

WEBVTT

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00:00:00.000 --> 00:00:03.658

And everyone and happy Friday.

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Happy 1st, day in a while that it felt like fall.

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Um, and, yeah, at the beginning of October, so hot, timely.

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Today we are going to start off and.

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Welcome. Dr. status box to provide us with some updated information.

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Regarding covet and what's going on in Missouri and what we can do.

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In order, and what we need to know, in order to best help, help, protect the health and safety of those that we.

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And so Dr, as always we really appreciate.

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Your willingness to join and provide the information Thank you.

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2 things that's new this this time is that last week we got the FDA and then approval followed by cdcs blessing.

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To stop the boosted those, so there's always some confusion or, um.

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Something different between people have asked this question again and again.

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What is different between, uh, the 3rd dose and the boosted.

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Okay, the booster can be the 3rd, why do we call wonders 3rd dose and why we call another 1 the booster dose.

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So the way they have defined the 3rd dose versus booster is the 3rd dose is for individual's.

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Who are immunocompromised, which was approved a month earlier.

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By the CDC and FDA to go ahead and give us really for Pfizer.

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And for Montana, so the metadata and Pfizer both approved.

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Or the 3rd, those for those who are in a compromised conditions, we talked about it in the last.

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Webinar on that the booster dose is currently only approved for those with Pfizer.

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So those with Pfizer, if you've already had 2 doses of Pfizer.

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And it has been 6 months since the 2nd, those of Pfizer.

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Then you're eligible for your booster does.

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And the individuals are eligible for the booster dose among other things are healthcare professionals. Um, so they have clearly stated for 18 and older. And if you are a healthcare professional.

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Then that is considered 1 of the considered 1 of the high risk, um, worker essential worker category that has been approved.

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For the, um, the booster shot, especially Pfizer, it is not available for those who are taken.

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Or those who had taken the J and J.

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Verdana is working on something along the lines and we should be able to hear that something within next month within the next month.

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Um, Jane J hasn't said anything, but there's a possibility as well. But, uh, at this current time is only for those individuals.

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Who have had 2 doses of Pfizer.

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So, what are the 2 things to remember when you're going for your booster shots?

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1, is that it has been 6 months at least 6 months.

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Since your last dose, and the other thing to remember is if you had covid or, uh, or had been hospitalized with covid.

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And either you received monoclonal antibodies.

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Infusion or had got plasma, which is also called passive antibody treatment. If you had any of the passive antibiotic treatment 1 is the monoclonal antibody and the other 1 is the Convalescent plasma.

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Then, um, you should wait for 90 days.

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Before you can get the 3rd chart.

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Okay, so that is what we have there are other professions as well that fall under the, um.

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That fall under the, um, sorry, I'm just trying to find the questions also. So there are other things as well other professions as well.

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That fall under the, uh, essential worker category and if you just Google it, you'll be able to find it. Um, so, I don't know them, uh, all of them. Um.

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At this person time I know teaches a part of it as well. So teachers.

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And health care professionals, a part of this category, but there are other category of individuals as well.

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So, if you work, I mean, if you, um, how do you get the boost how do you get the booster shots?

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Um, my understanding is talking to some of the individuals who I work with.

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Uh, stated that they had contact with the local pharmacy, CVS, Walgreens, Walmart, highly.

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What was your local pharmacy call them? Make an appointment go in and get your.

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Buys a shot if you are eligible, if you're a healthcare professional and eligible to get it. So it has not been difficult. Most of them have been able to walk in the same day.

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And get it now, if you are partner departmental, help, um, we, and you work for a developer disability facility, or 1 of our state hospitals, then we are doing it in house.

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On certain days and so, um, you would know by, by now, uh, which facilities are offering it 1st pieces, just the state employees.

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But if you are working in the community.

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Then, uh, the best way to get, it would be to go to your.

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Uh, it just go to your local pharmacy.

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And they should be able to get it when you do go take your previous Pfizer vaccination card.

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With you so that they could, uh, sign it and put the information on the lock number in the same vaccination card. So you don't you don't need another 1.

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And you can carry it, so I would recommend taking your.

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Vaccination card if you had had Pfizer before.

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And getting it done, um, open to questions.

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Okay, we have several questions come in back to stand thoughts. The 1st, question is for individuals who were covet positive and either display symptoms, or were asymptomatic.

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And have since been fully vaccinated, but fall within the CDC suggest the groups for the Pfizer booster is the booster recommended. So that's the 1st part, which I think you've answered but then it says, or should people who were sick received the vaccine at all.

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And does the vaccine strengthen the immune system even more or is it possible to sell via antibiotic testing? Yeah. So, let's just get. Can you do just a 1st question again? So I can.

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And I can make sure I answer it correctly. And if you did.

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I will answer it again. What is the 1st, part of the question?

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The 1st, part was for individuals who were Co with positive and either displayed symptoms, or were asymptomatic and have since been fully vaccinated. But fall within the CDC suggested groups for the Pfizer booster is the booster still recommended.

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Yes, the booster is still recommended, but it has to be 6 months. So let's say.

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You got the, we can cover the positive in June or July July.

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And then got the vaccination immediately after that.

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it's still after the second bills you have to wait for six months

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To get your booster the reason is, uh, the reason for this, some of the research that came out of Pfizer.

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Indicates that by 6 months is some drop in the neutralizing antibody level.

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And it is, because of that reason, they think to boost up your immunity that was initially created by the Pfizer vaccine. That's funny. That's the reason.

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Why we have, um, we, we have the terms called booster, so it's just boosting up the anti bot, replacing antibodies, uh, up again.

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Um, by giving the, uh, the taking that booster dosage, 6 months after the 1st. So, yes, if you, it doesn't matter when you, whether you got covered or you did not get.

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Um, the important thing is, if you got the 1st, 2 doses.

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Those 1, and those 2, which is like, 3 weeks apart for Pfizer.

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Then you have to wait 6 months after the 2nd to get your booster.

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What's the 2nd question I go the 2nd, part of that is, um, should people who are sick receive the vaccine at all.

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So, when people are really sick, very, very sick, um, what they recommend is, let's say something to be in the hospital and very weak.

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So, 2 things, 1, if you are corporate positive, let me start it this way.

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Say, let's say that you are, the individual is covered positive then you'd wait the 10 days. The 10 days is the isolation period.

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That is the period of time when, um, there is the, the viral proliferation has stopped and there is no replica. There's no virus that is that can continue to replicate.

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Is by day 10, so you wait for the 10 days and after your 10 days is over from the day, you tested positive or it became symptomatic.

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Then you can go get the vaccine, or you can get it at any time. I immediately after those 10 days, and I would recommend getting it after the 10 days. Uh, as as early as possible.

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Because you can still get re, infection. We've had individuals so, battery infection within.

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Within 3 weeks after their previous test, because.

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And before the 3 weeks before they are, uh, 1st infection cobit positive.

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Because the variants can, they're different.

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And so, um, people have got it, uh, it reinfected fairly quickly after. So, my 1st question is.

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Wait, when you are actively sick with it.

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Wait till you, or, um, at least past the 10 days, and let's say you had to be hospitalized and you feel very weak. Then I would wait another week or 2.

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To get it, get the vaccine, because you just don't want.

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Some people may have a little bit more tightness and, uh, kind of, uh, feel feverish for a day or 2 after they get the vaccines. So, you know, if you're already fatigued from the cobit, you want to wait a little bit longer.

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To get the vaccine so I would say if you are really sick in the hospital and had been in the hospital and just recovering appropriate tube wrong too too far away, or don't push it too much, but at least give yourself a week or 2.

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After recovering to get the vaccine. Okay. Um, the next question is it recommended to have antibodies tested prior to vaccination or the booster. If you've previously had them.

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Now, the reason is that antibody testing has not been consistent and there has not been any clinical correlation.

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And this is where the problem is that titles are not, you know, there's no cutoff saying that if I had.

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Like, for example, diabetes. Right? We know if the blood sugar has passed a certain level. Then you have diabetes. That means your blood sugar is not well control. I need more insulin or I need to be treated with medication. We do not have that kind of correlation. Where the antibodies.

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Uh, in context yet, um, you know, it's all over the place.

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I wish that we had a good antibody titer and said if your antibody titer.

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Was less than this amount, then, you know, that means you don't have enough utilizing antibodies, go video booster or if you have past this amount, this cut off then you are good.

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We don't have such a number.

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Or, uh, or research to substantiate and the reason is because the antibody production has been it is related to so many other factors.

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And they have not been able to find a cut off.

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Of the antibody tied to say, as long as you have this much antibody are protected. We don't have that so doing antibody testing.

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Is not recommended at this point by the CDC, or by any of the scientific, uh, organizations.

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Um, so and I, I don't rely upon it in our state facilities. Um, you know.

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So, I would say if it is 6 months past year, past 7th, Pfizer dosage.

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And you're eligible for a booster because if you work as a health care professional.

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Go get it. There's no point getting the, they're getting the antibody test. It.

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Okay, next question ties in with the flu vaccine, it says, would it be better to get the yearly flu vaccine now? In early October?

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And then wait a few weeks to get the covid vaccination booster or the other way around.

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So, initially there was people they said that don't get to 2 vaccines at the same time. Now.

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The new recommendation is that you can go, you can make an appointment for both of access at the same time. You can get your covet backs and on 1 arm.

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And the flu vaccine, and the other arm so there is nothing that says that you can actually get both of them at the same time. You do not have to wait.

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Uh, or given any time between the.

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1st vaccine and the 2nd vaccine, and when they screw 1st and covert 2nd or corporate 1st and 2nd, it does not matter. So you just, you can go in for the same appointment the same time and get it and just get in 2 different arms. You don't want them at the same spot.

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A 2 different arms should work, or if you want to go in a week.

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You know, you have time and you want to do it a week apart.

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That's fine as well, but there's nothing contradicting, uh, getting both of vaccines at the same time at the same appointment. As long as it's done in 2 different sites.

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Great are there any prediction models on police strange for this coming year, and which strains are being vaccinated for.

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That is always a hit or miss with flu. Usually based on the mutations, the influence of virus does, um, they, they know, you know, typically there's a pattern.

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And, uh, the s assigned is to work on the scientists to work on the flu vaccine typically, or because of past history and, and trajectories. They are usually able to predict what is going to be the prevalent mutation that's going to arrive that particular year.

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Most times it has been accurate, but that have been years when it has not been accurate.

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We will not know whether the prediction is going to be correct or not enter the flu season starts.

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Because if it starts, and then they see, well, you know, the vaccine really did not match with the mutation.

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That was seen then, you know, they got it wrong, but when the vaccine matches with a mutation predicted mutation, then they got it. Right?

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So, we would not know that at this time he just had to wait for the flu season to arrive.

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Okay, and 1, other question leads in, with the middle of the scenario, 2019 has shown some predictable surges or increases in the past without being alarmist or alarming.

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What might there be a predicted increase in cases in the next few months or future without serious intervention, or increases in vaccination rate? Or will that depend on new variance or renewed strength?

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Re, introductions of previous training.

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That is correct. So typically, what we have seen is kind of a way.

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So, it comes in a new strain or a new wave or a.

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Um, you know, the 1st, 1 that came in was the, in the spring of 2020.

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Was the original coven virus, uh, or the strain? The original strain that came from China so that came in in, uh, I think we had a.

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Pretty much our 1st wave, the end of March, early April.

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And by, um.

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A summer we had kind of it lasted a longer time.

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But that summary kind of been down a little bit later the summer, but then it didn't really go down very much.

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The 2nd way really saw it increased around time after Thanksgiving around November.

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And then it allows it to December January.

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February is really high in different areas of the country as well. So you see, for example, and, you know, it depends the peak in different parts of the country are different.

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Depending on the spread, and then we have some really low months. I think it was April May June was great. Month in Missouri. Our rates so low.

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In a vaccination had occurred and we were all very happy that vaccination is prevented.

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Um, they increase and, you know, we will get into some level of not fully normal, but.

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To a certain less restrictive lifestyle.

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And then Delta came along, and it was, you know, it was a completely new, very potent virus very in contagious virus multiplied very quickly.

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Was highly infectious and, uh, people are getting sicker, quicker and sicker and most sicker. Um, and that last, and he started in July it started in July 1st, week of July.

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August September October now, beginning to see a downward trend.

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Um, again, it's just beginning of Missouri there are still pockets where you're seeing a high increase. Exact, the pockets that we are seeing, they increase our Southeast.

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Especially popular blog area.

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Farmington that we are doing seeing some Southeast buckets of area where the rates are.

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But they are picking now, they did not have the big peak when Springfield and Joplin were, uh, were swamped with the.

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Delta, the numbers in Springfield in Joplin areas, gone down.

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And central Missouri has also gone down, but the South is picking up. So once that picks up.

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And then goes down, we'll see an overall decrease in the state until.

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Another variant comes along, which is, um, more important than our more and more infectious in Delta. I think Delta is going to be dominant for.

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Some time to come, even though there are other variants, like new and out there.

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Who who do have some? I've asked some very.

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Very strange, um, mutations.

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uh that could be concerned that could escape the vaccine they're not as infectious as delta delta is the most infectious one i mean you know delta

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For every person who is impacted with Delta, they can transmit to another.

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00:19:04.588 --> 00:19:09.989

6 or 7 individuals uh, whereas, um, when we the original virus was only about.

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About 3 individuals, and then alpha was about 4 or 5 a little bit more, but Delta is definitely much more, um, infectious. So so not only if a new has to come in, also has to be more, uh, it has to replace Delta.

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00:19:24.598 --> 00:19:38.128

So, it's again, you just have to wait and see what happens. That is just no prediction because this virus is so smart. So smarter it will do whatever it takes to keep in.

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Humans over and over again, it will keep changing. And as long as that is a bar as someone who's immunocompromised and who whose body doesn't fight the virus very well it can go in and stay there for longer and mutate.

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And that's how it mutates.

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So, that's why we believe that good vaccination if everybody's vaccinated and the numbers are really high.

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00:20:00.298 --> 00:20:03.808

In vaccination then we don't give an opportunity for the.

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00:20:03.808 --> 00:20:06.808

Wireless to enter a bar and mutate and.

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00:20:06.808 --> 00:20:10.019

Make all the changes because they are thought immediately.

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00:20:10.019 --> 00:20:19.469

The antibodies, and our bodies will fight them immediately that they don't have an opportunity to sit there and mutate. Um, so only time will tell but that was a great question.

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Okay, next question is the flu vaccine and covered that being guidance regarding being able to get both of them on both vaccines on the same day.

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Different for pregnant women for pregnant woman I don't believe so but if you, as I said, if people are going to be cautious, I mean, that's the question. The pregnant woman. The question I would say is just check with your.

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And if you're pregnant, just check with you, it will be 9.

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00:20:49.318 --> 00:20:53.939

To see where they safe and not an expert when it comes to, uh.

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00:20:53.939 --> 00:20:59.608

Pregnancy, um, so I will definitely I'm not an expert when it comes to anything really.

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00:20:59.608 --> 00:21:03.838

Um, so, but especially with the pregnancy.

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00:21:03.838 --> 00:21:11.548

Check with their, and then make the decision whether they want to take both of the same day, or you want to space it out.

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And 1, last question is regarding coded tests, or the cobra test recall that are still being used.

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00:21:21.509 --> 00:21:30.148

Um, test being recall are still being used, um, can you give me a little bit more.

180

00:21:30.148 --> 00:21:34.979

Contest context to that is that meaning that.

181

00:21:34.979 --> 00:21:38.278

Are the expiry date are.

182

00:21:39.419 --> 00:21:43.648

They're not useful anymore. I'm not clear on the question.

183

00:21:43.648 --> 00:21:50.009

I'm not sure either I will watch for this individual to provide additional information.

184

00:21:50.009 --> 00:21:53.308

Yes, and then we can always reach out directly to.

185

00:21:53.308 --> 00:21:56.308

Okay, I just need more information to answer that question.

186

00:21:56.308 --> 00:22:01.378

Okay, and I believe that is all the questions that we have.

187

00:22:01.378 --> 00:22:08.189

All right, thank you. All have a great weekend and now I pass it on to station.

188

00:22:10.979 --> 00:22:25.888

Thank you Dr, Tru ready actually will not be on the call. Today. My name is area Anderson. I'm also with station MD just here this week again. Just remind you that.

189

00:22:25.888 --> 00:22:40.138

You can call station and D for really any reason there's no call. That's too small. And I know that there was a lot of talk now about the cold and flu season is upon us it's the 1st day of October. So if there's any.

190

00:22:40.138 --> 00:22:45.449

Concerns questions related to symptoms. If it's a cold, it's the flu if it's cold and.

191

00:22:45.449 --> 00:22:52.828

That's definitely a reason to reach out to station. M. D. don't feel that a call is to.

192

00:22:52.828 --> 00:23:07.798

Small to call for really anything any medical question or concern we're available. It's just that 1877numberin, 24 7 you'll be able to get a station D doctor to help resolve your concerns.

193

00:23:09.118 --> 00:23:16.469

That's that's just the big update for me for this week. If there's any questions I'm happy to take them now or or, um, answer them in the chat.

194

00:23:17.669 --> 00:23:23.398

Hey, with that, I think I pass it back to you just got it.

195

00:23:23.398 --> 00:23:28.648

Thank you I really appreciate you making the time to join us and.

196

00:23:28.648 --> 00:23:39.659

The memo regarding station, and D should be coming out soon to service coordinators and explaining the process. Now that we're in the waiver.

197

00:23:39.659 --> 00:23:46.138

And there's great news, um, because the process will be seamless for.

198

00:23:46.138 --> 00:23:50.969

Those that we serve, so, family clients, caregivers.

199

00:23:50.969 --> 00:23:55.679

Bill can directly call station and D, anytime they need them.

200

00:23:55.679 --> 00:24:01.318

Despite not having an authorization already in place through the waiver.

201

00:24:01.318 --> 00:24:09.568

Um, we didn't want that to change. We want that everyone to just be able to make the call and then we'll take care of administrative things on.

202

00:24:09.568 --> 00:24:16.919

The back end so that is just something I wanted to mention. And again.

203

00:24:16.919 --> 00:24:31.919

Really appreciate you joining us. Okay. I had a few updates that I wanted to share with everyone and the 1st, 1 is regarding reimbursement rate.

204

00:24:31.919 --> 00:24:36.209

And that is.

205

00:24:36.209 --> 00:24:39.749

The that the, the rate studies.

206

00:24:39.749 --> 00:24:43.318

That we have been talking about for.

207

00:24:43.318 --> 00:24:47.338

A couple of years probably now.

208

00:24:47.338 --> 00:24:51.088

1st, in terms of the residential rate study.

209

00:24:51.088 --> 00:25:00.449

Which many of you are familiar with most of you and so the rate changes that were made to the residential rate, and the.

210

00:25:00.449 --> 00:25:04.949

Most recent legislative session and previous were based on.

211

00:25:04.949 --> 00:25:11.638

The rate that he conducted by Mercer for those rates, and we have been working as an agency with Mercer.

212

00:25:11.638 --> 00:25:15.719

To work through the rate studies for.

213

00:25:15.719 --> 00:25:19.949
The remaining services that are offered through BB waivers.

214
00:25:19.949 --> 00:25:25.318
And that is being done in order to make sure that we are.

215
00:25:25.318 --> 00:25:29.638
Um, paying a, um, actual sound.

216
00:25:29.638 --> 00:25:41.999
And a market sound rates for those services and so, as we completed the draft of those rates studies in partnership with Mercer, the next step will be that.

217
00:25:41.999 --> 00:25:48.808
They are putting together a presentation and to talk about the factors that went into producing those rates.

218
00:25:48.808 --> 00:25:53.308
And that those factors will be reviewed by the.

219
00:25:53.308 --> 00:25:58.138
Rate review committee, which is a part of state regulation that there's.

220
00:25:58.138 --> 00:26:01.288
Those great studies and.

221
00:26:01.824 --> 00:26:05.303
Reviews go through that committee and so,

222
00:26:05.903 --> 00:26:11.064
as we move into that process will be sharing more information with you as we hopefully get great,

223
00:26:11.064 --> 00:26:16.854
good feedback regarding any necessary changes that might need to be made,

224
00:26:16.854 --> 00:26:19.074
or updates from the wait review committee.

225
00:26:19.074 --> 00:26:19.943
So that we can.

226

00:26:20.249 --> 00:26:23.729

Move forward in getting a finalized draft.

227

00:26:23.729 --> 00:26:28.469

Of the rate, and the rate studies for.

228

00:26:28.469 --> 00:26:34.798

All of the other services that we offer so we can have that information available to decision makers in the coming.

229

00:26:34.798 --> 00:26:45.868

Legislative session the other thing I wanted to mention is that during the month of October, we will be as a department sending out an appointment letter to.

230

00:26:45.868 --> 00:26:52.739

The new statutorily created Missouri commission on autism spectrum disorder.

231

00:26:52.739 --> 00:26:57.239

And that committee or commission, I'm sorry will.

232

00:26:57.239 --> 00:27:02.189

Have a big job and that job is that they will be creating a roadmap.

233

00:27:02.189 --> 00:27:05.338

Or how Missouri is.

234

00:27:05.338 --> 00:27:09.028

To move forward in order to ensure.

235

00:27:09.028 --> 00:27:14.638

Um, that across the lifespan of those with autism, we are providing the best possible services.

236

00:27:14.638 --> 00:27:18.298

And that they have the health care education and support that they need.

237

00:27:18.298 --> 00:27:28.048

To live their best life I think everybody wants to say living my best life when they say that. So.

238

00:27:28.048 --> 00:27:32.038

Maybe that's maybe that's just the new tagline of.

239

00:27:32.038 --> 00:27:35.699

For DB, that we help people live their best life.

240

00:27:35.699 --> 00:27:41.308

And so the commission has 25 members.

241

00:27:41.308 --> 00:27:47.699

It was a fairly large commission, and the work is done in 4 phases.

242

00:27:47.699 --> 00:27:51.598

And the 1st phase, the 1st year's report.

243

00:27:51.598 --> 00:27:58.318

Which will be done throughout next year we'll focus on the transition into adult said.

244

00:27:58.318 --> 00:28:05.818

For those living with autism spectrum disorder. So if you want to learn more about that, it's available on our website and.

245

00:28:05.818 --> 00:28:11.818

Then the last thing I went to mention is that if you did not get a chance to read.

246

00:28:11.818 --> 00:28:17.969

The reports that came out from the raised family.

247

00:28:17.969 --> 00:28:27.328

Care giving advisory council, they had recommendations to Congress on improving support for family caregivers and I really encourage you to.

248

00:28:27.328 --> 00:28:31.229

To go look at that and check that out. There were some great recommendations.

249

00:28:31.229 --> 00:28:38.308

Within that report, and with that, I will turn it over to Angie who has some updates for us on.

250

00:28:38.308 --> 00:28:46.108

Um, you you have a perfect, um, lead in there in the chat it's, um, regarding the enhanced f map.

251

00:28:46.108 --> 00:28:52.709

Yep, I just I just see that. So, um, yeah, so we did have some rate increases.

252

00:28:52.709 --> 00:28:59.669

That occurred at the beginning of this fiscal year. So, July 1st, those were day program.

253

00:28:59.669 --> 00:29:13.439

So included, they, they have community integration, individual skill development as well as some ABA services. Those rate increases have already been implemented. And the piece that we were waiting on were, the rate increases.

254

00:29:13.439 --> 00:29:26.519

For our standardization of our group home services as well as the 5.29% of the P a rate increase. So on September 21st.

255

00:29:26.519 --> 00:29:36.419

Centers for Medicare, Medicaid, they did approve the for us to use that enhanced f map for the rate increases.

256

00:29:36.419 --> 00:29:42.088

For those the right standardization and at 5.29%. So that impacts the group home.

257

00:29:42.088 --> 00:29:53.308

The the group home RN, lpn as well as that personal assistant 5.29 component. So you should be seeing an email blast come out today.

258

00:29:53.693 --> 00:30:03.773

With a memo attached to that just kind of sharing our logistical approach to those rate adjustments. We do have to go back to July. 1st so we're taking kind of what we call a 2 prong approach.

259

00:30:04.433 --> 00:30:12.503

We 1st want to make sure that the future billing is in line with that enhanced f map plan. So we don't have to make any additional adjustments beyond.

260

00:30:12.808 --> 00:30:24.419

September of 2021, so we are in the process of adjusting all the rates effective October 1st and then simultaneously we're going to be developing.

261

00:30:24.419 --> 00:30:29.368

That specific methodology to reprocess all the Billings from July 1st.

262

00:30:29.368 --> 00:30:42.358

Through September 30th, we'll strategically plan those rebilling because we want to make sure that we're expediting it, but at the same time, we want to ensure that all of those rate adjustments.

263

00:30:42.358 --> 00:30:47.189

Um, are made and those possible, those voids and rebuilds.

264

00:30:47.189 --> 00:30:56.909

For them to occur on the same cycle, and we really want to make sure that the providers see that that increase they're not adversely impacted by.

265

00:30:56.909 --> 00:31:03.509

Mistakenly do avoid and not the rebuild of it so we'll be strategically planning out that process. Um.

266

00:31:03.773 --> 00:31:14.034

We are asking for provider's assistance, just to help us expedite that process. So, as of October 1st, and again, this will all be outlined in the memo that's going out today.

267

00:31:14.394 --> 00:31:20.903

But as of October 1st, we're asking providers to not enter any units or census into see more until.

268

00:31:21.179 --> 00:31:36.144

All the service rates have been adjusted. Like I said, we're in the process of doing that, and we will keep you posted and let you provide a relations. We'll let, you know, when it's ready to go if you start putting those in there on October 1st, it causes a pause in the process and see more. We'll reject.

269

00:31:36.449 --> 00:31:40.019

Any pending claims, so then we have to go have you go back and manually?

270

00:31:40.019 --> 00:31:46.019

Adjust it again, so we want to make sure there's no claims out there in pending status what we're trying to update those rates.

271

00:31:46.019 --> 00:31:49.348

And that includes entering any.

272

00:31:49.348 --> 00:32:00.203

Units for July, August and September services. So if you can just hold off on that, too, we don't want those to get caught up in that that void rebuilding process.

273

00:32:00.804 --> 00:32:11.064

So, again, we just really appreciate your, your assistance with this. We're excited really excited that CMS approved it and we're working as quickly and diligently as we can.

274

00:32:11.638 --> 00:32:24.689

I'm just making sure that you receive those funds and as accurately as possible, you'll be working with our business offices working on it as well as central office. And then the provider of vendor coordinators. So.

275

00:32:24.689 --> 00:32:28.888

If you have questions after you see the memo, you're welcome to reach out to them as well.

276

00:32:28.888 --> 00:32:36.659

And we'll continue to work together and keep you posted on exactly where we're at. So we are excited to get this process for, you.

277

00:32:36.659 --> 00:32:41.759

And I think that is all that I have. So, let me make sure there's no more questions about.

278

00:32:41.759 --> 00:32:46.558

Thanks, Andy. I saw a few questions come up in the chat.

279

00:32:46.558 --> 00:32:57.058

Regarding the enhanced map, and it was regarding exactly which rates were included in the enhanced math that was appropriated for this year.

280

00:32:57.058 --> 00:33:11.993

Which I know you mentioned was both residential and personal assistants and so I did want to clarify overall that the enhanced map received by Missouri a total is total estimate of 216Million dollars.

281

00:33:11.993 --> 00:33:15.354

And so while there were specific rates.

282

00:33:17.548 --> 00:33:17.848

Uh,

283

00:33:17.874 --> 00:33:22.673

increases appropriated by the general assembly for this year,

284

00:33:22.673 --> 00:33:23.423

the fiscal year,

285

00:33:23.423 --> 00:33:32.933

that we're in any further appropriations would have to go through the general assembly during the next legislative session.

286

00:33:32.933 --> 00:33:42.564

So, if they were to apply the enhanced f map to any future rate increases for other services, that would be during this next legislative session.

287

00:33:42.868 --> 00:33:56.848

Sure, yeah, I completely agree. There's another question here about the day, have an employment services we did, I just want to clarify they did receive rate increases. It was not using enhanced f maps so those.

288

00:33:56.848 --> 00:34:02.009

Rate increases have already been implemented for July. 1st.

289

00:34:02.009 --> 00:34:06.088

So, and then.

290

00:34:07.199 --> 00:34:15.688

Because then I have another 1 about hold off on it inputting authorization for your and for those services again, that's for your P. a services.

291

00:34:15.688 --> 00:34:19.889

And it's for billing, not putting your billings in there for services.

292

00:34:19.889 --> 00:34:23.398

And the group home and.

293

00:34:23.398 --> 00:34:28.168

And again, That'll be listed in the demo that's going out today and.

294

00:34:28.168 --> 00:34:41.188

Community are in, so it's actually so the question is, what are the changes to the community are in you will see in the memo today if it's the and.

295

00:34:41.188 --> 00:34:45.088

lpn or for group home, those rates will have an increase.

296

00:34:45.088 --> 00:34:49.559

Again, see that in a memo.

297

00:34:50.789 --> 00:34:54.989

And I think that's all the questions.

298

00:34:54.989 --> 00:34:58.438

You could be answered them.

299

00:35:00.599 --> 00:35:04.139

So, with that, I will turn it over to Emily.

300

00:35:04.139 --> 00:35:07.588

Okay.

301

00:35:13.614 --> 00:35:23.994

Hi, good morning. Um, give you an update update with our waiver approvals. Um, you might have seen the blast that came out from that.

302

00:35:23.994 --> 00:35:35.123

Cms did approve the community support waiver on 922, the comprehensive waiver on 924 both with effective dates that 71 of this year and the partnership for hope.

303

00:35:35.514 --> 00:35:49.733

And the MO, kids amendments to align with the renewal changes were both approved with the effective dates of 10 1. and there is a link to that blast if you did not receive it, I gave you thanks, Micah.

304

00:35:49.764 --> 00:35:56.664

She'll put that in the chat for us and then we'd like to let everybody know to put, um.

305

00:35:59.398 --> 00:36:07.224

The next step for us would be updating the waiver renewal manuals and also providing training to our stakeholders.

306

00:36:07.764 --> 00:36:17.724

And right now we're looking at October 12th from 9 to 101,030 for service definition training webinar a registration announcements will be sent next week.

307

00:36:17.724 --> 00:36:26.063

Please note that when you register event materials will be available and materials include the presentation and a programmatic change chart.

308

00:36:34.798 --> 00:36:39.478

Um, let's see.

309

00:36:39.478 --> 00:36:47.369

Not any questions for mine, we might have some more questions related to that.

310

00:36:49.798 --> 00:36:56.518

To the right changes. So I'm going to hand it off and.

311

00:36:56.518 --> 00:37:00.869

To windy for an update.

312

00:37:02.489 --> 00:37:06.748

Good morning everybody I just real quickly wanted to say.

313

00:37:06.748 --> 00:37:11.518

Those who attended the expedited process question and answer.

314

00:37:11.518 --> 00:37:17.548

Session, um, yesterday, I believe it was, we had a 122 attendees.

315

00:37:17.548 --> 00:37:20.789

And we really appreciate you taking the time.

316

00:37:20.789 --> 00:37:31.853

To listen and ask questions and just confirm your understanding of how the process works. Please let us know at the mail at dot. Gov.

317

00:37:32.153 --> 00:37:35.813

If there are other any top, any other topics that you would like.

318

00:37:36.119 --> 00:37:41.309

Us to have a Q and a session on we'd be happy to host that.

319

00:37:41.309 --> 00:37:45.298

And the 1 other thing that I just wanted to, um.

320

00:37:45.298 --> 00:37:49.708

Throw out there is I listen to a podcast today.

321

00:37:49.708 --> 00:37:53.248

On, um.

322

00:37:53.248 --> 00:37:56.338

Is from inside.

323

00:37:56.338 --> 00:38:00.929

And it is called kenny's world person center, planning.

324

00:38:00.929 --> 00:38:06.778

And I encourage you to get on Apple podcasts and look that up.

325

00:38:06.778 --> 00:38:09.778

It was it was very good.

326

00:38:09.778 --> 00:38:12.989

Listen for people at all levels.

327

00:38:12.989 --> 00:38:16.050

Um, within the system from.

328

00:38:16.050 --> 00:38:23.130

Um, state staff to executive management staff and providers and direct care staff just to remind us.

329

00:38:23.130 --> 00:38:33.840

Of how to be innovative that we need to be always looking at the individual and how we can meet their particular.

330

00:38:33.840 --> 00:38:41.400

Needs and that podcast was developed if I'm understanding right from the center of rehabilitation outcomes.

331

00:38:41.400 --> 00:38:54.719

Research, and I believe just, um, as you, as I hand off to you and wrap up, I think you might have to so that works. So it was very, very.

332

00:38:54.719 --> 00:38:59.880

Yeah, thanks Wendy for mentioning that.

333

00:39:00.565 --> 00:39:15.295

I had a chance to an opportunity to sit on the advisory council for some work that is being done by the Shirley Ryan disability lab out of Chicago and they are doing some national

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00:39:15.295 --> 00:39:17.934

research to advise.

335

00:39:18.239 --> 00:39:29.425

Cms on outcome measurements for home and community based services, but they do so many more things and part of the work that they're doing right now is is a piece of the grant as well.

336

00:39:29.664 --> 00:39:38.844

And that is a podcast to increase person centered and awareness around person centers. So anywhere that you get your podcast.

337

00:39:39.119 --> 00:39:46.619

You can search for inside kenny's world and hear the podcast. It has a really.

338

00:39:46.619 --> 00:39:54.869

Uh, 1st of all, you'll just fall in love with Kenny and, and the other folks on the call are on the podcast.

339

00:39:54.869 --> 00:40:04.710

But it has some really great insights into the balance between risk and independence, which is something that.

340

00:40:04.710 --> 00:40:12.030

I think everyone struggles with and so I just really encourage you to.

341

00:40:12.030 --> 00:40:18.059

Go out and check it out if you get a chance and I will.

342

00:40:18.059 --> 00:40:22.889

Oh, and when you put it in the chat good, it's good deal because we have.

343

00:40:22.889 --> 00:40:28.619

Somebody asked to defer the name and.

344

00:40:28.619 --> 00:40:33.389

I believe, let me look through some other of the chat.

345

00:40:33.389 --> 00:40:37.860

Here oh.

346

00:40:37.860 --> 00:40:42.960

And he's waiting for me to pause so that she can answer some of the questions that came in. Thank you.

347

00:40:42.960 --> 00:40:48.329

Yep. Do you wanna go ahead and jump in on those? Jess sorry? Yeah.

348

00:40:49.074 --> 00:40:59.994

Okay, I didn't want to jump in on anyone, so I'm going to scroll back up because there's several questions here. So the next 1, I think I had was will the new rates for the community are in services be standardized rate.

349

00:41:00.505 --> 00:41:07.375

So, we are working on anything that's covered under in group home, which would be your RN and lpn.

350

00:41:07.405 --> 00:41:16.105

I always hesitate to say community because they never know if someone's talking about or if they're calling pans community to very, completely different services.

351

00:41:16.105 --> 00:41:26.574

So, I'm going to say, and the lpn, we are moving towards standardized rates for those, but remember that because of our RPO funding.

352

00:41:26.880 --> 00:41:30.809

We cannot lower anyone that is above the.

353

00:41:30.809 --> 00:41:37.019

Um, rate studies, commercial rates to be standardized rate. So if you were below, you're going to come above.

354

00:41:37.525 --> 00:41:52.405

If you were, or come to the right study, if you were above, you're not coming down yet and again That'll be in the memo as well. And if you take a look at that, and you still have questions, let us know and then there's another question here please clarify if they have an employment.

355

00:41:52.710 --> 00:42:05.760

We'll receive the f funding in addition to the increases that already occurred on July. 1st. So, as of right now, there has not been any appropriations from the general assembly to utilize enhanced f map funding.

356

00:42:05.760 --> 00:42:10.469

For they have an employment, we do have some items, you know, in our spin plan.

357

00:42:10.469 --> 00:42:13.559

But again, anything.

358

00:42:13.559 --> 00:42:27.210

In addition to using, in addition to the current rate increases that we have would need general assembly appropriations for us to be able to pass those along. So we won't stay tuned to that.

359

00:42:27.210 --> 00:42:33.840

They have appointments do not have rates appropriate. Okay so that's the same. Okay, Jess. You actually already answered that 1 sorry.

360

00:42:33.840 --> 00:42:43.679

And then someone did ask if there's an increase in the maximum Health Net payment for residential services, because of the recalculation that our system does.

361

00:42:43.679 --> 00:42:49.019

We are submitting over, um, a new Medicaid maximum and that was.

362

00:42:49.019 --> 00:42:52.650

Release and I provide, I think that was released and a provider.

363

00:42:52.650 --> 00:43:01.019

Memo earlier the towards the beginning of the fiscal year, when we updated that, and it'll help net, sent that out. So that should adjust.

364

00:43:01.019 --> 00:43:03.864

For the increased rates that we're having on the group home,

365

00:43:03.864 --> 00:43:10.224

and or so we should be good there if you cannot find that increased amount,

366

00:43:10.735 --> 00:43:11.724

let us know,

367

00:43:11.724 --> 00:43:17.905

it'll be in the manual and again it's on my house next website as well but we can send that link to you once you pull that up.

368

00:43:18.150 --> 00:43:21.840

Rate increases includes self directed services.

369

00:43:21.840 --> 00:43:29.940

It does under, so the piece rate increases for the DD waivers are for self directed as well.

370

00:43:29.940 --> 00:43:35.579

For the service, um.

371

00:43:38.730 --> 00:43:43.440

Okay, the last 1 is about remote status for TC and monitoring.

372

00:43:43.440 --> 00:43:47.639

Okay, just so you got that 1 too. Okay. I think that's all for rates.

373

00:43:49.170 --> 00:43:56.489

Wait Here's 1 other 1. you guys are quick? No, the support broker service is not included in rate increases.

374

00:43:56.489 --> 00:44:00.329

Good question. Yep.

375

00:44:00.329 --> 00:44:05.219

Okay, thank you. And yes, and not.

376

00:44:05.219 --> 00:44:10.650

Not something that we're familiar with or used too and it is.

377

00:44:10.650 --> 00:44:15.119

Why we've taken our time with the memo.

378

00:44:15.119 --> 00:44:21.750

Regarding how the rate adjustments will work. So appreciate your patience.

379

00:44:21.750 --> 00:44:27.510

And they just want to say a shout out to the staff.

380

00:44:27.510 --> 00:44:31.860

At because there is.

381

00:44:31.860 --> 00:44:40.440

Some information that we got from CMS when we got our approval to use the rates.

382

00:44:40.440 --> 00:44:53.400

Um, the enhanced for the appropriated rate beginning, July 1st well, we waited until September late September to receive that approval. It is our understanding that Missouri will become.

383

00:44:53.400 --> 00:44:58.590

The 1st state to make payments with enhanced map to providers.

384

00:44:58.855 --> 00:45:02.545

So that is exceptional,

385

00:45:02.545 --> 00:45:09.894

and just speak to the work that 1st of all the general assembly did in getting those rates appropriated,

386

00:45:09.894 --> 00:45:17.994

but also the work that the team here to in order to get everything that needed to be in to CMS and the back and forth questions answered.

387

00:45:18.300 --> 00:45:22.199

Um, in order to get that through, so just appreciate that.

388

00:45:22.199 --> 00:45:29.369

The standardization question is something I do want to address because.

389

00:45:29.369 --> 00:45:42.809

Standardization rate standardization has been a goal of the division and while it still remains a goal, it is not something that will be an obtainable goal until.

390

00:45:42.809 --> 00:45:48.389

A later date, so the new rate studies that will be coming out.

391

00:45:48.389 --> 00:45:53.550

Will reflect information about.

392

00:45:53.550 --> 00:45:56.699

Rate standardization however.

393

00:45:56.699 --> 00:46:00.539

The requirements for.

394

00:46:00.539 --> 00:46:03.719

Utilizing the enhanced f map funding.

395

00:46:03.719 --> 00:46:10.199

Prohibits the state from lowering any rate below what was in place.

396

00:46:10.199 --> 00:46:15.480

On April 1st of 2021 unless that.

397

00:46:15.480 --> 00:46:18.840

Standardization was included.

398
00:46:18.840 --> 00:46:22.860
In and approved corrective action plan.

399
00:46:22.860 --> 00:46:25.860
Prior to April 1st, so.

400
00:46:25.860 --> 00:46:32.760
A good example of that is the residential rate. There was an approved corrective action plan.

401
00:46:32.760 --> 00:46:44.039
With a date to enhance, or to standardize rates by that's not yet, which was why there was a veto within the current budget and not standardized.

402
00:46:44.039 --> 00:46:47.909
The rates or meaning? No, 1.

403
00:46:47.909 --> 00:46:57.960
above the standardized level would be going down this year so that is until the enhanced funding is exhausted and spent by the states

404
00:46:57.960 --> 00:47:04.170
Or, until March of 2024, whichever is sooner, however.

405
00:47:04.170 --> 00:47:07.769
We have seen in all versions.

406
00:47:07.769 --> 00:47:11.130
the upcoming stimulus package

407
00:47:11.130 --> 00:47:16.800
That those maintenance of effort requirements to not lower rates beyond what was in place.

408
00:47:16.800 --> 00:47:26.159
At the time we see that language in those builds as well possibly extending until 2029. so well.

409
00:47:26.159 --> 00:47:33.989
Standardization it's a goal it may not be attainable for quite some time for those reasons. So, I just wanted to let everyone knows that.

410

00:47:33.989 --> 00:47:38.460

And we will keep everyone updated as we receive information.

411

00:47:42.690 --> 00:47:48.780

I think we've got some specific questions coming in the chat. Um.

412

00:47:48.780 --> 00:47:56.880

The.

413

00:47:57.960 --> 00:48:01.199

I think they're all pretty much related to the billing.

414

00:48:01.199 --> 00:48:10.079

So, I think we will probably if you want to take us now or do you want to send out kind of a Q and a document and follow up.

415

00:48:10.079 --> 00:48:23.519

Yeah, sure I think we send out a Q and a document afterwards. I want to make sure everyone has a chance to review the memo. I think a lot of questions kind of will be answered with the memo. So.

416

00:48:23.519 --> 00:48:27.119

But we'll follow up with the Q as well.

417

00:48:27.119 --> 00:48:37.800

Mary right now is really so we'll take care of the billing questions that way. I see. 1 more questions from.

418

00:48:37.800 --> 00:48:49.440

That came in regarding receiving the enhanced f map and will that only be this year? So, for the enhanced map that was appropriated through the American rescue.

419

00:48:49.440 --> 00:48:54.599

It was a total of estimated to enter and 16Million dollars.

420

00:48:54.599 --> 00:49:03.030

And we earn that for a full calendar year. So we'll know the exact amount that we earned at the end of that full calendar year, which will be.

421

00:49:03.030 --> 00:49:16.255

March 30th of 2022, which is hard to say so next March we'll know or slightly thereafter when billing Billings come in through March 30th of 2022. we'll know the full amount that was earned of the enhanced map.

422

00:49:16.255 --> 00:49:23.485

But the state has the ability to spend that enhance f map through March of 2024. so, depending on.

423

00:49:29.369 --> 00:49:40.860

Um, the decision by the general assembly on how that money is appropriated and what it's spent on, um, will determine if that's spent.

424

00:49:40.860 --> 00:49:46.710

All the way through March of 2024, or whether that is exhausted sooner.

425

00:49:46.710 --> 00:49:57.869

Um, on that with that, I will let everyone get 10 minutes back in their day and appreciate all the great questions and interaction.

426

00:50:02.099 --> 00:50:06.143

Hello.