

WEBVTT

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00:00:01.290 --> 00:00:08.970

Good morning everyone I'd like to thank you for joining us. This morning.
We have a full agenda today.

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00:00:08.970 --> 00:00:13.409

So, without any further ado, I am going to turn this over to Jeff.

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00:00:13.409 --> 00:00:19.259

Thanks I been every morning. Everyone thanks for joining us.

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00:00:19.259 --> 00:00:23.190

On this rainy, dreary Friday morning. At least it's.

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00:00:23.190 --> 00:00:27.300

Brainy and kind of dreary and Jefferson City, but it is a Friday.

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00:00:27.300 --> 00:00:30.359

If you are new to us, I'm just back.

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00:00:30.359 --> 00:00:33.570

The division director for dB and.

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00:00:33.570 --> 00:00:37.020

I'm don't worry. I'm new too and.

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00:00:37.020 --> 00:00:42.299

It is it's a great morning to have some coffee, but I also thought it was
a great morning to.

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00:00:42.299 --> 00:00:46.500

But my coffee cup in there.

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00:00:46.500 --> 00:00:54.450

Just, if you don't like, you don't like cats. Pathetic. It's probably
time I've been here 2 months. Now.

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00:00:54.450 --> 00:00:57.960

So, but you know that I am a crazy cat lady.

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00:00:57.960 --> 00:01:02.009
I enter in my introduction email to.

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00:01:02.009 --> 00:01:08.790
Our staff team members, I gave them just a little bit of information about.

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00:01:08.790 --> 00:01:12.930
My family, including the fact that.

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00:01:12.930 --> 00:01:16.799
That my girls had just gotten a new litter of kittens.

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00:01:16.799 --> 00:01:20.640
For the summer to play with, which was exciting for them.

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00:01:20.640 --> 00:01:25.890
And that was true, but what I didn't mention was that.

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00:01:25.890 --> 00:01:30.540
Because I didn't want to sound crazy. It was that we actually had 3 litters of kittens that we got.

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00:01:30.540 --> 00:01:41.010
Right at the beginning of summer. So we had about 16 kitten for them to play with almost all of which have found homes now but.

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00:01:41.010 --> 00:01:47.310
If you're in the area, we still have 3 more that need a good home.

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00:01:48.564 --> 00:01:50.275
Without further ado,

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00:01:50.275 --> 00:01:51.924
we do have a full agenda today,

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00:01:51.924 --> 00:01:53.635
so I'm going to go ahead and get started,

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00:01:53.635 --> 00:02:06.444
but just kind of an overview of what we're going to be talking about a large amount of the time today is going to be spent dedicated to talking

about cobit and the surge that we have right now and new information that's available.

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00:02:06.750 --> 00:02:14.759

Very excited and grateful to Dr SaneBox could join us today to provide great update of the information.

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00:02:14.759 --> 00:02:21.030

And also wanted to get everyone's feedback on the frequency.

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00:02:21.030 --> 00:02:24.060

Of these meetings relative to.

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00:02:24.060 --> 00:02:27.840

The the situation right now, we had moved.

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00:02:27.840 --> 00:02:32.520

Made the decision to move to a monthly call from a BI, weekly call.

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00:02:32.520 --> 00:02:35.550

At last month's.

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00:02:35.550 --> 00:02:42.300

And now that the situation has changed a bit and love to hear your feedback through the chat.

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00:02:42.300 --> 00:02:47.099

If you can just let us know if you think we should increase the frequency.

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00:02:47.099 --> 00:02:55.710

Due to the situation right now or for other reasons you just like to hear updates more often. We would.

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00:02:55.710 --> 00:03:06.090

We would greatly appreciate your feedback on that. The, the other things we're going to talk about we have updates on budget, a few general updates on.

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00:03:06.090 --> 00:03:12.599

Information that come out from the division that we just want to make sure it's clear station. M. D. has joined us.

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00:03:12.599 --> 00:03:25.469

To share some great information, and we also have lovely from our federal programs unit on who's going to share some information updated information about our waivers.

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00:03:25.469 --> 00:03:28.830

And the processes that we're in for approval with.

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00:03:28.830 --> 00:03:32.610

And the 1st thing I wanted to talk about was.

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00:03:32.610 --> 00:03:40.919

The fact that due to situation with coven right now in the search that we're in, we did send out a memo on June, 29.

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00:03:40.919 --> 00:03:49.199

Letting everyone know that we were returning to remote monitoring status for case management and.

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00:03:49.199 --> 00:03:53.189

That decision was.

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00:03:53.189 --> 00:04:01.289

Was made and included 111 major difference from the previous.

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00:04:01.289 --> 00:04:12.270

Time period of remote monitoring when we have high levels of transmission and that is that there are some individuals who have not been seen in person.

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00:04:12.270 --> 00:04:16.199

Since the return to in person monitoring in April.

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00:04:16.199 --> 00:04:20.670

So, there is information in that memo and guidance.

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00:04:20.670 --> 00:04:24.000

Which explains that we do still.

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00:04:24.000 --> 00:04:28.348

Want and expect that there is an in person visit.

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00:04:28.348 --> 00:04:34.889

Unless they're extenuating circumstances for those individuals who have not been seen in person since.

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00:04:34.889 --> 00:04:39.509

The return in April the.

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00:04:39.509 --> 00:04:45.298

The effort and the effort really is to reduce the footprint there.

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00:04:45.298 --> 00:04:53.908

Um, as we are going through this time, right now, we want to do everything we can to mitigate risk and.

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00:04:53.908 --> 00:04:59.069

1 of the ways that we can do that is we know that remote monitoring was successful.

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00:04:59.069 --> 00:05:02.098

And you guys did a great job in that.

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00:05:02.098 --> 00:05:14.728

And learned how to working through all the technicalities. So really going back to that during this time, period is the right thing to do given the, the current situation.

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00:05:14.728 --> 00:05:19.709

You may have noticed on July 14th, 2 days ago.

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00:05:19.709 --> 00:05:25.889

We did send out some updated information in that guidance and that was.

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00:05:25.889 --> 00:05:37.918

To provide additional documentation examples with some questions in response to some questions we had gotten from TCM agencies and support coordinators. So if.

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00:05:37.918 --> 00:05:42.718

If you want to check that out, there's some good information and there are good examples for.

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00:05:42.718 --> 00:05:48.778

Documentation the other question I wanted to talk through.

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00:05:48.778 --> 00:05:52.678

Regarding that if we do have some agencies that.

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00:05:52.678 --> 00:05:57.899

Have reached out to us and asks if it's okay to continue the in person monitoring.

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00:05:57.899 --> 00:06:01.348

And and and yes, that is okay.

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00:06:01.348 --> 00:06:04.829

And but it's a decision that you should be making.

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00:06:04.829 --> 00:06:14.093

Regarding the situation specific, so really looking at, what is the current situation in your community?

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00:06:14.303 --> 00:06:22.944

What's the current situation with that specific provider with that client and taking that all into account? Having a conversation with a provider?

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00:06:23.218 --> 00:06:27.478

Um, if the provider is wanting.

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00:06:27.478 --> 00:06:31.468

To do remote monitoring, we ask that you honor that.

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00:06:31.468 --> 00:06:39.449

We did have a couple questions. I think maybe just 1 question that came in regarding a provider who was.

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00:06:39.449 --> 00:06:48.298

Refusing to do remote monitoring so if that's the case, we really just ask that you reach out to the regional staff. The TCM tack to.

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00:06:48.298 --> 00:06:53.309

Talk through that specific situation and and come to a resolution that way.

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00:06:54.389 --> 00:06:59.309

The other.

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00:06:59.309 --> 00:07:02.639

Kind of 1 of the questions that came in.

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00:07:02.639 --> 00:07:09.778

As we are, are back in in the situation that we're in right now is regarding.

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00:07:09.778 --> 00:07:14.668

Is there specific guidance from the division regarding.

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00:07:14.668 --> 00:07:19.199

How providers need to develop.

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00:07:20.514 --> 00:07:33.863

How they approach the care and the masking and community integration during this time, period and in a lot of questions about will there be specific guidance from the division?

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00:07:33.894 --> 00:07:36.144

So really just wanted to reiterate.

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00:07:36.418 --> 00:07:42.298

That information that has been provided in the past that the expectation from the division.

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00:07:42.298 --> 00:07:47.639

Is that providers and partners follow the CDC guidance?

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00:07:47.639 --> 00:07:50.639

And that information is, is.

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00:07:50.639 --> 00:07:55.319

Continually being updated based on new information that.

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00:07:55.319 --> 00:08:01.048

The CDC and experts are able to obtain and it really is.

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00:08:01.048 --> 00:08:04.319

Back to that situational specific.

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00:08:04.319 --> 00:08:09.178

Circumstances again, so it could be a.

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00:08:09.178 --> 00:08:14.399

Participant who is fully vaccinated and.

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00:08:14.399 --> 00:08:28.769

They have has really felt the effects of social isolation and maybe that community is not in a high transmission. So, for that individual, it may be a better choice to have more community integration. Whereas.

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00:08:28.769 --> 00:08:32.009

You may have another client 2.

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00:08:32.009 --> 00:08:37.769

Has refused vaccination for 1 reason or another and.

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00:08:37.769 --> 00:08:43.318

And their high risk, so you wouldn't necessarily want to.

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00:08:43.318 --> 00:08:55.288

To follow the same the same guidelines in that situation. And so really what we ask of providers is, is that you have policies in place.

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00:08:55.288 --> 00:09:03.928

For your staff, regarding the CDC guidance and following that, and are just following up with staff to make sure.

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00:09:03.928 --> 00:09:13.019

That they're following your policies based on that CDC guidance and and understand it and are able to kind of.

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00:09:13.019 --> 00:09:18.839

Collaboratively work with you regarding the situational specific.

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00:09:18.839 --> 00:09:24.479

Things that come up and in many different circumstances. So.

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00:09:24.479 --> 00:09:28.528

Wanted to to just make sure I touched on that.

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00:09:28.528 --> 00:09:33.149

1 of the things that we are going to be sending out through an email blast.

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00:09:33.149 --> 00:09:36.688

And so I just want to call your attention too is.

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00:09:36.688 --> 00:09:40.979

A really great document that came out from the administration for community living.

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00:09:40.979 --> 00:09:44.129

This past week, and it is.

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00:09:44.129 --> 00:09:52.109

A book developed by them called 30 years of community living for individuals with intellectual and or developmental disabilities.

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00:09:52.109 --> 00:09:56.249

And really want to think the people at ACL for.

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00:09:56.249 --> 00:10:01.678

Personally, developing this, right when I came.

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00:10:01.678 --> 00:10:04.828

Came into this world as a.

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00:10:04.828 --> 00:10:11.308

As new to this world, and this was really helpful of them to put this together for me to understand this.

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00:10:11.308 --> 00:10:15.239

The history and where we're at now and where Missouri falls.

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00:10:15.239 --> 00:10:26.009

And with regard to other states, so it's a great document. I encourage everyone to take a look at it. It's very informative. So we'll be sending that out through the email blast.

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00:10:26.009 --> 00:10:33.629

I mentioned earlier station M. D. is on with us today and 1 of the things that.

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00:10:33.629 --> 00:10:37.528

We are going to be sending out as well is.

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00:10:37.528 --> 00:10:41.068

Information for you to you.

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00:10:41.068 --> 00:10:44.639

As you as you.

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00:10:44.639 --> 00:10:48.568

Do that orientation and new training? It's really a tool.

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00:10:48.568 --> 00:10:54.178

For provider shoes, if they need it to help inform.

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00:10:54.178 --> 00:10:58.589

Staff about station and B, and how to use it so that.

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00:10:58.589 --> 00:11:03.629

That burden is not on you and I'll share my screen and just give you kind of a preview.

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00:11:03.629 --> 00:11:07.798

Of what that looks like.

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00:11:09.089 --> 00:11:15.149

For the right document here I can you see my screen.

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00:11:17.668 --> 00:11:21.869

Yes, okay.

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00:11:21.869 --> 00:11:29.548

We'll make it just a little bit larger, but here's the, the 1 pager that is going to be coming out and.

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00:11:29.548 --> 00:11:34.558

It's really something that you can put your agency.

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00:11:34.558 --> 00:11:39.149

Letterhead or logo on and hand to staff.

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00:11:39.149 --> 00:11:43.589

So that when they're taking in all of the information.

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00:11:43.589 --> 00:11:47.369

Uh, they have this candy to go back to to understand.

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00:11:47.369 --> 00:11:51.359

That station and D is available for them to use.

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00:11:51.359 --> 00:11:54.509

And for clients and families to use as a resource.

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00:11:54.509 --> 00:11:57.599

How do you use it when to use it? And.

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00:11:57.599 --> 00:12:03.208

And he would call if they have questions about it. So we hope that that's helpful and.

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00:12:03.208 --> 00:12:07.739

And just wanted to to bring that to your attention that that will be coming out.

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00:12:07.739 --> 00:12:12.538

And another thing is just a reminder of.

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00:12:12.538 --> 00:12:17.458

For some, and if you aren't aware of it.

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00:12:17.458 --> 00:12:21.958

There are some great information that we put out regularly on.

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00:12:21.958 --> 00:12:26.938

Our dashboards on the Department's website and I could can share.

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00:12:26.938 --> 00:12:30.479

The exact link in the.

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00:12:30.479 --> 00:12:36.359

In the chat for you, but this information.

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00:12:36.359 --> 00:12:42.509

Is is really helpful in providing.

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00:12:42.509 --> 00:12:45.629

A lot of different types of updates, so.

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00:12:45.629 --> 00:12:48.869

Just information in general about.

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00:12:48.869 --> 00:12:55.198

And it's updated very frequently, so it's up to date information about.

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00:12:55.198 --> 00:12:59.639

The department and our services and so you can see.

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00:12:59.639 --> 00:13:03.869

The different cobit cases that are going on.

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00:13:03.869 --> 00:13:07.649

You can see the.

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00:13:07.649 --> 00:13:12.359

Community cases where they're at.

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00:13:14.099 --> 00:13:18.448

And look at.

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00:13:21.509 --> 00:13:27.509

Investigation licensure and certification activities.

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00:13:27.509 --> 00:13:34.828

A lot of people find this helpful. Here's the waiver towns. They currently have a waitlist and expenditures by waiver.

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00:13:34.828 --> 00:13:39.298

Updates on segment technology.

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00:13:39.298 --> 00:13:46.408

And station and use, so just wanted to remind everybody that that is out there and.

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00:13:46.408 --> 00:13:49.889

It's something that you can access.

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00:13:49.889 --> 00:13:53.668

Any time and get up to date information.

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00:13:53.668 --> 00:13:58.229

Um, here's some information about due process and.

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00:13:58.229 --> 00:14:02.548

Uh, our current clients risk category.

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00:14:02.548 --> 00:14:06.538

That that the tiered support team is working on.

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00:14:06.538 --> 00:14:10.528

But I will stop sharing my screen.

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00:14:10.528 --> 00:14:17.428

Right now, and get ready to turn it over to Angie just going to go through some budget updates.

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00:14:17.428 --> 00:14:21.178

But I did want to say that I've.

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00:14:21.178 --> 00:14:32.788

Had the chance to go out and visit with 2 different providers now, and then have the opportunity last week to visit with the Raul of regional office team and.

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00:14:32.788 --> 00:14:36.928

It's honestly 1 of the best days that I've had in such a long time.

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00:14:36.928 --> 00:14:40.198

It was at such a.

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00:14:40.198 --> 00:14:44.129

A really great conversation about.

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00:14:44.129 --> 00:14:47.938

The work that is being done locally and.

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00:14:47.938 --> 00:14:59.489

The staff there had had great things to say about their partnerships with local providers and the CCM agencies, and kind of all of the community collaborations that are going on the great things they're doing.

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00:14:59.489 --> 00:15:10.859

And I just wanted to thank them for their time and for their dedication to to what we do and I'm looking forward to getting out to all of the regional offices and facilities.

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00:15:10.859 --> 00:15:14.489

They have to slow down on travel a little bit just because of.

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00:15:14.489 --> 00:15:19.349

Um, the current situation, but I look forward to getting out around the state and.

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00:15:19.349 --> 00:15:24.509

And different providers, so thanks again and Angie, I will turn it over to, you.

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00:15:26.908 --> 00:15:41.364

Okay, thank you. Everyone Thank you Jeff. We have some budget updates to give you. There's quite a few here get a little wordy so bear with me. Right? Standardization funding was approved for individuals, receiving residential services.

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00:15:41.364 --> 00:15:54.864

So that's our group home, and our individualized supported living services to align with our state fiscal year, 2020, lower, bound market rate from our Mercer rate study. That was done back in June of 2018.

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00:15:54.864 --> 00:15:58.283

those rate increases will be implemented on an individual basis,

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00:15:58.283 --> 00:16:03.504

and upon approval of our CBS enhanced snap spending plan,

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00:16:03.533 --> 00:16:15.923

which I will talk about that here in just a little bit when General Assembly passed it in lieu of using estate general revenue will be proposing to access the enhanced f map funding,

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00:16:15.923 --> 00:16:20.183
and that is a total of 166.3Million dollars.

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00:16:24.178 --> 00:16:29.903
And then, we have some other changes here rate increases to personal assistant services.

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00:16:30.744 --> 00:16:42.894
This 1st rate increase for the personal assistant service is to increase it to be consistent with the state plan market rate base adjustment for personal assistant.

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00:16:42.923 --> 00:16:51.533
So this is just to get us to where we're matching Department of health and senior services, personal assistant rates. That is the tune of 4Million dollars.

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00:16:52.318 --> 00:17:01.499
And if there are rates that are above the state plan service, we will not be decreasing those rates. Only those that are below will be brought up.

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00:17:01.499 --> 00:17:06.058
And then for personal assistants, in addition to that.

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00:17:06.058 --> 00:17:14.788
Bringing them up to the, the market rate for there is an additional 5.29% increase.

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00:17:14.788 --> 00:17:23.608
To the current maximum rate, and that is also utilizing the, the CBS enhanced.

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00:17:23.608 --> 00:17:31.919
Map funding, and so that's another 4.9Million dollars, but that will not be able to be implemented until.

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00:17:31.919 --> 00:17:34.979
Approves our plan.

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00:17:34.979 --> 00:17:45.269
And then another rate increase would be a 5% rate increase to our day, have services, which includes individual skill development.

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00:17:45.269 --> 00:17:52.348

Community integration and our employment services, and that was at a total of 6Million dollars in funding.

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00:17:52.348 --> 00:17:55.558

Um, again, including state and federal.

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00:17:55.558 --> 00:18:07.163

And then an increase to our reimbursement rates to applied behavioral analysis services that are specifically provided by the registered behavior technician and license assistance behavior and out analyst.

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00:18:07.193 --> 00:18:15.564

And that was about 210,000 dollars that was 4 services specifically. So, we are in the process of getting those, those rates.

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00:18:18.419 --> 00:18:30.118

Does new rates on provider contract, implementing them and see more this week we are going through the testing process to make sure that the the 5% increases have been.

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00:18:30.118 --> 00:18:33.929

Included and to see more and the 4.

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00:18:33.929 --> 00:18:46.493

Applied behavioral analysis rate, so we're hoping to have that testing complete this week and then our provider relations team, and our procurement office is working diligently to get the personal assistant services.

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00:18:47.003 --> 00:18:50.903

Any of the CBS and the purchase of service service codes.

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00:18:51.449 --> 00:19:00.419

Updated on the contracts and into our system, those all have to be done manually and we anticipate having those complete by the end of this month.

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00:19:00.419 --> 00:19:11.788

And then there has been 1 more change, not specific to rates, but we are transitioning our group home the 5 scales that moving from the surface to the mass.

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00:19:11.788 --> 00:19:25.679

Score that is being implemented this month as well. And so they are in the process of changing those authorizations in the system, and they plan to have those completed by the end of this month.

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00:19:27.388 --> 00:19:34.979

That brings us to our CBS enhanced map, spend plan that we're talking about. This was.

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00:19:34.979 --> 00:19:38.638

This is an addition.

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00:19:38.638 --> 00:19:53.423

To the American recovery plan that CMS has put out that was passed is requiring all states that want to access this 10% additional enhanced map to submit to them a spend plan explaining kind of what

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00:19:53.453 --> 00:19:54.982

we intend to use that funding for.

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00:19:54.982 --> 00:20:03.594

And so, Missouri submitted their plan to CMS on this last Monday, July, 12 and CMS has 30 days to respond to that plan.

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00:20:04.318 --> 00:20:09.808

And our spend plan, it was a collaboration between the Department of mental health.

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00:20:10.193 --> 00:20:24.953

Department of health and senior services as well as department of social services. We did include a request for an expedited approval of the components that were included in the fiscal year 2022 funding portion passed by the general assembly and signed by the governor.

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00:20:26.578 --> 00:20:32.669

Additional components that were in, that spend plan, include an expanded use of technology and telehealth.

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00:20:33.023 --> 00:20:47.933

Quality improvement, activities, data, integration, effort, workforce, recruitment and support enhance and enhance care coordination. No Health Net has that been planned posted? They just posted it very late yesterday for public comments.

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00:20:48.328 --> 00:20:57.503

We are in the process of getting an email blast, sent out to share that link and really looking forward to any feedback that we get from stakeholders.

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00:20:57.804 --> 00:21:09.834

And then, in addition to that public comment, period with the posting, we are collaborating with department of social services. And Department of health and senior services for further stakeholder engagement.

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00:21:10.558 --> 00:21:16.888

And just trying to to kind of reach out to all the different stakeholders in various areas to, to get a more robust.

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00:21:16.888 --> 00:21:24.179

Feedback from everyone so we plan to have our feedback gathering wrapped up by the end of August.

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00:21:26.969 --> 00:21:38.034

To we've had a few questions about Medicaid asset limit versus social security asset limit. This is the 1st time that those 2 asset limits have been different.

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00:21:38.663 --> 00:21:49.554

So historically we've set those to follow the social security asset limit, which has been, like, 2000 dollars this year. That has been increased for Medicaid participants.

208

00:21:51.538 --> 00:21:54.683

Where their eligibility is based on disability, and they're not receiving.

209

00:21:56.094 --> 00:22:10.794

So, we're in the process of figuring out that discrepancy developing a report that will assist the business offices and the support coordinators and providers to distinguish those individuals that have an asset limit of 2000 dollars versus those that have the asset limit of 5,000 dollars.

210

00:22:10.794 --> 00:22:16.614

And as we work through this, we will update the division directive 5.1 on 1 to reflect the new process.

211

00:22:18.209 --> 00:22:21.358

Hopefully, we'll have that done within the next few weeks.

212

00:22:21.358 --> 00:22:33.509

And then the final question that I have is come up quite often has been a stimulus sunny funding. So just wanted to remind everyone that money received from the covet 19 stimulus.

213

00:22:33.509 --> 00:22:38.009

Should not be considered as an available resource for 12 months.

214

00:22:38.009 --> 00:22:39.594

From the date that it was received,

215

00:22:40.044 --> 00:22:41.634

but after that 12 months,

216

00:22:41.874 --> 00:22:46.163

it is considered as an available resource and I know that the business offices are working,

217

00:22:46.163 --> 00:22:53.844

closely with individuals and families about opportunities to use that fund such as using able accounts and things like that.

218

00:22:53.844 --> 00:23:05.213

So, if you are hitting that 12 month point, make sure you're working with the business office near support coordinators and your family's on how you want to use that that funding.

219

00:23:05.723 --> 00:23:13.554

I think that is all I have from my side. Jess. I don't know if you had anything you wanted to add about any of these are the state, the spend plan.

220

00:23:14.909 --> 00:23:21.449

Yeah, thanks, Andy. I do not have any. Thank you for covering that. We're really looking forward to.

221

00:23:21.449 --> 00:23:33.773

Getting stakeholder feedback, but the spend plan was was largely based on information and feedback that the division has received from, from stakeholders throughout the past year.

222

00:23:33.773 --> 00:23:41.723

And recently, as we talk about me, there was 1 question that popped up Andrew related to.

223

00:23:42.028 --> 00:23:54.419

The rate increases being and see more and it was since we are doing a test and see more of this week for day, have employment rate increases. When do you anticipate the updated rates will be reflected in Seymour?

224

00:23:55.798 --> 00:24:03.479

I think they should be after this week, after we finalize that testing, that should be able to be implemented.

225

00:24:03.479 --> 00:24:08.368

Almost immediately, but I will double check on that to make sure and let, you know.

226

00:24:08.368 --> 00:24:15.568

Okay, great. And then we'll send information out providers based on that and a couple of questions that popped up that I did want to.

227

00:24:15.568 --> 00:24:19.348

Address real quickly. The, the 1st, 1 was.

228

00:24:19.348 --> 00:24:32.489

Regarding ability for states staff to work remotely given the current situation with and we could not agree more. We are have been working very hard on.

229

00:24:32.489 --> 00:24:36.358

Plan to move forward with.

230

00:24:36.358 --> 00:24:46.229

Going going to distributed work and returning to that, and that information has been submitted to the governor's office for their review.

231

00:24:46.229 --> 00:24:51.959

I also wanted to think Emily Reinhart on the DB team for.

232

00:24:51.959 --> 00:24:55.378

The work that she did as part of her leadership Academy team.

233

00:24:55.378 --> 00:25:01.019

They did a presentation to the governor and several key leadership staff regarding.

234

00:25:01.019 --> 00:25:06.628

Um, distributed work team and and that information was very well received so.

235

00:25:06.628 --> 00:25:14.939

Really appreciate the work that she and that team did. So expect more communication on that very soon. We will.

236

00:25:14.939 --> 00:25:18.538

Um, let, you know, as soon as we head of things, but we, anything, but we.

237

00:25:18.538 --> 00:25:24.449

We'd like to to move that direction and and will keep you updated the.

238

00:25:24.449 --> 00:25:30.148

Um, other question was regarding verbal signature flexibility, we, we all know that.

239

00:25:30.148 --> 00:25:35.189

Are aware of that state flexibility.

240

00:25:35.963 --> 00:25:50.394

Order of emergency expiring here shortly and so we have requested that those flexibility currently in place are extended and expect to hear back from the governor's office.

241

00:25:50.669 --> 00:25:53.699

Legal counsel on that very soon and I'm going to be sending out.

242

00:25:53.699 --> 00:26:00.509

Information to verify that those will be extended. So appreciate it's a great questions and we will move on to Leslie. Thanks.

243

00:26:02.453 --> 00:26:16.762

Thanks, Jess, the division continues the formal request for additional information, or with the Centers for Medicare, Medicaid services for the comprehensive and community support, renewals and a partnership for hope and vocal amendments to align with those renewals.

244

00:26:17.483 --> 00:26:20.304

As the renewals were set to expire June 30 is of 2021 granted,

245

00:26:20.304 --> 00:26:26.634

the division temporary extensions for both waivers to continue operating through September 2008th of 2021,

246

00:26:26.634 --> 00:26:33.023

to provide the state with additional time to respond to and make all revisions to the waiver renewal applications necessary for CMS to approve.

247

00:26:39.294 --> 00:26:42.864

And formally stop the clock on the consolidated coven,

248

00:26:42.864 --> 00:26:56.334

19 appendix K waiver amendment to add the new health assessment and coordination service through and the state responses were submitted to health net yesterday for review before submission to CMS.

249

00:26:56.874 --> 00:26:58.854

And those were the 2 updates. I had thanks. Jeff.

250

00:27:00.088 --> 00:27:09.778

Thanks appreciate that information and keeping us updated and now I am very pleased to turn it over to Dr for for updated information.

251

00:27:11.159 --> 00:27:20.098

Can you Jess? Good morning? Everyone so, um, you know, I really thought my job was done once we went got to the.

252

00:27:20.098 --> 00:27:23.969

Last spring outbreak, and then in winter.

253

00:27:24.354 --> 00:27:38.784

But I'm sorry to say that we are having another big outbreak this time, and we really are trying to put our heads together to really figure out what's the best way to move forward because there's not much we know about this variance.

254

00:27:39.088 --> 00:27:48.598

Nevertheless, I'm going to share what we know for. Sure. And also I'm going to say what we do, not know yet. And and I have to tell you that we have.

255

00:27:48.598 --> 00:27:52.048

More information that we do not know than what we know.

256

00:27:52.048 --> 00:27:55.169

So, the current outbreak in Missouri.

257

00:27:55.169 --> 00:27:58.739

A, I started in the Springfield, the idea of the cell to this part of the state.

258

00:27:58.739 --> 00:28:03.538

And from there, it has been moving to the rest of the state.

259

00:28:03.538 --> 00:28:09.659

Uh, I talked to Dr. T. who's our yesterday? And he said that.

260

00:28:09.659 --> 00:28:18.058

More than 80% of the viruses of either both chicken the sewer as well as in Missouri does that.

261

00:28:18.058 --> 00:28:25.078

Sewer testing of sequencing of the viruses and if find it is Delta and also.

262

00:28:25.078 --> 00:28:33.538

They sequence them in a state lab and they found that to be dealt as well. So currently about 80% of what we are seeing in Missouri.

263

00:28:33.538 --> 00:28:41.009

As the delta variant, so if you go back in time, just to show the history, when we 1st got our, um.

264

00:28:41.009 --> 00:28:48.689

They'll Colvin, and especially in Missouri, it started in New York and they got away.

265

00:28:48.689 --> 00:28:52.679

Uh, by by, by spring of 2020.

266

00:28:52.679 --> 00:28:58.558

We had our outbreak and misery in each spread fairly quickly in April and may of 2020.

267

00:28:58.558 --> 00:29:03.689

Descending and mortality, and it's sitting increased hospitalizations and mortality.

268

00:29:03.689 --> 00:29:12.929

Now, that wary and was not aware in that particular virus is what's called the original virus or some, some people call it. The move on.

269

00:29:12.929 --> 00:29:16.078

Variant, which actually originated from China.

270

00:29:16.078 --> 00:29:19.199

And then on the book, and putting the United States.

271

00:29:19.199 --> 00:29:24.929

So most of the information that we have on the.

272

00:29:24.929 --> 00:29:32.068

Is based on the original variance. So that is kind of the baseline what we have most of the information. If you go on any.

273

00:29:32.068 --> 00:29:35.368

Of the research, it's all based on.

274

00:29:35.368 --> 00:29:41.909

And there are the original strain I'm going to call that the original very inside of the strand. The original.

275

00:29:41.909 --> 00:29:47.999

Area that is the original source Colby to virus.

276

00:29:47.999 --> 00:29:56.098

Okay, and then let's move fast forward. We got through that air that part and then we have then in winter.

277

00:29:56.098 --> 00:29:59.999

January February of 2021.

278

00:29:59.999 --> 00:30:10.108

We had another we had a very, and that's called the alpha area. That is the 1 that we had from from the United Kingdom as the originated from there. And there's also very.

279

00:30:10.108 --> 00:30:21.538

And that had a little bit of change in the spike protein, the spike protein as a whole thing on the head of the virus that attaches to the receptor cells in our, in our body. Maybe our.

280

00:30:21.538 --> 00:30:26.699

Respiratory tract that spikes the spokes. Those are the spike protein so.

281

00:30:26.699 --> 00:30:38.064

The alpha variable was something that made some changes in the protein structure of the spikes. So that it can attach is more like Velcro more like a Velcro to go to actual receptors little bit faster.

282

00:30:38.483 --> 00:30:50.963

So they say the information we had was an alcohol was about 2 times more transmittable, meaning that it can attach faster. And then, because it can attach fast, it can move faster to towards.

283

00:30:51.179 --> 00:31:01.048

Through marketable individuals quicker. Now we have the delta vary in, which was originally detected around the end of last year.

284

00:31:01.048 --> 00:31:05.338

It's really to cough in India in February of 2021.

285

00:31:05.338 --> 00:31:19.409

And then it went to Israel, United Kingdom, and most of the world is currently going through the delta variant pandemic or the, the, the spike I encourage you to do to the delta variant.

286

00:31:19.409 --> 00:31:24.749

And now I'm in United Kingdom in the middle of it, but they are about 4 or 5.

287

00:31:24.749 --> 00:31:29.338

Weeks ahead with the expedience with this particular virus and now.

288

00:31:29.338 --> 00:31:34.048

Unfortunately, for Missouri, we are ground 0.

289

00:31:34.048 --> 00:31:38.969

For Delta, um, it's mainly Arkansas, Southwest, Missouri.

290

00:31:38.969 --> 00:31:43.888

This is where actually the 1st, big outbreak of of Delta has happened.

291

00:31:43.888 --> 00:31:50.759

Because of that there is so much more we do not know. And we are kind of like trying to figure most of these things out.

292

00:31:50.759 --> 00:31:55.469

So, what do we know for sure about the delta variable on Delta.

293

00:31:55.469 --> 00:32:08.038

Very end of the of the source code to the virus number 1. we know that it has made enough changes in the spike protein or that the Spokeo protein that it's attachment to the receptors is more important.

294

00:32:08.038 --> 00:32:14.939

So, you can go in and then gets really, really attached to the, to the preceptors.

295

00:32:14.939 --> 00:32:23.818

In our respiratory tract fairly quickly. The 2nd thing, what we know is once it end, is it also multiplies very, very rapidly.

296

00:32:23.818 --> 00:32:29.759

They say that the viral load by load is the number of virus that is found in a small.

297

00:32:29.759 --> 00:32:33.239

Pointing how intense or how much violence we have.

298

00:32:33.239 --> 00:32:42.328

In let's say, droplet that is the viral load so the viral load is 1000 times higher than the original on.

299

00:32:42.328 --> 00:32:50.939

Uh, strain another virus, a 1000 times higher. So that just tells you how much more.

300

00:32:50.939 --> 00:32:57.509

Bias is packed in, let's say, a droplet that comes out of her mouth or knows we breathe then.

301

00:32:58.074 --> 00:33:10.104

That's not much of an infected person. Coughs are, or breeds or they're speaking, they don't have coffee then just speaking those little water drop links that come in the celebrity doctors that come out of her mouth.

302

00:33:10.433 --> 00:33:16.223

How much more if they are in fact and how much more densely packed so that is the viral load.

303

00:33:16.528 --> 00:33:29.394

The other thing we know is also the ability for it to move from person to person that's called transmission how fast it can transmit compared to the original 1 that came in the spring of 2020. this is about 225%.

304

00:33:31.648 --> 00:33:39.503

Faster, so it goes into the body, it multiplies quickly and then it gets out and then keeps moving faster.

305

00:33:39.743 --> 00:33:42.443

And this is the reason we are seeing this very quick,

306

00:33:42.473 --> 00:33:44.814

rapid increase,

307

00:33:44.844 --> 00:33:45.503

often,

308

00:33:45.503 --> 00:33:48.413

Delta and misery currently very,

309

00:33:48.413 --> 00:33:49.104

very quick I think,

310

00:33:49.104 --> 00:33:50.963

within 2 within 2 to 3 weeks,

311

00:33:51.324 --> 00:33:51.834

pretty much,

312

00:33:51.834 --> 00:33:55.433
it is to replace all the alpha variance and other variants the other
areas,

313
00:33:55.433 --> 00:33:56.423
and just taking over.

314
00:33:56.729 --> 00:34:03.989
So, that's how that's what is so different about this delta varying it's
more it multiplies quickly.

315
00:34:03.989 --> 00:34:11.369
It's more effective and it's more. Okay, so that is the kind of a thing
you're dealing with currently.

316
00:34:11.369 --> 00:34:18.838
So, what do we do not know yet or what we do not know as vaccines.

317
00:34:19.193 --> 00:34:20.003
And protection,

318
00:34:20.813 --> 00:34:26.784
so what we do know is all the lab studies we've heard so far from the,

319
00:34:27.023 --> 00:34:40.793
the vaccinated individuals and United Kingdom and Israel clearly
indicates that it offers a level of protection for vaccinated individuals
specifically related to.

320
00:34:41.068 --> 00:34:44.369
A serious illness and death, so.

321
00:34:44.369 --> 00:34:50.039
What Israel has shown as about half of the individuals who where I'm 45%.

322
00:34:50.039 --> 00:34:55.289
Of individuals are vaccinated, still had tested positive.

323
00:34:55.289 --> 00:35:00.958
For or the coven, they tested positive on.

324
00:35:00.958 --> 00:35:10.018

As having the infection, but when they found this, when they looked at the data, and they compare the data of individuals in the hospital, and who are dying.

325

00:35:10.018 --> 00:35:14.759

They found it was the vaccinated individuals who are in the hospital when die.

326

00:35:14.759 --> 00:35:23.248

That does not necessarily mean that nobody who is vaccinated, not die. That's not true either but when they looked at proportions, it was much higher.

327

00:35:23.248 --> 00:35:29.248

Or vaccinated individuals who are in the hospital, and they, they used the word overwhelmingly higher.

328

00:35:29.248 --> 00:35:35.668

For those are vaccinated. Sorry? Quarter I'm vaccinated worse compared to vaccinated.

329

00:35:35.668 --> 00:35:38.938

Now, vaccinated individuals have been in the hospital.

330

00:35:38.938 --> 00:35:43.889

That'd be have we know of depths that have happened in vaccinated individuals as well?

331

00:35:43.889 --> 00:35:49.528

Okay, so that part of it, we still have to know what any particular.

332

00:35:49.528 --> 00:35:59.219

Free determination of that any other factors in this individuals who actually died after vaccination. We do not know. So, those are the things we really, really do not know the data on.

333

00:36:00.143 --> 00:36:06.233

The other thing we know is more in a community when there's more and vaccinated individuals,

334

00:36:06.384 --> 00:36:08.813

the peak is much higher for the Delta,

335

00:36:08.903 --> 00:36:10.704
because it's able to move very,

336
00:36:10.704 --> 00:36:11.693
very quickly again,

337
00:36:11.724 --> 00:36:18.384
but the and vaccinated individual whereas when communities where they
have a lot more vaccinated individuals,

338
00:36:18.773 --> 00:36:19.614
then it's,

339
00:36:19.914 --> 00:36:21.653
it's movement is slower,

340
00:36:21.744 --> 00:36:22.224
much lower.

341
00:36:22.224 --> 00:36:28.134
It's not to say that it's not moving at all, but it is much slower and
there's a lot of data to support that right now.

342
00:36:28.438 --> 00:36:31.858
Um, so saying that.

343
00:36:31.858 --> 00:36:34.949
What is the other things we know for the delta?

344
00:36:34.949 --> 00:36:38.489
The other thing is, what we know is, because it multiplies so fast.

345
00:36:38.489 --> 00:36:41.668
If you remember for the original virus.

346
00:36:41.668 --> 00:36:55.708
Typically, people turn positive between day, 4 and 6 so I would ask
individuals to test them by day. 5. if you have an exposure and you're
going to do 1 class, I would say, do it on date between day, 4 and 6 and
Tuesday. 5.

347
00:36:55.708 --> 00:37:01.469

Now, because it is much playing so fast that day has moved 1 day earlier.

348

00:37:01.469 --> 00:37:08.909

So now, the best time to test, if you're doing 1 test on PC or up exposure would be between day 3 and 5.

349

00:37:08.909 --> 00:37:14.849

So, they would be ideal, but the day 3 and 4 is important to know now.

350

00:37:14.849 --> 00:37:19.679

If you remember that, even the old buyer and the original lanterns and refining our original.

351

00:37:19.914 --> 00:37:34.434

It used to be that people were infected or able to translate to other people, even 24 hours before the onset of symptoms. So it would be the same thing here, too. This, they can still being factor for about 24.

352

00:37:35.309 --> 00:37:41.219

To 48 hours, even before the onset of symptoms, because initially the virus goes into the body.

353

00:37:41.219 --> 00:37:47.518

Multiplies rapidly and then the body reacts to it and that's when we have the symptoms, because the body is trying to get rid of.

354

00:37:47.518 --> 00:38:01.679

The virus by either runny nose or cough, or whatever the body is just trying those are the send the fever all those are bodies way of coping with with the virus and asked and finding ways to push it out.

355

00:38:01.679 --> 00:38:04.829

So that before a B cab, the symptoms.

356

00:38:04.829 --> 00:38:09.628

A day to earlier you are already, in fact, you're already already capable.

357

00:38:09.628 --> 00:38:15.809

Of infecting another individual now, what's the difference between those who are vaccinated.

358

00:38:15.809 --> 00:38:28.019

Was is, I'm vaccinated in transmission. That is something we do not know what we do know is have individuals who have been vaccinated and have Co. we've been able to transmit to others.

359

00:38:28.019 --> 00:38:33.239

The answer is, yes, there have been, but the vaccinate again is more like.

360

00:38:33.239 --> 00:38:42.059

You know, vaccinated, lessen degree and vaccinated high ending. Great. That's what we're looking at currently. How much lower how much prior.

361

00:38:42.059 --> 00:38:48.744

We still need data on that. All right the other thing is we're specifically looking at outside transmission.

362

00:38:49.704 --> 00:39:03.594

We know that the origin virus, we found that the outside transmission, especially mainly in decent distance in outside transmission outside the community and I can fill in the open air. The transmission rate was very, very, very, very low.

363

00:39:03.594 --> 00:39:09.054

Of course, if you stood very close and spoke to each and this mouth doesn't matter what the viruses.

364

00:39:09.239 --> 00:39:18.840

It doesn't even have to be call it. What are the wireless or whatever the virus you may have? You're going to give it to the other person. If you live that close. But if you give a decent distance.

365

00:39:18.840 --> 00:39:29.130

Uh, in the outside area, and you are communicating with the original virus, the transmission was low. We have had at least 1 or 2 kind of anecdotal data.

366

00:39:29.130 --> 00:39:33.150

Um, that has shown that even outside gathering.

367

00:39:33.150 --> 00:39:47.550

Without mask, for example, weddings and the outside big parties, and the outside people have tested positive for the variant. So we do know that the, the risk of outside transmission.

368

00:39:47.550 --> 00:39:54.510

On is higher for the Gupta variant than the original how much higher.

369

00:39:54.510 --> 00:40:00.690

I don't know the answer. Okay, so these are the things I'm, I'm saying, these things so that you can take the precautions needed.

370

00:40:00.690 --> 00:40:07.590

Uh, you know, do we know exactly how much have you done a, a, a control study?

371

00:40:07.590 --> 00:40:15.269

On this no, this is all observational data, but because the risk is high enough I do think that they should still be sharing.

372

00:40:15.269 --> 00:40:22.199

Observational observational data. Okay, this is not to scare people.

373

00:40:22.199 --> 00:40:28.469

But it is to take a serious enough that you protect yourself the individuals we take care of.

374

00:40:28.469 --> 00:40:33.389

And, and, you know, and a families, for sure.

375

00:40:33.389 --> 00:40:39.239

Because, uh, that's a very also we are detecting contemporary in in the case as well, the children as well.

376

00:40:39.239 --> 00:40:44.429

So, how much, how do we, you know, I don't know the numbers I don't know that was in ages.

377

00:40:44.429 --> 00:40:48.960

It's all anecdotal observational data, but I do think that.

378

00:40:48.960 --> 00:40:56.010

Um, because there's so much unknown, I think, all observational data, we have to take seriously and do the precautions.

379

00:40:56.010 --> 00:41:09.119

So, what can we do? Definitely at this point masking is still the wise masking still going to be the best mitigation strategy, because it doesn't matter how much virus I have my body.

380

00:41:09.119 --> 00:41:13.079

He still has to get out. The only way it gets out is storm and nose and mouth.

381

00:41:13.079 --> 00:41:16.980

To another outside outside of new, and let's say, I'm in fact.

382

00:41:16.980 --> 00:41:22.199

Let's call it doesn't matter what variant I have that. I have 1000 times the viral load.

383

00:41:22.199 --> 00:41:28.260

Or, less than that, it doesn't matter what the very end I have. The only way it's going to get out of me.

384

00:41:28.260 --> 00:41:32.849

Into the other percent, the virus has to get out of me to, in fact, another person.

385

00:41:32.849 --> 00:41:41.219

The only way I can do that is through my, my, my workspace by cell Eva drop. Let's come to my mouth.

386

00:41:41.219 --> 00:41:45.630

Or, through little nasal drop it because they have fluid in analysis as well.

387

00:41:45.630 --> 00:41:51.989

We sneeze or I breathe it out. Right? So the only 2 holster, which it can come out. So.

388

00:41:51.989 --> 00:41:57.179

By covering it up, it doesn't matter how much how much more viral load I have.

389

00:41:57.179 --> 00:42:04.349

Those little droplets will stick to the clothing, fix a clot or a mask surgical mask.

390

00:42:04.349 --> 00:42:11.849

On and 95 doesn't matter what it is, it is still going to filter it and hold it back and it's going to stick to that stuff.

391

00:42:11.849 --> 00:42:21.510

So, it's hard to say that none of the virus is going to get out, but a majority of the virus is going to be sticking to that barrier. So.

392

00:42:21.510 --> 00:42:26.010

That that masking I cannot stress the importance of masking.

393

00:42:26.010 --> 00:42:30.210

And at this point, I think even though CDC says, you can.

394

00:42:30.210 --> 00:42:37.320

You don't have to mask if you're vaccinated and if I think that's something we come out fairly quickly but.

395

00:42:37.320 --> 00:42:46.500

Has pretty much gone out and said that they vaccinated or not vaccinated. Everybody should mask because it helps because there's still a lot of people are not vaccinated around us.

396

00:42:46.500 --> 00:42:50.070

So, it's very important that every little bit helps.

397

00:42:50.070 --> 00:42:56.099

And also, it prevents it from crossing where I'm coming to you too, because there's a barrier there.

398

00:42:56.099 --> 00:43:01.289

The other thing is a distancing social dissenting. That's what because.

399

00:43:01.289 --> 00:43:08.340

By the time, if you give you enough space, but into 2 individuals doesn't matter how much virus and other plus and has.

400

00:43:08.340 --> 00:43:11.820

You know, the, the droplets will fall to the ground.

401

00:43:11.820 --> 00:43:19.769

Uh, before you can reach another person. Okay that's only the 6 sport is defined by how far the droplets can travel.

402

00:43:19.769 --> 00:43:31.019

And, like, for example, if I speak loud, my droppers, my mouth is going to go that much further singing. If he's saying it goes even further. So, that is why we have the 6 foot.

403

00:43:31.019 --> 00:43:35.820

Uh, social distancing, so the best mitigation strategies right now.

404

00:43:35.820 --> 00:43:39.420

Is a masking nose and mouth colored.

405

00:43:39.420 --> 00:43:46.889

Not around your neck, not anywhere else Nelson mouth, fully covered and having as much of a best fit you can around.

406

00:43:46.889 --> 00:43:51.539

And social dispensing of 6 foot, or how much of a distance you can get I mean.

407

00:43:51.539 --> 00:43:55.530

And you can do 6 when at least, you know, standing the further you are.

408

00:43:55.530 --> 00:44:04.739

The better your protection is going to be. All right so that is all I know about the, about the death to the other thing I want to say is the symptoms.

409

00:44:04.739 --> 00:44:10.230

Are the symptoms any different than the original a virus.

410

00:44:10.230 --> 00:44:19.380

You know, if you look at the, they still fall under the same symptom complex, but if you remember for the original, we were seeing more dry cough and fever.

411

00:44:19.380 --> 00:44:22.650

And body ate as as the most common.

412

00:44:22.650 --> 00:44:26.550

Symptoms and some people had diarrhea, so as well and loss of sense and so.

413

00:44:26.550 --> 00:44:30.960

Smell and taste this are the kind of very common symptoms we were seeing.

414

00:44:30.960 --> 00:44:39.900

Where the delta is more upper respiratory, because it comes at catches and able to multiply so fast. What is the upper spread? Remain.

415

00:44:39.900 --> 00:44:43.559

A sore throat sore throat is very common headache.

416

00:44:43.559 --> 00:44:47.369

As they kind of more like a sinus headache.

417

00:44:47.369 --> 00:44:58.769

People are having more like a runny nose. We've had individuals who were at work thinking they had an allergy because this is that time of the year. A lot of individuals have.

418

00:44:58.769 --> 00:45:12.869

Um, have allergies and so they thought that the usual allergies, and then didn't get tested, they thought it was just, you know, and then, you know, when they, when we tested them, as part of our routine surveillance, they tested positive.

419

00:45:12.869 --> 00:45:19.050

So, it comes, it looks more like a sinus problem, upper respiratory, like, kind of a runny nose.

420

00:45:19.050 --> 00:45:23.909

And, like a common cold headache SilkRoad.

421

00:45:23.909 --> 00:45:30.719

So, if you have any of these sentences, more like this, this is more likely with the delta.

422

00:45:30.719 --> 00:45:45.295

So that's a sentence, I was a little bit different. All right. Um, household transmission. This is higher as I said, the transition rate overall is higher, compared to the previous ones, how much higher, and I don't know the numbers yet, but definitely higher.

423

00:45:45.295 --> 00:45:47.094

If you have also members positive.

424

00:45:47.400 --> 00:45:51.210

The chance of transmission is higher than what it was for the virus.

425

00:45:51.210 --> 00:46:01.710

Would it be different if it was vaccinated? Was this vaccinated transmission within houses? Even in Delta is half on what it is where I'm vaccinated.

426

00:46:01.710 --> 00:46:09.059

But the problem as many of these households may have children who are not eligible for vaccination. So you need to take that into account as well.

427

00:46:09.059 --> 00:46:16.380

But, you know, of transmission can occur within the households and of course, the vaccinated is less.

428

00:46:16.380 --> 00:46:23.820

Um, but clearly, I don't know, the exact number. So currently, I think, is that they say it's half less than I'm vaccinated.

429

00:46:23.820 --> 00:46:27.090

The next important thing is testing.

430

00:46:27.090 --> 00:46:30.630

I know there was a time when.

431

00:46:30.630 --> 00:46:34.409

You know, we had some looking back our May.

432

00:46:34.409 --> 00:46:48.900

And June were great. April May, June were really great months by end of April May June to the point that you are able to say, okay, we're not going to test those floor vaccinated. And, um, and the only way to test those who are I'm vaccinated because that was.

433

00:46:48.900 --> 00:46:53.670

Cdc was also suggesting that recommending that.

434

00:46:53.670 --> 00:47:03.210

But what we are finding now is that, um, when we test in our in our state operating facilities of a staff.

435

00:47:03.210 --> 00:47:14.880

We're finding that vaccinated individuals and testing positive at about 40 40%. At least, I would say 40%. Even now the majority still under vaccinated, but of.

436

00:47:14.880 --> 00:47:22.800

Uh, flexible enough are vaccinate staff are also testing positive so I would say if you're doing testing.

437

00:47:22.800 --> 00:47:28.469

Test across the board, don't you don't differentiate between vaccinated and and vaccinated.

438

00:47:28.469 --> 00:47:40.949

The other question is how frequently you should test, especially using by next I'm really high strong proponent of using by next testing, which is the antigen testing. Okay. Pockets, which you'll be using.

439

00:47:40.949 --> 00:47:45.840

And do them at least once a week, it's very body to, at least once a week.

440

00:47:45.840 --> 00:47:49.409

Uh, to be able to if it's going to make any sense.

441

00:47:49.409 --> 00:47:59.309

So, you're doing screening testing at least once a week, a week and if you have a place where it's very high risk, or there's more transmission than I would at least increase it twice a week.

442

00:47:59.309 --> 00:48:09.000

The testing is able to detect the delta area, and we haven't had any difficulty detecting the delta variant either through, or by next testing.

443

00:48:09.000 --> 00:48:13.110

Or through our PC testing, which is the 1 that you send out to the lab.

444

00:48:13.110 --> 00:48:20.519

But we do, we are seeing a much more higher viral load. That means the virus count is much higher.

445

00:48:20.519 --> 00:48:28.739

We are seeing that, so I'm testing testing, testing, nothing to substitute testing, symptom, monitoring testing.

446

00:48:28.739 --> 00:48:34.530

Social distancing back to the basics is very, very critical during this period of time.

447

00:48:34.530 --> 00:48:39.719

They will work and, uh, we've shown we've gone through to a bit to.

448

00:48:39.719 --> 00:48:46.829

To real surges using these strategies, and we can get through this again by using the mitigation strategies.

449

00:48:46.829 --> 00:48:53.070

The other 1 is about, um, there is also something about monoclonal antibodies.

450

00:48:53.070 --> 00:48:56.579

So monoclonal antibodies.

451

00:48:56.579 --> 00:49:08.130

They are proven repeatedly, including for Delta variant, including Delta variant that if you, if somebody who is, let's say, high risk, and they go through a list of individuals on high risk, for example.

452

00:49:08.130 --> 00:49:22.704

You are 60 as an older, or if you have an email compromised medical condition, if you are having other medical problems that collect a combination of high diabetes hypertension, several chronic medical condition.

453

00:49:22.704 --> 00:49:31.405

So they do have a list of individuals who are considered high risk. And if those individuals get their monoclonal antibody infusion.

454

00:49:31.679 --> 00:49:36.210

They tend to not get seriously ill.

455

00:49:36.210 --> 00:49:42.239

And, uh, uh, and, uh, they found that the mortality rate, or the debt rate was also.

456

00:49:42.239 --> 00:49:47.429

Very, very low. I mean, to the point that they think that if given within the 1st week.

457

00:49:47.429 --> 00:49:50.940

Of onset of symptoms, like, testing positive.

458

00:49:50.940 --> 00:49:54.780

You are going to save that individual.

459

00:49:54.780 --> 00:49:59.369

From going really sick to the hospital and become very on the ventilator.

460

00:49:59.369 --> 00:50:10.860

Or, uh, even mortality so infusion wonderful and anybody fusion is very important. This available. The 1 that is approved for Delta is called region around.

461

00:50:10.860 --> 00:50:16.469

It's the only 1 that there are these to be several, but for Delta, they found that.

462

00:50:16.469 --> 00:50:24.090

This is general and this and 1 more that starts an s, I mean, these salary complicated names. So if you do have somebody.

463

00:50:24.090 --> 00:50:28.139

Who is a high risk and a, and they've tested positive.

464

00:50:28.139 --> 00:50:42.929

The best thing to do is to conduct a doctor and see if they're a good candidate for a monoclonal antibody infusion, and the doctor can refer them to the infusion center. Most of these infusion send us are able to provide.

465

00:50:42.929 --> 00:50:52.019

Infusion, it's a day procedure. 2 hours you're done and you see that that amount of peace of mind.

466

00:50:52.019 --> 00:50:55.289

Okay, that sounds are monoclonal antibodies.

467

00:50:55.289 --> 00:50:59.039

Uh, vaccine it, because he has a saying, you know, um.

468

00:50:59.039 --> 00:51:08.340

Real life data, as I said, it's still, 88%, protective a Pfizer, especially for 88% protective, which is less than you remember for.

469

00:51:08.340 --> 00:51:14.940

Uh, the alpha variance, and for the original after 2 doses, it was 95% protective right? And we saw that.

470

00:51:14.940 --> 00:51:26.639

We really did see in real life, 95% protection and and and we just see the 92 I think 90 92 plus in production but the alpha.

471

00:51:26.639 --> 00:51:32.155

But the real life data for 2 vaccine for pfizers about 80%, this is and they've done good studies.

472

00:51:32.155 --> 00:51:41.994

But what Israel found is, when they, when they gave them the community, they looked in the community and said effectiveness because when you're doing a test.

473

00:51:42.719 --> 00:51:51.750

You're not, you're actually doing it in a little bit of a pseudo environment because you're withdrawing the blood and looking at whether it's neutralizing the antibodies utilizing.

474

00:51:51.750 --> 00:51:56.280

Um, the virus and those kind of things, um, which is very accurate.

475

00:51:56.280 --> 00:52:02.309

And, you know, exactly what is happening and you can put that plus a date on it but, you know, but it is not real life.

476

00:52:02.309 --> 00:52:08.039

So realize effectiveness data that came out of Israel, which is like, they looked at the whole country.

477

00:52:08.039 --> 00:52:14.369

And and history has got the highest amount of vaccination, especially Pfizer to those Pfizer.

478

00:52:14.369 --> 00:52:20.010

In the entire entire world, I think they have more than 60 more than 60 to 70% of their population.

479

00:52:20.010 --> 00:52:27.539

Vaccinate what they found was about a, for testing positive. This is the word for testing positive for.

480

00:52:27.539 --> 00:52:39.599

They found that 64% of the individuals did not as positive who were vaccinated and those who are not, um, that those who are not vaccinated. Definitely did test positive at a higher rate.

481

00:52:39.599 --> 00:52:44.519

But it was still, it was, it was still not 88%.

482

00:52:44.519 --> 00:52:48.659

Productive as the, the data from.

483

00:52:48.659 --> 00:52:56.429

Uh, the, the labs of the lab studies show so the reason is, in real life individuals have so many other factors their own.

484

00:52:56.429 --> 00:53:00.144

Ability for your own response and your own immunity,

485

00:53:00.414 --> 00:53:02.965

a presence of a number of chronic diseases,

486

00:53:03.445 --> 00:53:04.855

among your behaviors,

487

00:53:04.885 --> 00:53:09.085

how much high risk behaviors individuals are are engaging in for example,

488

00:53:09.085 --> 00:53:14.514

if you live in a small home and and together and there's no real space for social distancing of course,

489

00:53:14.514 --> 00:53:16.074

there's going to be more viral transmission,

490

00:53:16.284 --> 00:53:19.375

so those kind of data there's a lot of that kind of real life.

491

00:53:20.849 --> 00:53:34.800

Um, uh, data, so so we do know that the risk for vaccines protect, but how much or how little or how more we just have to wait for more information but really, at this point.

492

00:53:34.800 --> 00:53:40.949

If you asked me, I am glad I have a vaccine. Yes, exactly. The way I think through this is.

493

00:53:40.949 --> 00:53:53.309

You know, what are my chances of getting a car not in a car does not have airbags. I do not have my seat belt on and I'm speeding at 8,590 miles an hour and I get a crash.

494

00:53:53.309 --> 00:53:59.489

The chances of me dying is much higher, versus if I sit in a car that has multiple airbags.

495

00:53:59.489 --> 00:54:13.260

And I have a CC built on and then if I drive within speed limit, I'm very good, which is the mitigation efforts and be the speed limit. But even if I go faster at 85 and don't follow the speed limit or the mitigation factors.

496

00:54:13.260 --> 00:54:16.289

And I get into an accident, I'm still going to survive.

497

00:54:16.289 --> 00:54:21.570

Uh, at a much higher rate, than if I did not have the feedback, the seat belt on.

498

00:54:21.570 --> 00:54:26.250

Or my car was not protective, so this is important to remember. So.

499

00:54:26.250 --> 00:54:34.800

You know, personally, yes, I, you know, I'm not going to go around because I'm vaccinated and engage in behaviors and there's no virus around me.

500

00:54:34.800 --> 00:54:45.539

But if I am vaccinated and also engaging in recent mitigation strategies, I believe I'm more protecting. My family's still protected.

501

00:54:45.539 --> 00:54:50.280

Even from the delta. Okay, this is my personal opinion and this is how I'm thinking through this.

502

00:54:50.280 --> 00:54:54.539

And this is the advice I'm giving my friends, so I'm just sharing that with, you.

503

00:54:54.539 --> 00:55:00.000

So, mitigation strategy is 1 of the things that we're looking at specifically.

504

00:55:00.505 --> 00:55:15.385

Definitely, you know, we know that our patients and our residents who have intellectual disability, a majority of them cannot mask. Several reasons for that is not safe. When you have the nonverbal many of them, they are not able to manage it.

505

00:55:15.385 --> 00:55:27.025

And that's a good number of our, some of our residents do mask those who can and are able to. But some of our residents are not able to mask. So, so much, much more critical for our staff and ask.

506

00:55:27.210 --> 00:55:41.969

A staff, hostile, mask, covering nose and mouth. I see many times and walk into facilities. I can see masks somewhere in the body not necessarily covering the mouth and the face. So it's very critical that they have well fitting mask.

507

00:55:41.969 --> 00:55:49.050

And colors the nose and the mouth I mean, this is just like, so this is the only way to virus gets out. There's no other way.

508

00:55:49.050 --> 00:55:53.039

There's no other way for the binders to get out. So it's like, closing a door.

509

00:55:53.039 --> 00:55:58.019

Virus you get out, so it's very important that we do that. The 2nd thing.

510

00:55:58.019 --> 00:56:01.019

Is.

511

00:56:01.019 --> 00:56:12.000

So, that is important and the other thing is also be looking at is still allowing enough activities because the impact of not having activities in the mouth on these patients has been hard to.

512

00:56:12.000 --> 00:56:16.619

Um, that many of them have lost their physical ability to walk, because they're not physically active.

513

00:56:16.619 --> 00:56:21.690

So, we do encourage those activities going, but within a safe.

514

00:56:21.690 --> 00:56:27.389

Safer way of looking at it and the other thing would be avoiding is really like home, you know.

515

00:56:27.389 --> 00:56:30.900

This is are important, but again, look at mitigation.

516

00:56:30.900 --> 00:56:39.360

So, it's very, very important to look at mitigation. So I know I've gone overboard on time and I know station.

517

00:56:39.360 --> 00:56:45.510

Also on, they have to talk, but if you have any questions feel free to reach out to me.

518

00:56:47.340 --> 00:56:54.630

Silence.

519

00:56:54.630 --> 00:57:02.940

Okay with that our station different empty friends. Dr. I believe you're still on.

520

00:57:03.684 --> 00:57:13.554

Yeah, yes, and I will be as brief as possible and then I'll turn over very quickly to Megan to give you an update. Really? I'll keep this brief. Thank you. Doc sent us.

521

00:57:13.554 --> 00:57:26.094

I mean, I would just reiterate everything you said, I will just add a few things that we are. There. We're available. May sound like a broken record, but there is a lot of coban fatigue. All of us.

522

00:57:26.304 --> 00:57:37.614

We're all ready to get out and tired. And now the 2nd wave is upon us, but we must remain vigilant and I can't emphasize enough what doctor Sammy Sosa that are nothing is 100%.

523

00:57:37.614 --> 00:57:51.594

And there's been some unfortunate, tragic cases, even with people that are vaccinated, but is, it is our best defense. So, I would encourage you, everyone has their own choice, but I myself have been vaccinated to protect myself and my family.

524

00:57:51.594 --> 00:57:53.635

And I think that's the way we're looking at this.

525

00:57:56.184 --> 00:58:04.465

Again, we are there anything we can do to keep individuals out of the healthcare, sending to mitigate those people leaving when unnecessarily keeps them safe.

526

00:58:04.704 --> 00:58:18.414

But also, in our community that we provide support to it, keeps the and family members safe as well because you're putting them at risk. We are there for questions about cobit. If you have a concern, should I get tested who needs to be isolated?

527

00:58:18.594 --> 00:58:28.375

All of those things are, physicians are as up to date as we possibly can. This is a constantly moving scenario and situation, especially with Missouri and this delta variant.

528

00:58:28.375 --> 00:58:39.114

So I just want to reiterate Thank doctor for going through very thorough kind of evaluation. And and I love the seat belt airbag analogy. That's a great way of looking at this.

529

00:58:40.375 --> 00:58:53.425

Lastly, I will turn it over to Megan calcium to just give you an idea of where we are now. And I believe Megan is on. So, thank you. And again, if you have any questions, please contact us directly and we're happy to answer them.

530

00:58:55.170 --> 00:59:01.469

Yeah, hi, I'm here. Good afternoon. Everybody.

531

00:59:01.469 --> 00:59:06.210

Um, I just wanted to maybe maybe could I share my screen I was just gonna kind of bring up.

532

00:59:06.210 --> 00:59:11.039

Just kind of a brief slide, but if not, I can always just talk through it as well.

533

00:59:12.090 --> 00:59:15.179

Great.

534

00:59:20.219 --> 00:59:30.505

Okay, so this is just kind of just so people can kind of get an understanding of what the utilization has been. You can kind of see, we kind of started last April.

535

00:59:30.505 --> 00:59:45.204

We've kind of ramped up during the height of when things were really tough with the end of last year. We kind of kind of hit our peak and kind of as cobit, I think subsided. We did lose some volume. And now, we're kind of seeing that volume come up.

536

00:59:45.385 --> 00:59:56.905

I mean, the good news is, is that not all of the volume that we're seeing in this increase is coded related. Some of it certainly is, but we're definitely seeing more utilizations from the individuals living at home.

537

00:59:56.934 --> 01:00:02.155

And the individuals living in different homes to the agencies as well.

538

01:00:02.155 --> 01:00:12.264

So we've been successful in really pretty much treating people in place pretty consistently about 80 to 90% of the time, which has been great to see.

539

01:00:12.264 --> 01:00:25.525

So just wanted to kind of share this information and really kind of push again for people to utilize us. No matter really. Nothing is too small or too significant, any kind of question or concern. We're always here to help.

540

01:00:25.525 --> 01:00:30.175

So please feel free to reach out. I don't know if people have any questions about any of that.

541

01:00:32.309 --> 01:00:35.849

I'll check the chat real quick.

542

01:00:38.099 --> 01:00:42.000

I didn't see any questions, so I just kind of wanted to share some of that data with everybody.

543

01:00:44.394 --> 01:00:58.074

That date is extremely valuable we appreciate you sharing that and we appreciate everyone joining us today if you haven't had a chance to respond in the chat and let us know the frequency for these calls please do that before you hop off,

544

01:00:58.764 --> 01:01:04.284

we want to make sure we're meeting those people and getting folks the information in the format,

545

01:01:04.284 --> 01:01:05.844

and the timeliness that they want.

546

01:01:06.295 --> 01:01:18.625

So, thank you all for joining us today. And after we take a look at that feedback we receive, we will send out information regarding when our next call will be. So, thank you very much. Everyone have a great day.

547

01:01:21.360 --> 01:01:23.039

Take care.