Stanislav for those of you. Who don't know me? I'm a manager ready. I'm 1 of the physicians and partners with station empty and just to refresh everyone's memory.

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00:22:00.203 --> 00:22:01.703

And for those who don't know,

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00:22:01.703 --> 00:22:10.403

we are working with the division and department to provide our physician services to those individuals on the waiver services,

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00:22:11.364 --> 00:22:12.114

24 hours a day,

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00:22:12.114 --> 00:22:26.844

7 days a week to serve as a resource I'm going to just talk a little bit about some examples of when we have been called real examples of when we've been called and also to give you an idea about,

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00:22:26.874 --> 00:22:30.503

regarding specifically address 1st,

197

00:22:30.503 --> 00:22:32.153

this monoclonal antibody issue.

198

00:22:32.153 --> 00:22:46.163

Dr. Santa SLAs did an excellent job and kind of touched on some of the high points. I would interject a few things and some of this is unfortunately a policy issue from a federal level on August 18th.

199

00:22:47.098 --> 00:23:00.983

Us a top U. S. officials issue to a statement, which is kind of an usual statement saying that they plan on starting to offer the boosters on September 20th for a for people who are 8 months removed from the 2nd, dose of either Pfizer. Madonna.

200

00:23:01.013 --> 00:23:10.403

Um, the announcement kind of came ahead of the typical review process. So it's from my understanding the plans reconvene.

201

00:23:11.759 --> 00:23:25.648

It's group of advisors on September 17th, just 3 days before the White House has planned to start rolling this out and we should have a little more guidance on that. So we are staying on top of it.

202

00:23:25.648 --> 00:23:35.429

Um, unfortunately, as we've all experienced that that these things change, and it's, it's kind of a moving target we're trying to stay ahead of.

203

00:23:35.429 --> 00:23:44.338

What's going on from a policy perspective? We what? We want to make base these decisions on science and a, there's a lot of.

204

00:23:44.338 --> 00:23:54.023

Questions still, that remain, but from my understanding, the guidance should come out September 17th and we'll have a little more information from your perspective. We are staying on top of that.

205

00:23:54.023 --> 00:24:08.604

If you have questions, you can always contact us if we deem an individual needs the monoclonal antibodies. For example, we are able to assess them and provide that in terms of a physician perspective and give you more information.

206

00:24:08.874 --> 00:24:20.993

We are working on some correspondence and that will allow you to give you a little better understanding. It is a little confusing for everyone, but just want to let, you know, as station empty.

207

00:24:20.993 --> 00:24:29.874

We are resource for you to answer questions regarding that. And again, as we get and learn more about that process, we'll keep you updated.

208

00:24:30.989 --> 00:24:42.628

I do want to kind of give you an idea and give you some real data about our services and what we have seen. And I think I'll be able to share my screen here.

209

00:24:42.628 --> 00:24:46.499

Can you see all that? Hopefully.

210

00:24:47.939 --> 00:24:49.463

Yes. Okay great.

211

00:24:49.703 --> 00:24:50.003

So,

212

00:24:50.003 --> 00:24:53.124

these are just kind of a snapshot,

213

00:24:53.124 --> 00:25:05.483

a high level view of the calls that we've received in 2021 so far and the blue are the number of ones that we've called and avoided any visit or sending them out.

214

00:25:05.483 --> 00:25:20.453

The gray are the ones we send out that we feel that we need to get more evaluation, emergency department or urgent care whatnot. So obviously, the highest 1 or medication issue. So, what does that mean? So, if you have a question about a medication, you need a refill.

215

00:25:20.453 --> 00:25:30.413

Sometimes we get calls like, oh, we opened the blister pack and a pill is missing or someone took more than 1 anything that regarding medications that we're happy to answer those questions.

216

00:25:30.413 --> 00:25:41.874

And again, it goes runs the gamut of potential medical scenarios that you probably very familiar and encounter cellulite of skin infection fall of course, contact with exposure to.

217

00:25:41.874 --> 00:25:52.854

And that's most likely a lot of questions about that quarantining isolation. These are the various things that we get calls for.

218

00:25:54.239 --> 00:25:58.229

I'm vomiting abdominal pain seizures, diarrhea.

219

00:25:58.229 --> 00:26:12.058

So, that gives you an idea of the typical cases that we see. I don't want to get 2 in the weeds of how we handle each case. Because each case is unique but we may see someone with a cough. For example, 1 of the individuals may have a cough.

220

00:26:12.058 --> 00:26:26.243

And we will assess them and our physician may feel that the individual's fine. It's a viral infection. Nothing needs to be done or they may feel that well, let's, let's prescribe medications. The medications will be delivered or you pick them up whatever modality you have.

221

00:26:26.663 --> 00:26:35.394

And then we will call back and reassess the individual. The goal of this whole process is to attempt to keep individuals in their homes setting whenever.

222

00:26:35.669 --> 00:26:50.483

It is possible, but most importantly, when it is medically safe and relevant, there's a lot of these things that you really don't need to be sent out. We can also help coordinate care with the primary care physician for those of you have user service and understand it.

223

00:26:51.023 --> 00:27:04.044

You kind of know what we do, but for those who haven't, there's always a question of when to call when not to call and again not to sound like a broken record. But if you're not sure call us, and we will let, you know, we will help facilitate that.

224

00:27:04.259 --> 00:27:11.729

Um, question and get you to, at least to the right, right uh, person. Some of the other examples that we do see, for example, are abdominal pain.

225

00:27:11.729 --> 00:27:20.548

And not all abdominal pain obviously can be treated in place. And you can see that the gray there. Those are the ones we send out. I do want to add that if.

226

00:27:21.594 --> 00:27:34.824

We do send someone out and we feel that we can't provide those services. We will contact the urgent care emergency room in advance and say, and let them know that you are coming. And that oftentimes will help expedite the care.

227

00:27:35.634 --> 00:27:44.663

Hopefully eliminate some unnecessary testing and provide that physician at the receiving facility. Some more guidance.

228

00:27:44.999 --> 00:27:54.263

The flip side of that is, when you do go, there's a lot less reluctance to send someone back home to the group home or home setting because they know that we will follow up on them.

229

00:27:54.594 --> 00:28:03.233

So this just gives you an idea of some of the calls that we receive and again, it's by, no means exhaustive list but we are there to serve as a resource for you.

230

00:28:03.983 --> 00:28:10.913

So, I think I will stop sharing and, um, and see if there's any specific questions.

231

00:28:11.159 --> 00:28:15.808

Uh, for me, and I tell you, you let me know if you see anything.

232

00:28:19.223 --> 00:28:32.394

So, I don't know that this is necessarily specific to what you just shared, but we did, have someone asked about side effects on the 3rd shot if you might want to talk something that says people experiencing intense side effects from the farm shot?

233

00:28:32.394 --> 00:28:34.493

Like, they did on 1st and 2nd.

234

00:28:35.544 --> 00:28:40.673

So, I will tell you, it's still relatively new. I can tell you anecdotally.

235

00:28:40.673 --> 00:28:51.173

What I've heard is that the same side effects that you heard about in the 1st shot, which is wide and varied are the ones that people are experience, obviously pain at the injection site.

236

00:28:51.203 --> 00:29:01.584

Is number 1, but outside of that are sometimes feel people feel slightly Malaysia weakness. Low grade fever is not uncommon. That just means that booster is working.

237

00:29:01.854 --> 00:29:12.054

But outside of that, I, I don't want to say specifics, because I have not encountered tons and tons of people that have had this additional booster yet.

238

00:29:12.953 --> 00:29:25.884

So my, my high level discussion on that would be probably going to be very similar and just so you guys know, there's some question like, this, there's nothing magical about this booster. It's the same shot.

239

00:29:26.213 --> 00:29:39.953

It's just an additional shot with the thought process being that. It will provide the body additional immunity and or if there's some waning immunity that is going on with the current antibodies that you have.

240

00:29:41.153 --> 00:29:47.304

I will say that from, from my discussions with colleagues. And what from what I read is 1 thing I will add is.

241

00:29:47.669 --> 00:29:51.838

They shouldn't preclude you, and especially those individuals that are.

242

00:29:51.838 --> 00:29:58.709

Compromise vulnerable from getting the flu shot. I don't have full guidance on what this flu season's gonna be like but.

243

00:29:58.709 --> 00:30:04.469

There's no reason you shouldn't get that. There's no reason you should, uh.

244

00:30:04.469 --> 00:30:14.098

Curtail any other medical, uh, you know, continuing medical care that your you, or your individuals are receiving and, and, and, uh.

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00:30:14.098 --> 00:30:15.324

The last thing I'll say is,

246

00:30:15.324 --> 00:30:16.074

is Missouri,

247

00:30:16.104 --> 00:30:16.284

like,

248

00:30:16.284 --> 00:30:25.193

many other states are experiencing the hospitals are experiencing
tremendous surge in volume of individuals with cobit obviously,

249

00:30:25.433 --> 00:30:30.743

but because of that other issues are being neglected and they're waiting
forever.

250

00:30:30.743 --> 00:30:35.064

I'm sure you're hearing the stories about waiting in the are for issues
and.

251

00:30:35.368 --> 00:30:39.479

It's even more important now that we continue to.

252

00:30:39.479 --> 00:30:46.679

5 medical care for individuals, um, in their home setting and and stay
away from these burden hospitals whenever possible.

253

00:30:46.679 --> 00:30:53.788

Now, if it's absolutely necessary, obviously will so we can serve in that
capacity in terms of addressing those issues that you would otherwise
feel like.

254

00:30:53.788 --> 00:30:59.189

I'd have to go to the E. R urgent care. So.

255

00:30:59.189 --> 00:31:02.729

All right, I think that's the only question we had.

256

00:31:02.729 --> 00:31:06.328

Great. Great. I appreciate it. Thank you for your time.

257

00:31:06.328 --> 00:31:12.298

All right, thank you. And Emily, I believe you are up.

258

00:31:18.868 --> 00:31:33.269

Hi. Hi. Good morning. I'm Emily. Wavering. I'm the new director of federal programs unit. This is my 1st week so I've been asked to present a few things for our group.

259

00:31:33.269 --> 00:31:45.148

Just a reminder that there was a change in the save policy on the pandemic related disaster assistance and that was regarding the.

260

00:31:45.148 --> 00:31:53.038

Emergency message that Social Security Administration has adjusted their policy to now exclude.

261

00:31:53.038 --> 00:32:01.348

Economic impact payments, known as then lists payments from individual income and resource calculations.

262

00:32:01.348 --> 00:32:06.298

There was a blast sent out on August 30th regarding that change.

263

00:32:07.439 --> 00:32:21.449

And then the other reminder, our comment that I had was related to the CBS enhanced, spend plan, a blast went out yesterday regarding they.

264

00:32:21.449 --> 00:32:35.338

August 13th, this year, partially approved Missouri's spending plan with a request for additional information to read a copy of that.

265

00:32:35.338 --> 00:32:45.628

Message response, you can access that on our website and through the blast. The link that is available.

266

00:32:45.628 --> 00:32:49.769

Silence.

267

00:32:49.769 --> 00:32:54.449

I think that's all I have. Do we have any questions for me?

268

00:32:54.449 --> 00:33:02.999

I don't see anything, so I believe that takes us to Kim stock.

269

00:33:02.999 --> 00:33:06.058

Okay, thank you.

270

00:33:06.058 --> 00:33:13.348

Morning everyone, thank you just wanted to highlight and 2 lines of effort that the division is currently.

271

00:33:13.348 --> 00:33:16.703

Collaborating with our colleagues at the University of Missouri,

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00:33:16.703 --> 00:33:17.903

Kansas City Institute,

273

00:33:17.903 --> 00:33:22.314

for human development on we have 2 upcoming webinars,

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00:33:22.374 --> 00:33:32.933

and we have looked at the vast array of resources and information that are available to individuals and have put together what we're referring to as a tool kit,

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00:33:33.084 --> 00:33:36.503

which will be basically a 1 page front and back.

276

00:33:36.898 --> 00:33:49.858

Document that will list links directly to resources from sources such as the center for Disease Control and prevention, or CDC from the Missouri Department of health and senior services.

277

00:33:49.858 --> 00:33:57.148

Um, an informational document from that was developed in collaboration between the DD planning Council.

278

00:33:57.148 --> 00:34:01.108

Emissary and the Missouri Department of health and senior services.

279

00:34:01.108 --> 00:34:06.959

Some information through some of our observe decide act documents within the division.

280

00:34:06.959 --> 00:34:10.739

And resources that have been developed from Casey.

281

00:34:10.739 --> 00:34:17.969

H, D. and then we're also including station MD information and resources as well.

282

00:34:17.969 --> 00:34:22.289

For hoping that this tool kit will serve to provide.

283

00:34:23.094 --> 00:34:29.844

Direct access to important information and resources to assist individuals,

284

00:34:29.844 --> 00:34:30.443

families,

285

00:34:30.443 --> 00:34:39.623

and caregivers when making those important individualized decisions right now regarding cobit 19 in the public health emergency.

286

00:34:39.958 --> 00:34:54.418

We have 1 webinar that we will be Co presenting with our colleagues at an email blast. I believe, went out earlier this week on that and is available on our website. If you're interested in that information.

287

00:34:54.418 --> 00:35:00.358

That particular webinar is scheduled for September 9 from 90 a m to 10. 0. am.

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00:35:00.358 --> 00:35:04.318

And the targeted audience for that webinar is our.

289

00:35:04.318 --> 00:35:07.409

Contracted support coordinators.

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00:35:07.409 --> 00:35:18.358

Are state support coordinators within the division, their supervisors and the divisions TCM tech team members, and any other stakeholders who are interested in joining.

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00:35:18.358 --> 00:35:24.599

Please register and do so what we'll be highlighting in that webinar is the token information.

292

00:35:24.599 --> 00:35:27.748

And asking the support coordinators.

293

00:35:27.748 --> 00:35:35.759

To share this information with the individuals that are in their respective caseloads, as part of their support monitoring.

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00:35:35.759 --> 00:35:43.798

And so it's really important for again, those targeted targeted audience participants to register and.

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00:35:43.798 --> 00:35:55.619

Participate in on the webinar, the 2nd line of effort is very similar, but it's a different target audience and that webinar is scheduled for September 16.

296

00:35:55.619 --> 00:36:02.548

And I believe we are still in the process of preparing, and we'll be sending out the email blast on that particular webinar.

297

00:36:02.548 --> 00:36:06.869

And it is scheduled again on September 16th from 1230 to 1.

298

00:36:06.869 --> 00:36:13.918

And the targeted audience for that particular webinar is going to be directed towards individuals for receiving services.

299

00:36:13.918 --> 00:36:23.458

As well, as their family members, caregivers, decision makers, any other team members, and it's open to anyone that might be interested in participating.

300

00:36:23.753 --> 00:36:27.143

And the emphasis and focus on that particular webinar is again,

301

00:36:27.143 --> 00:36:36.083

we'll be walking through the toolkit and covering some of those links of information that has been specifically developed for individuals with intellectual development,

302

00:36:36.534 --> 00:36:39.233

developmental disabilities assist again.

303

00:36:39.539 --> 00:36:45.539

With them and making those important individualized decisions right now.

304

00:36:46.619 --> 00:36:55.469

And so stay tuned, and we hope that everyone is able to participate in those webinars we will be reporting those and posting them on the website as well.

305

00:36:55.469 --> 00:37:02.128

So, I appreciate your time today and with that, I'm going to turn over to window with sake. I believe she has a few updates as well.

306

00:37:03.478 --> 00:37:17.514

Thank you Kim, I'm going to start off by answering 1 of the questions. That was in the chat about if station empty is available as a waiver service. So it has been approved by CMS or our schedule. Okay.

307

00:37:17.514 --> 00:37:21.443

But we are still waiting on final approval with.

308

00:37:21.443 --> 00:37:35.123

And Mac and Mo, health net division so as soon as the system is ready to accept authorizations for station empty as a waiver service, the division will distribute a memo describing the enrollment process.

309

00:37:36.233 --> 00:37:47.994

So, currently, all persons that are enrolled in the waiver should continue to access station empty and you can access it through the normal course of action of how you've been able to do it.

310

00:37:48.628 --> 00:37:59.094

Up till now, the waiver authorization only changes the funding stream, not the availability or access to the service so continue to use station empty.

311

00:37:59.094 --> 00:38:06.804

And if you're not signed up, certainly go ahead and get signed up the way you've been used to your support coordinator will be able to help you with that.

312

00:38:07.463 --> 00:38:21.833

And then the only other thing, unless there's something and chat, I will let people take a minute to look at that, is that I wanted to introduce to the group virtually. And I'm not sure if amber is able to be on the call this morning amber.

313

00:38:21.833 --> 00:38:24.114
If you're on the call, would you please.

314
00:38:26.340 --> 00:38:30.054
Turn your camera on so people can see you and like I said,

315
00:38:30.054 --> 00:38:32.034
I'm not sure that she was able to join us,

316
00:38:32.275 --> 00:38:33.925
but I wanted to introduce and let,

317
00:38:33.925 --> 00:38:42.655
you know that we have filled the assistant division director position
that was previously filled by Marcy folder.

318
00:38:42.655 --> 00:38:50.005
It is Amber is the new assistant division director for the central region
and so that covers the Clarksville,

319
00:38:50.815 --> 00:38:54.054
Columbia popular bluff,

320
00:38:54.684 --> 00:38:58.824
Kate gerardo areas kind of down the middle of the state from top to
bottom there.

321
00:38:59.215 --> 00:39:05.335
And amber has worked for the department for a number of years.

322
00:39:05.335 --> 00:39:18.054
She started as the assistant to the general counsel's office for, and
after 2 years moved on to be the director over investigations for the
department, and was there for nearly 4 years.

323
00:39:18.385 --> 00:39:32.304
So, prior to working for the division, and the department, she served as
the administrative hearings officer for the Department of social
services, and I'm just really excited to have amber onboard.

324
00:39:32.304 --> 00:39:36.985
I've had the opportunity to work with her and her 2 different capacities
within the division.

325

00:39:36.985 --> 00:39:51.744

She brings a wealth of knowledge and expertise and is eager to learn the specifics about the division and and how we do business on this side but has just got a stellar reputation of

326

00:39:51.744 --> 00:39:52.434

working well,

327

00:39:52.434 --> 00:39:55.644

with our team team development,

328

00:39:56.215 --> 00:39:57.655

performance improvement.

329

00:39:57.684 --> 00:39:58.795

And so she's.

330

00:39:59.730 --> 00:40:12.954

Ready to be on board. She far she started on September 1st, so please welcome me if you are in any of those regions feel free to reach out to her with questions, or to welcome her on board.

331

00:40:13.554 --> 00:40:24.175

Her email is like any other state email. It's her 1st name dot last name at Mo dot. Gov. So as a. M. E. R. D.

332

00:40:24.510 --> 00:40:28.800

Dot D. U. G. H. E. R. T. Y.

333

00:40:28.800 --> 00:40:43.019

At dot Gov, so please drop her note and welcome her on board or excited to have her. And are there any questions that have come up in the chat? Pica for any of us on the panel.

334

00:40:43.019 --> 00:40:57.570

There has not we well, no questions for the panel there was 1 question about the transcript, and when That'll be posted so for the rest of you, the recording and transcript will be available on the website next week.

335

00:40:58.739 --> 00:41:09.869

And right I believe that's a wrap. So I would like for everyone to have a wonderful and safe holiday weekend and enjoy every moment of it.

336

00:41:10.949 --> 00:41:12.690

Thank you thank you.