

WEBVTT

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00:00:00.000 --> 00:00:04.889

Thanks bye. Good morning. Everyone and.

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00:00:04.889 --> 00:00:18.208

Happy Friday and hope everyone is staying dry and warmed might be lovely weather out there. Today. I am going to turn it over 1st to Dr to join us for.

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00:00:18.208 --> 00:00:22.199

Um, some updated information on and what we need to know.

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00:00:26.129 --> 00:00:32.189

Yes, so we have some, uh, good news.

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00:00:32.189 --> 00:00:37.439

Um, the 1 of the things that we are seeing is across the state.

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00:00:37.439 --> 00:00:48.840

A rates are dropping, but it does not dropping steeply over the last week or 2. for the last week. It has been kind of platforming kind of came down.

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00:00:48.840 --> 00:00:51.869

And it is kind of flattering right now.

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00:00:51.869 --> 00:00:59.280

Ah, but overall the rates are significantly less than what it used to be, but still it is not the point where.

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00:00:59.280 --> 00:01:09.719

The transmission is so low that we can undo all the mitigation efforts at this point in order to keep it going down, or at least made it in the plateau.

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00:01:09.719 --> 00:01:14.340

We need to continue our mitigation efforts, which means.

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00:01:14.340 --> 00:01:17.730

Masking when you go to and given gatherings.

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00:01:17.730 --> 00:01:22.260
And also maintaining distance, and also not being in.

13
00:01:22.260 --> 00:01:25.500
You know, unmasked with in large gatherings.

14
00:01:25.500 --> 00:01:35.670
So, this is very, very important, um, the other good news that we came,
or the avenues that we have, this, this, this, uh, this week, uh, from.

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00:01:35.670 --> 00:01:41.459
As the booster shots, so we have now booster shots approved for.

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00:01:41.459 --> 00:01:44.760
Um, all 3 vaccine, Pfizer.

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00:01:44.760 --> 00:01:51.480
Dana and J. and J now, Pfizer, uh, the 3rd, those sorry the booster dose.

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00:01:51.480 --> 00:02:03.805
Had been approved, I think, at least, um, 3 weeks or longer, but for
Madonna and J it was just approved and this again, the booster shots are
not for everybody. Now.

19
00:02:03.834 --> 00:02:08.365
Um, while I'm speaking feel free to get your questions.

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00:02:08.490 --> 00:02:14.849
Um, to me, so I can answer your questions. So after I get information on
the booster shots.

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00:02:14.849 --> 00:02:23.069
So, again, the booster shots are not for everybody. The CVC has
recommended who should take the booster shots.

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00:02:23.069 --> 00:02:27.689
1st, I would talk about Pfizer and Marina, because they're very similar.

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00:02:27.689 --> 00:02:35.520
And then I'll talk about changing so, who are the individuals who are
eligible for the booster shots number? 1?

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00:02:35.520 --> 00:02:43.080
Age 65 and older that anybody who is 65 and older.

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00:02:43.080 --> 00:02:50.849
It is eligible for the booster shot. Number 2 is anyone who's 18 years.

26
00:02:50.849 --> 00:02:56.009
Or older, and who lives in a long term.

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00:02:56.009 --> 00:03:00.300
Care setting, which includes like a have sender.

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00:03:00.300 --> 00:03:07.620
A group home when you have multiple individuals from, uh, from different families, living together.

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00:03:07.620 --> 00:03:12.330
In any kind of a group, any kind of a group home would also be considered.

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00:03:12.330 --> 00:03:16.229
A long term care settings, so anybody in a nursing home.

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00:03:16.229 --> 00:03:28.495
A group, home hospital, like, in a psychiatric hospital and a half center, or any time there's a congregate living arrangement. That is a long term care. Settings would be considered.

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00:03:28.525 --> 00:03:31.435
So, 18 and older in long term care settings.

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00:03:31.560 --> 00:03:36.629
Number 3 is age 18 and older.

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00:03:36.629 --> 00:03:39.750
Who have underlined medical medical conditions.

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00:03:39.750 --> 00:03:42.960
And then the CDC goes on to say.

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00:03:42.960 --> 00:03:52.110

What those underlying medical conditions that we currently have evidence for higher risk of cobit or if they do have re, they do cash go with.

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00:03:52.110 --> 00:04:00.719

Then the risk of, um, them having severe symptoms or ending up in a hospital, or having a negative outcome.

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00:04:00.719 --> 00:04:04.379

So those are the individuals that they have those medical conditions.

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00:04:04.379 --> 00:04:10.139

And they contract hold it, then they have a a outcome.

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00:04:10.139 --> 00:04:16.889

Send those without these medical conditions so I'm going to go through some of those medical conditions. Now. 1 is cancer.

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00:04:16.889 --> 00:04:24.899

Anybody who has had a diagnosis of cancer and going through treatment for cancer or even if they're remission for cancer.

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00:04:24.899 --> 00:04:34.889

I would definitely consider this underlying condition, um, chronic kidney disease. Anytime you have a kidney disease, giving any kind of kidney disease is considered.

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00:04:34.889 --> 00:04:38.848

To be a high risk condition, chronic lung disease.

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00:04:38.848 --> 00:04:42.749

Which includes.

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00:04:42.749 --> 00:04:47.759

And decision, lung disease or anything you have a long. This is even asthma.

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00:04:47.759 --> 00:04:52.228

Can be considered a lung disease for this particular purpose.

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00:04:52.228 --> 00:05:00.598

A chronic liver disease, such as alcoholic, cirrhosis, any kind of, uh, condition that has caused hepatitis.

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00:05:00.598 --> 00:05:11.579

Or liver conditions, people who are suffering from diabetes mellitus B type 1 or T type 2, um, heart conditions, such as heart failure.

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00:05:11.579 --> 00:05:17.009

If you have had a heart 1, has had a heart attack in the past any of those.

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00:05:17.009 --> 00:05:25.348

Um, add anything, um, and also the CDs mental disorders, especially those whiskey's affinia having considered to be high risk.

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Obesity people who have had a of.

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00:05:30.509 --> 00:05:35.608

30 or higher, um, pregnancy or recent pay pregnancy.

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00:05:36.658 --> 00:05:48.959

And even even people who are smokers, um, and so these are kind of kind of some of the medical conditions, underlying medical conditions that they are found to have, uh, high risk.

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00:05:48.959 --> 00:05:53.218

Uh, are considered high risk for negative outcome.

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00:05:53.218 --> 00:05:56.639

If they contract code it and these individuals.

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00:05:56.639 --> 00:06:08.249

For these individuals, they recommend a booster another 1 condition, especially that is applicable to adults. Several of these are those who have dealt with disabilities and they have contractor covet.

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00:06:08.249 --> 00:06:20.428

They have found to have a a much more, uh, worse outcome than those who do not have their own disabilities and hence, uh, individuals, even who are living at home.

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00:06:20.428 --> 00:06:24.718

Um, if if there is, and if they're between the ages of.

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00:06:24.718 --> 00:06:32.249

18 and about, and they should have, I would strongly recommend a booster based on the recommendation.

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From from.

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So we talked about 865 and older.

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We talked about individuals, 18 and older who live in long term care settings.

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00:06:44.488 --> 00:06:50.699

We talked about age 18 and older who underline medical conditions and I went through those.

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00:06:50.699 --> 00:06:56.788

And we also have, um, also you're eligible for age 18 and over.

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00:06:56.788 --> 00:07:07.288

To work on live and high risk settings and this is where, um, many of the medical care workers, or, um, or still nursing who work in nursing homes.

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00:07:07.288 --> 00:07:20.064

We'll work in, uh, long term facilities um, will qualify and that will be a significant number of damage, employees, or, uh, contract employees, or, uh, who work with the community providers.

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00:07:20.093 --> 00:07:27.923

Um, staff will work and for the community. So, uh, they also CDC also has, um, noted who these.

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00:07:28.139 --> 00:07:31.379

And these, these individuals would be.

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00:07:31.379 --> 00:07:35.968

So, examples of workers who may get the covid 99 booster shots.

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1st responders, they defined that as health care workers firefighters.

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00:07:41.999 --> 00:07:45.209

Please congregate care staff.

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00:07:45.209 --> 00:07:49.978

So, go through those again, uh, 1st, responders or health care workers.

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00:07:49.978 --> 00:07:54.269

Fight fight is police and congregate care staff.

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00:07:54.269 --> 00:07:57.838

Educational staff mainly teaches.

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00:07:57.838 --> 00:08:05.428

Support staff, daycare workers, people who work in the food in agriculture for their agriculture workers.

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00:08:05.428 --> 00:08:09.298

Manufacturing workers correctional workers.

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00:08:09.298 --> 00:08:13.829

U. S. Postal service workers public transit workers.

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00:08:13.829 --> 00:08:24.329

And grocery store workers, so these are the people who who they consider, who work and live and high risk settings and between the ages of 18 and 64.

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00:08:24.329 --> 00:08:30.988

All right, so, um, let me go through this 1 more time. What are the individuals eligible for? Booster.

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00:08:30.988 --> 00:08:35.698

65 and older, 18, plus, 11 long term care.

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00:08:35.698 --> 00:08:39.658

Settings, 18, plus unline medical conditions.

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00:08:39.658 --> 00:08:44.009

An 18, plus who work on 11 high high risk settings.

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00:08:44.009 --> 00:08:50.908

So, when should we get him booster, uh, for a booster for Pfizer or Madonna?

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00:08:50.908 --> 00:08:55.139

They recommended at least 6 months after your 2nd shot.

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00:08:55.139 --> 00:09:00.989

So, um, if it's been 6 months, which most of us who have got.

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00:09:00.989 --> 00:09:05.729

The 2 shot, um, the 3rd and 2nd chart for more than a Pfizer.

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00:09:05.729 --> 00:09:12.359

By April should be eligible, so it must be 6 months after you've got the 2nd shot.

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00:09:12.359 --> 00:09:15.899

For Pfizer harbor, Dana.

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So, now let's talk about Johnson and Johnson.

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The J and J vaccine so it was a single dose vaccine.

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00:09:24.089 --> 00:09:28.918

So, what the CDC currently recommends is, you can get a 2nd dose.

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00:09:28.918 --> 00:09:37.288

Of J and J, if you are too much, if it's at least 2 months before your 1st step so individuals who had to meet the boosted those.

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00:09:37.288 --> 00:09:43.589

Requirements and if they got their 1st dose as Johnson and Johnson, and if it's 2 months.

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00:09:43.589 --> 00:09:47.428

Since they got the Johnson and Johnson Johnson back to the D. J.

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00:09:47.428 --> 00:09:50.519

Vaccine they should be able to.

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00:09:50.519 --> 00:09:54.778

Able to get it now. Um, the 2nd does.

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00:09:54.778 --> 00:09:58.438

So, and there's also another provision.

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00:09:58.438 --> 00:10:02.099

That has come up with mixing and matching of vaccines.

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00:10:02.099 --> 00:10:12.778

So, can we Mexican somebody who has had Pfizer before get a Jane Jane now, or was someone who's had before get Pfizer now?

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00:10:12.778 --> 00:10:17.339

So, they looked at some research and what they found is.

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00:10:17.339 --> 00:10:31.139

Individuals who had a mixing of vaccines, uh, say from a people got an before, which is Pfizer. And then, uh, and then they got a J and J or people who got a 1st and now.

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They're getting an, uh, vaccine they found that the, the amount of neutralizing antibody that the body produce.

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It was much higher they thought it was 50 times to 70 times to higher.

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00:10:42.599 --> 00:10:47.578

Um, then when they got the same dosage again, so, based on this, um.

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00:10:47.578 --> 00:10:55.438

Cdc has recommended that you could do a mix and match meaning that if you got J. J. the 1st time around.

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00:10:55.438 --> 00:11:01.379

And it's already 2 months before you, by the time you got it 1st deals, you can go take an Pfizer.

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00:11:01.379 --> 00:11:05.158

Automa, uh, as a 2nd vaccine.

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00:11:05.158 --> 00:11:11.308

Same thing if individuals have had Pfizer or Moderna is already 6 months past the 2nd.

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00:11:11.308 --> 00:11:24.149

And they want to take a J and J as they are, uh, booster dose they can do that as well. I know there's a lot of information here. Um, I'm open to taking questions feel free to get your, um.

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00:11:24.149 --> 00:11:28.469

And if you have any chat questions, please, uh, send it.

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00:11:28.469 --> 00:11:34.198

Uh, to the analyst, and we will address that now where can you get them?

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00:11:34.198 --> 00:11:39.328

That's a good question. So we do have the state does have a standing order.

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00:11:39.328 --> 00:11:45.448

Which all pharmacy, um, your primary care physicians can give it to the offices are giving it.

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00:11:45.448 --> 00:11:50.578

Certainly qualified health centers aware of where you are getting your, uh, vaccine initially.

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00:11:50.578 --> 00:11:55.139

Should be able to give it to you uh, right now, CVS and Walgreens.

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00:11:55.139 --> 00:12:01.469

Um, hi, we all the pharmacies in Missouri are able to give the vaccination.

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00:12:01.469 --> 00:12:07.499

And it's so easy to go online and get an appointment and getting it. I got mine.

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00:12:07.499 --> 00:12:18.989

Um, last week, and I took it at the same time, you can give you flu vaccine and your covid boost at the same time. I got my flu vaccine. My right. Um, uh, and my.

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00:12:18.989 --> 00:12:22.078

Kobe booster on my left arm and.

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00:12:22.078 --> 00:12:32.009

Had no issue. So that is something you recommended and it's flu season. I strongly recommend taking the flu vaccine as well. So you can take both at the same time.

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00:12:32.009 --> 00:12:37.048

Then you make an appointment to do in your phone and you do your pharmacy.

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00:12:37.673 --> 00:12:50.573

Again, um, booster, how do you do it? You just when you sign up for the booster on the website in in your pharmacy, or you make a phone call to find sign up, there is actually a self registration form.

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00:12:50.573 --> 00:12:53.244

Basically you just say, qualify for the booster.

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00:12:53.519 --> 00:12:58.558

They don't need any documentation to show that you can you need the booster.

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00:12:58.558 --> 00:13:03.328

Is a self attestation um, the other thing is also.

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00:13:03.328 --> 00:13:12.719

Take your booster card with you if you've already had your 1st and 2nd those or just 1 goes with Jackson, take your card with you when you go to the pharmacy.

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00:13:12.719 --> 00:13:17.188

It helps them really identify the lot and we need the date. You got it.

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00:13:17.188 --> 00:13:24.839

And also they will add the 3rd boosted those or the 2nd booster dose, uh, in the cards. So you have 1.

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00:13:24.839 --> 00:13:28.619

Nice card with all your vaccination details in there.

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00:13:28.619 --> 00:13:34.318
That's all. I have any questions.

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00:13:34.673 --> 00:13:45.624
Dr students lastly, have 1 question that came in that just for clarification it said, I thought I read that if you got the J and J shot originally you are eligible for a booster.

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00:13:45.624 --> 00:13:53.124
Now, if you are over age, 18, regardless of health, living situation, profession, et cetera, is that correct?

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00:13:53.458 --> 00:14:04.139
That is correct. Thank you for pointing that yes, if you are, what, a J. J. and it's 2 months until last was anybody everybody that is? No Pre request.

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00:14:04.139 --> 00:14:08.158
You can just go in and get another J and J.

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00:14:08.158 --> 00:14:11.428
Or, um, or.

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00:14:11.428 --> 00:14:16.769
Vaccine any of the Pfizer or modern you're absolutely correct. And thank you for pointing that out.

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00:14:18.359 --> 00:14:21.719
And that's the only question that we have today.

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00:14:21.719 --> 00:14:26.038
Well, in that case, I'll have a nice weekend and I.

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00:14:26.038 --> 00:14:31.469
And be safe, and I hand it over to station on.

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00:14:31.469 --> 00:14:34.828
Hi, how are you? Thanks.

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00:14:34.828 --> 00:14:49.438
Uh, thank you all. Um, I'm going to be very brief. Um, I was covered a lot of what I think is important. Um, but I was just going to speak real

briefly about breakthrough infections because there's been some questions about that.

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And then very briefly touch on the Merck pill, which is an anti viral, which you may have heard about, or read about.

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So, let me start 1st, with the breakthrough infections.

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Um, the 1 thing I will emphasize.

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A few things I'll emphasize is that, um, there are no vaccines that are 100 effective. Um, and every vaccine has.

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There's going to be some people that get vaccinated, you know, if you've probably had the flu vaccine, some people still, you still get the flu and this vaccine that's out there.

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All of them are are extremely effective in preventing coven, 19 more importantly, extremely effective at preventing serious coven, 19, hospitalization and death.

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00:15:37.553 --> 00:15:38.033

So.

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00:15:38.908 --> 00:15:44.818

On the order of at 90% effective, as I mentioned, nothing is 100% 100%.

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100% effective, but the key here is.

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How important it is to get vaccinated in terms of preventing.

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00:15:52.469 --> 00:16:01.558

Serious illness and hospitalization and death and that has been consistent. What I will tell you about breakthrough infections is that 1st of all they do occur.

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00:16:01.558 --> 00:16:16.524

It is extremely rare and the data that has come out very recently has shown that, even with the delta variant, when the delta variance spike, the majority 6 to 10 times, that the other of the people that had developed infections.

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00:16:16.769 --> 00:16:31.344

Were those that were on vaccinated very small amount of individuals that were vaccinated ended up getting a breakthrough infection. That was severe. Um, so, so that that really is the take home take home message. So a few points I want to make that again.

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I just want to hammer home, is that the vaccine, all of them protect against serious disease. Nothing is 100% number 2. it's extremely rare to get.

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00:16:40.708 --> 00:16:55.198

A serious infection after getting the vaccine both those is there have been some individuals that are more prone to get it if they've only partially finished the course for those that are to course vaccinations.

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00:16:56.183 --> 00:17:10.854

The other thing I think is really critical to emphasize is that vaccinations decreases the person to person spread. So it's another reason to get vaccinated. But the take home message with the breakthrough cases is they are rare, extremely rare and those that are vaccinated in the cases.

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00:17:11.094 --> 00:17:24.173

That do happen that are severe is still happening in the and vaccinated population. Lastly, I just want to really briefly touch on the anti viral pill that you may have heard about through Merck and what it is.

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It's an oral anti viral medication. If you've heard of something called tannic flu, which is an anti viral for flu, this is very similar. In fact, it has a similar mechanism of action as well. We do have other antivirals.

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00:17:36.503 --> 00:17:51.084

I've administered them myself many times, but they're intravenous. They're IV. Meaning you have to go to the hospital and get them those are the monoclonal antibodies kind of work against the virus. There's

something called severe, which is an anti viral, but this new pill that's in development by.

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00:17:51.084 --> 00:17:56.334

Merck is an oral meaning when your signs and symptoms of covid appear early on.

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00:17:56.699 --> 00:18:03.838

You go get a prescription for this pill, and it has shown in early early studies.

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00:18:03.838 --> 00:18:14.213

To reduce the risk of hospitalization and death by half again is not approved to my knowledge. All of this is a moving target. So they may have been today.

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But from my understanding, it is still no FDA emergency approval and it is still in the work.

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00:18:20.213 --> 00:18:29.364

So, the theory and thought is, is that this pill, when you develop early symptoms of covid, you would take it and it would prevent again, not.

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Uh, eliminate the disease or prevent the disease, but prevent serious disease from occurring and hospitalization from occurring. Again, there is still no FDA official approval that I'm aware of.

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00:18:40.733 --> 00:18:45.173

Um, and if there would be, it would be an emergency use authorization, such as the vaccine was.

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With the hope of it being, uh, officially approved what I do know is so far the safety profile. That is very good.

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They did stop the early trials because of such a great success rate. It is an oral formulation. I don't know the exact, but it's something like you take 2 pills a day for 5 days and.

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00:19:08.368 --> 00:19:19.913

The other thing that has been recently in the news is that Mark has license, it's used for, for other countries for poor countries to use and that's something that's very positive. That have low vaccination rates.

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00:19:20.394 --> 00:19:30.713

All that being said this by no means is a cure. It is simply to mitigate some of these symptoms very much like to reduce the severity of those infections.

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00:19:31.344 --> 00:19:45.804

And again, the early preliminary studies have shown that it has reduced the risk of severe infection and hospitalization by half. So, TBD, we're going to keep following what happens here and we'll alert all of you as it goes along. But.

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00:19:46.138 --> 00:19:57.719

Right now it is not approved for use, but has promising. I look at it as simply another webinar arsenal against, but combined with.

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00:19:58.314 --> 00:20:12.894

Strong vaccination efforts, combined with strong risk reduction whenever possible. And in addition now, we have would have an oral formulation. That's an anti. Viral will help really radical the spread.

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Because the goal is the less people that get infected. The less chances. This virus gets to mutate and turn into a more virulent form. So that's it.

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00:20:23.874 --> 00:20:32.304

I'm not sure who is next on the agenda, but thank you all and have a great weekend. Thanks. So much buddy.

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It is really great to have you and also stamp off on here on a regular basis to make sure that our stakeholders all have the good clear information regarding what we can do,

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and how to access the right care for those that we serve.

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And so the next part of the update is going to be a little bit of a mixture of information, and kind of go back a little bit because we've not been with you in a month. And that was not planned.

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Um, so we're going to call half of this, the gas leak agenda.

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00:21:10.019 --> 00:21:21.479

Um, I could call this that and I think that was an appropriate name. And so we couldn't be with you 2 weeks ago because there was an unexpected gas leak in the building but.

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00:21:21.479 --> 00:21:25.769

Everything fine and we are.

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00:21:25.769 --> 00:21:38.519

We're back, um, so, 1 of the things that happened that we planned on telling you about and making sure that everyone was aware of is that the federal public health emergency was extended.

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00:21:38.519 --> 00:21:45.358

So, now now the end of the federal public health emergency is set for January.

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00:21:46.439 --> 00:22:01.229

22nd or no, January 16th I was 2022 so many days in my head. So, January 16th of 2022 is the end of the federal, public health emergency and a lot of the flexibilities that are in place.

186

00:22:01.229 --> 00:22:04.949

To make sure that we can provide the right care and mitigation.

187

00:22:04.949 --> 00:22:10.288

And, um, get the training that we mean, during this time, period.

188

00:22:10.288 --> 00:22:19.588

Um, is hinged on those flexibilities and the authority within that public health emergency you would have a hike navigate to.

189

00:22:19.588 --> 00:22:22.919

What we call the covet 19 flexibility charts.

190

00:22:22.919 --> 00:22:28.858

And this is on the website under the covered 19 page link.

191

00:22:28.858 --> 00:22:34.798

And really some important things to know about the flexibility is in here, which.

192

00:22:34.798 --> 00:22:45.659

Range from training that can be online versus in person and different things that are waived requirements that are normally there.

193

00:22:45.659 --> 00:22:50.219

So, the big thing to know, and the important pieces is to be aware of.

194

00:22:50.219 --> 00:23:01.439

Everything within here that is currently waved or flexibility and to know when it will expire or when it will possibly expire so that you can be expecting that.

195

00:23:01.439 --> 00:23:12.989

So, right now the state flexibility, the States public health emergency is set to expire on December 31st of this year and it's.

196

00:23:12.989 --> 00:23:18.479

The flexibility within this chart is pending on.

197

00:23:18.479 --> 00:23:21.898

Both a federal and a state.

198

00:23:21.898 --> 00:23:25.979

Either regulatory or statutory waiver.

199

00:23:25.979 --> 00:23:29.788

Then there earlier of the 2 applies, so.

200

00:23:29.788 --> 00:23:41.729

If the state public health emergency were not to be extended the on December 31st, then any of the, the flexibilities within this chart.

201

00:23:41.729 --> 00:23:47.489

That rely on regulation or statutory waivers.

202

00:23:47.489 --> 00:23:50.939

We'll go away on.

203

00:23:50.939 --> 00:24:01.528

After December 31st, 1 of the questions that we did get is regarding some of the trainings that were online, and the certifications that come with them and.

204

00:24:01.528 --> 00:24:06.179

Would those still apply.

205

00:24:06.179 --> 00:24:11.249

Um, the certification and the training be good for the the time period.

206

00:24:11.249 --> 00:24:23.574

And, yeah, so just to clarify, not everyone on January. 1st, if it happens to not be extended on January 1st, you don't have to go and do in person training to make sure that you're still good.

207

00:24:24.203 --> 00:24:35.364

That certification or training will last through the appropriate time period. And then the expectation is the next time that it will be done in person. The other thing to know, is that anything within 1135 flexibility.

208

00:24:37.199 --> 00:24:45.358

And upon the end of the public health emergency at the federal level, and then anything with an appendix K.

209

00:24:45.358 --> 00:24:49.199

Approval that is 6 months.

210

00:24:49.199 --> 00:25:03.148

No, later than 6 months following the public health emergency. So, once the public health emergency at the federal level has ended we, as a state will work with providers and stakeholders to unwind.

211

00:25:03.148 --> 00:25:07.798

And get back to normal operations from any of those federal flexibility.

212

00:25:07.798 --> 00:25:13.409

Um, 1 more thing I know many of the individuals that we serve.

213

00:25:13.409 --> 00:25:23.818

Have not had to pay their spend down to maintain Medicaid eligibility during this time, period that is still in place and that and.

214

00:25:23.818 --> 00:25:29.398

Upon the end of the federal public health emergency, so that is 1. that's tied to the.

215

00:25:29.398 --> 00:25:34.499

To the end date of the federal public health emergency, just like the 1135 wave for it.

216

00:25:35.723 --> 00:25:48.023

Okay, 1 of the other things that is kind of hot off the press is that, as you may have read in the news this morning and late yesterday, the build.

217

00:25:49.648 --> 00:25:54.538

Back better reconciliation framework was released.

218

00:25:54.538 --> 00:26:00.959

Um, from the Democrats and President Biden, um, and so we have a framework of.

219

00:26:00.959 --> 00:26:05.969

What that may look like as it goes through um.

220

00:26:05.969 --> 00:26:12.449

Through the process from here, um, but there are a lot of things that apply to our programs and those that we serve.

221

00:26:12.449 --> 00:26:15.898

Including an excellent and estimated 150,000,000,000.

222

00:26:15.898 --> 00:26:21.028

For Medicaid, home and community based services, um, which includes a 6%.

223

00:26:21.028 --> 00:26:28.618

S map enhancement for quite a period of time a 2% f map enhancements for.

224

00:26:28.618 --> 00:26:31.919

Um, self direction and expansion.

225

00:26:31.919 --> 00:26:38.759

There's also approximately 1Billion that's going to be applied to.

226

00:26:38.759 --> 00:26:42.929
Um, in this version for workforce development.

227
00:26:42.929 --> 00:26:46.138
So, I encourage you if you have not.

228
00:26:46.138 --> 00:26:49.828
Gone out and kind of reviewed that yet to.

229
00:26:49.828 --> 00:27:02.788
To look through and look at the current status and we, at the division, we'll be working with stakeholders to kind of, even though we don't know what that final version will look like yet we'll be planning for.

230
00:27:02.788 --> 00:27:06.989
The possibilities and make sure that we are in a good place.

231
00:27:06.989 --> 00:27:12.028
When that when that passes, and we have a good plan going forward.

232
00:27:12.028 --> 00:27:16.378
Um, to make the best use of that money for our system, and for those, we serve.

233
00:27:17.398 --> 00:27:24.659
1, more thing I did want to talk about is that the Missouri alliance for dual diagnosis.

234
00:27:24.659 --> 00:27:29.338
Summit for 2021 is next Tuesday.

235
00:27:29.338 --> 00:27:34.888
And I'm registered, you should definitely take advantage of this great education opportunity.

236
00:27:34.888 --> 00:27:39.298
It is 1030 to 2 and we have some great speakers lined up.

237
00:27:39.298 --> 00:27:50.249
Including Dr, John constantino and Valerie and other individuals to talk about.

238

00:27:50.753 --> 00:28:05.604

These really kind of challenging situations that this population encounters, and how best to serve them. So we invite you to attend this free events and hope that you will take advantage of that.

239

00:28:05.993 --> 00:28:09.173

And with that, I, as an alternative resource, some more updates to Andy.

240

00:28:11.249 --> 00:28:14.729

Thank you Jess I have a just a quick update.

241

00:28:14.729 --> 00:28:18.689

All of the rates from the rate increases.

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00:28:18.689 --> 00:28:26.969

From the last budget session haven't updated and see more with the exception of self directed. We're still working on that and updating authorizations.

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00:28:26.969 --> 00:28:32.818

rebilling of those prior. So through July, July through September.

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00:28:32.818 --> 00:28:39.388

Group home, personal assistant and lpn claims have been processed.

245

00:28:39.388 --> 00:28:45.479

So, thank you to all the team members that did that regional offices are still manually working on.

246

00:28:45.479 --> 00:28:49.499

The rebuilds for the so.

247

00:28:49.499 --> 00:29:04.318

The providers patients, just the continuous of that patient's is greatly appreciated. I know that takes a lot of time, but most importantly, we want to let, you know, that providers can start billing. Now that race has been updated effective October.

248

00:29:04.318 --> 00:29:15.328

And on, so just didn't want providers to feel like they had to hold onto those Billings still. So make sure you start sending those in. And with that, I will turn it over to Emily. Thank you.

249

00:29:16.919 --> 00:29:21.959

Hi, good morning. A update from the federal directors. Um.

250

00:29:21.959 --> 00:29:22.259

Uh,

251

00:29:22.284 --> 00:29:23.844

from that few unit today,

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00:29:24.084 --> 00:29:24.324

um,

253

00:29:24.324 --> 00:29:30.564

the approval of the waivers and amendments were followed up by with service definition training,

254

00:29:30.564 --> 00:29:32.814

and that was held on October 12 with 647 attendees,

255

00:29:32.814 --> 00:29:33.233

the record,

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00:29:33.233 --> 00:29:39.743

the recording presentation and programmatic change document is available on the divisions.

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00:29:39.743 --> 00:29:41.334

Um, previous webinar page.

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00:29:44.453 --> 00:29:59.364

We also are holding 3 live Q a sessions 2 of which that have already been held on October, October, 21st and October 25th the 1st session had 448 attendees and the 2nd session had 348 attendees.

259

00:30:03.534 --> 00:30:12.503

The 3rd session is scheduled for November 4th at 2 to 30 PM, and that will cover behavior and crisis relation and PM.

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00:30:12.503 --> 00:30:19.884

So the registration for that session is available on the divisions, upcoming webinar page and you can find that.

261

00:30:20.638 --> 00:30:26.939
Probably in the chat, I guess probably if you need that link.

262
00:30:26.939 --> 00:30:30.749
We can provide that link for the webinars registering.

263
00:30:30.749 --> 00:30:45.598
So that 3rd session, it will include attentive, therapeutic, residential
debilitation and community transition crisis, intervention, applied
behavior, analysis and professional assessment and monitoring.

264
00:30:46.703 --> 00:31:01.044
Another update and reminder or electronic visit verification applies to
personal care service providers, including the division of development
disabilities, personal assistant providers.

265
00:31:01.229 --> 00:31:07.618
It's imperative that all providers register with sand data. The
aggregator.

266
00:31:07.618 --> 00:31:12.209
And complete that training, the ABV goes live November 8th.

267
00:31:12.209 --> 00:31:25.919
So, if personal system providers fail to complete this online vendor
registration, they, they may be subject to having 1 or more admin
sanctions listed in the state. Reg.

268
00:31:25.919 --> 00:31:33.388
So, it's really important to make sure that they get that process started
and get registered with San data. If you're a p, a provider.

269
00:31:33.388 --> 00:31:39.929
That's all the updates I have, and I'm going to pass it up to pass it to.

270
00:31:39.929 --> 00:31:46.439
I think just to wrap up or Leslie, if Leslie has a update or coven 19.

271
00:31:46.439 --> 00:31:49.648
I sure do. Okay. Thanks.

272
00:32:10.679 --> 00:32:14.519
We will put the link in the in to the guidance in the chat box.

273

00:32:14.519 --> 00:32:23.544

Please review it and ensure that your agencies are reporting the positive cases that way we can be aware of these cases and be able to provide you,

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00:32:23.544 --> 00:32:25.253

the supports that you may need,

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00:32:25.584 --> 00:32:25.824

um,

276

00:32:25.824 --> 00:32:40.614

our regional office registered nurses follow up is needed on a case by case basis in order to make sure that you have what you need to support you and your staff with keeping the individuals who that we serve as safe as possible and help you get through if you have an

277

00:32:40.614 --> 00:32:43.253

outbreak or even if you just have a few cases.

278

00:32:43.403 --> 00:32:46.163

Uh, we're always here to, to support you.

279

00:32:47.753 --> 00:32:56.213

And before, I hand, off to Jess, I have 1 more reminder as we are into fall and moving into winter winter. Please don't forget to get your flu shot.

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00:32:56.334 --> 00:33:04.763

Unless your doctor says, otherwise I'm also, I want to reiterate and tag onto the wise words of Dr. status loss and Dr true. Ready.

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00:33:05.304 --> 00:33:13.344

We're not out of the woods yet with so, remember in order to stay safe and keep others safe be mindful about large gatherings and crowds.

282

00:33:13.588 --> 00:33:25.798

Where are your masks when appropriate stay home when you are sick wash your hands and please get vaccinated if you can. Um, thank you very much and have an excellent rest of your day. And I will now hand off to Jess.

283

00:33:25.798 --> 00:33:30.959

Thanks, Leslie. I appreciate that. Update and thanks and and Emily.

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00:33:30.959 --> 00:33:35.128

Um, we did get 1 question in the chat that we are going to go back and check on. Um.

285

00:33:35.128 --> 00:33:44.338

Regarding the queue logs in group, and we'll get back to that individual separately um, appreciate everyone's time today and hope you have a wonderful.

286

00:33:44.338 --> 00:33:50.278

Um, holiday weekend and get some troubleshooting. All right. Thanks. Bye.

287

00:33:51.568 --> 00:33:52.415

Okay.