



Hosted by Lydia Missaelides

**May 19, 2021**

**10:30 am - 12:00 pm**

**It's a Whole New World! -- Care Planning  
During the Transition to Congregate Services**



Made possible by a grant from  
Archstone Foundation



# Webinar Tips



The meeting is being recorded



"Listen only" mode is on



Handouts are accessible using the Handouts Tab



Submit all questions using Q&A feature



"Chat" and "Hand Raise" features are off



Please complete survey at the end of webinar

# APRIL 21, 2021 Webtalk Evaluation: 4.7

1. Best one yet, you're all amazing!
2. Super helpful for strategic planning!
3. CAADS / ALE trainings are always super informative, well-structured. Panels and vision team are very thorough. Really appreciated everything CAADS / ALE did to guide us through.
4. CAADS is on top of their game!
5. Good job, these are well organized and very useful
6. Great job to all the presenters and DREAM TEAM!!
7. Great tips. Need of the present. Super!!!! Super.
8. Good information Great webinar very informative
9. I was impressed with the CBAS Center Presenters. Good information and a good example of preparing for in center services.
10. I didn't feel like it gave me any information I didn't already know. Felt more like a "things to consider" than hard guidance.
11. What a fantastic webinar - thanks to all our presenters!!!

12. It was very helpful to hear some guidance on how to plan on transitioning back to in-center after extended time of stressful TAS.
13. It's a lot of work up ahead - thank you for preparing us every step of the way!
14. Loved the "Thought for the week". So true, thank you Lydia!
15. May be its time to think about modified program. Some centers might lose a lot of participants after October 31st. Tx.
16. Once again excellent presentation from the vision team . Thanks for sharing your ideas, tips and resources!
17. Presenters did an excellent job with the info they had to share! Unrelated to the presenters, there are still significant challenges & concerns that many Centers face in order to reopen for congregate services during the PHE (staffing, transportation, liability).
18. Richard Lee's idea was very helpful for the actual CBAS operator & staff to apply. I'd like to hear more of this kind of guideline through the future webinar.
19. Thank you for yet another thoughtful and informative webinar. I appreciate how much time goes into these talks by so many devoted experts. Bravo!
20. Targeted at ADHC's and our program is ADP. Did get some good information. Thank you.

# Agenda

- 1) Overview of Key Dates, Tasks & Guidance
- 2) Basics of Hybrid Care Planning
- 3) Documentation Tips
- 4) Q&A with Panelists
- 5) Resources & Calendar
- 6) Thought for the Week

# Panelists

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- **Lena Haroutunian**, MSW, Program Director, New Sunrise ADHC
- **Kay Lee**, MPH, Vice-President, Commonwealth ADHC
- **Richard Lee**, Program Director, Beverly ADHC
- **Amanda Sillars**, LCSW, Administrator, Santa Maria Wisdom Center
- **Terri Whitmire**, MSW, Program Administrator, Adventist Health Lodi  
Memorial Hospital Adult Day Services
- **Reyna Zavala**, Program Director, ADS-South, El Centro Easterseals  
Southern CA





# Updated CDC Guidance

- Updated CDC guidance issued 5/13/21 eases mask wearing for fully vaccinated people indoors and outside. **This is meant for the general public in public places.**
- This same guidance **does not apply to healthcare settings (like CBAS).**
  - This is because of higher vulnerability of those served in these places. Age is the strongest risk factor for severe COVID-19 outcomes, along with underlying medical conditions.
- **California will adopt CDC guidance on masking on June 15<sup>th</sup>**
  - California Dept of Public Health, Social Services and CalOSHA are expected to update CA guidance by June 15th.
- **Meanwhile, continue to use distancing, masking and hand hygiene as we await further instructions from the state.**



# Adult Day Programs v. ADHC/CBAS

**ADPs** were never ordered to stop congregate services, though many did, and are now starting to re-congregate.

- Mitigation Plan for in-center services is required
- COVID test 25% of staff per week recommended
- Dept of Social Services has issued [PINs](#) specific to ADPs:
  - [20-33 ASC](#) - ADP Covid-19 Guidelines
  - [21-26 ASC](#) - Info. Call re: recongregating
  - [21-17.2 ASC](#) - Group Activities, Dining
  - [21-21 ASC](#) - ADP Operations
  - [21-25 ASC](#) - Annual Inspections
- Unannounced [on-site inspections](#) began on May 10, focusing on infection control. Click [here](#) for ADP inspection tools.
- NOTE: Regulations referenced in the Infection Control Guidelines Survey document mostly apply to RCFEs. Have your set of regulations at hand.

**ADHC / CBAS** were ordered to de-congregate and have a deadline of Oct 2021 for serving pts a min of 1x/wk in-center until PHE is lifted.

- [Form CDA 2027](#) is due by **June 1** to CDA
- COVID testing is not required
- Regular use of TARs/IPC's starts with July re-TARS.
- Re-congregating Guidance from CDA:
  - [ACL 21-04](#)
- **CDA on site surveys estimated to begin in Sept. 2021**



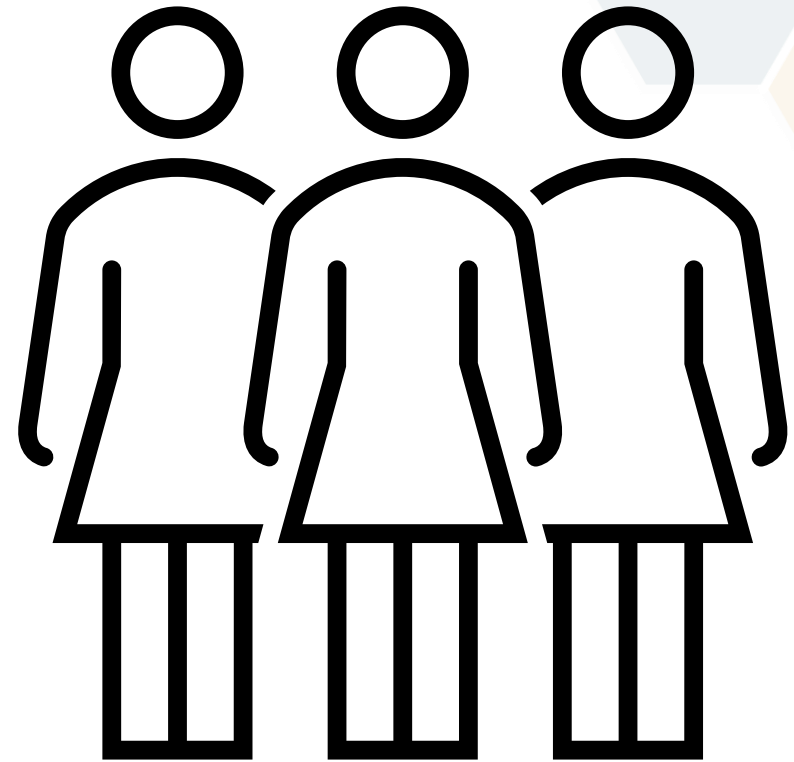
# Alternative Services & Hybrid Programming

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- ADPs and ADHC/CBAS are authorized to continue using alternative services during the Public Health Emergency (PHE) and provide care both in-center and remotely, using various service modes
- It is not yet known when the PHE will be declared over and whether alternative services will be allowed beyond the PHE
- Meantime, centers may move to a “hybrid” model of delivering services, as authorized under TAS, now that congregating is permitting with safety protocols

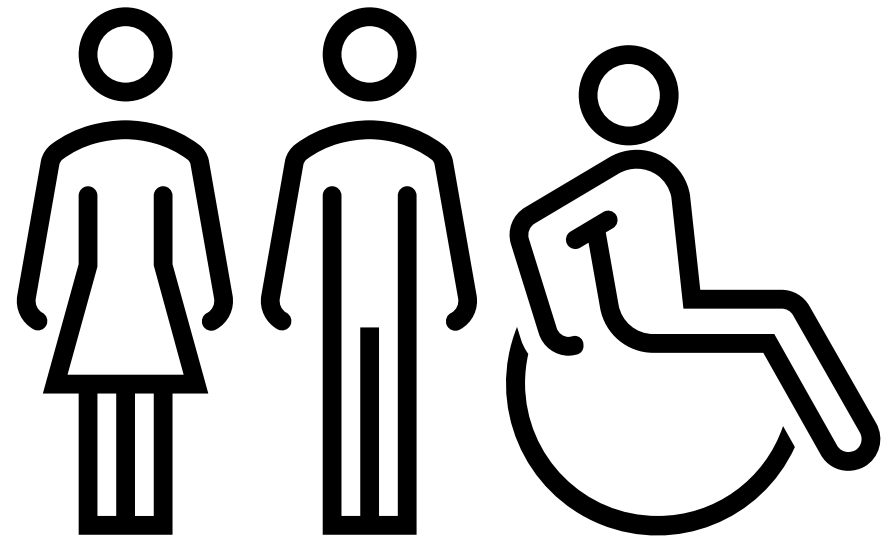
# Applicable to All: Personnel

- ✓ On-board/orient any newly hired staff
- ✓ Conduct ongoing staff training and re-training
- ✓ Deploy familiar systems for documentation – move closer to “usual” work methods and tools
- ✓ Prepare staff for return to in-center work, if staff are working remotely
- ✓ Revise any personnel policies, as needed
- ✓ **Attend CAADS training Monday May 24 10:30 am – noon with Shaw Law Group**



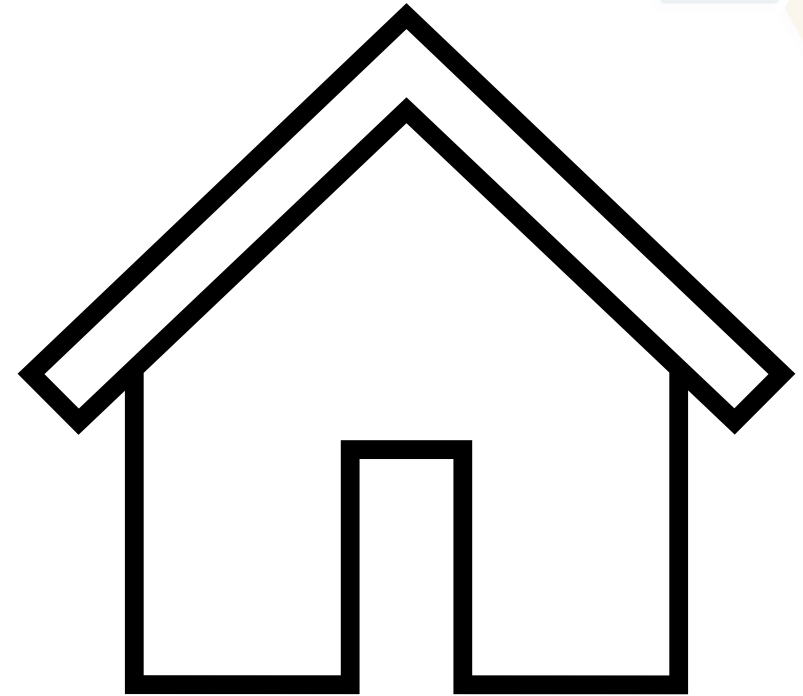
# Applicable to All: Participants

- ✓ Keep participants and caregivers informed of your plans
- ✓ Evaluate functional status and transportation needs
- ✓ Gauge readiness to return to center services
- ✓ Revise care plans as needed
- ✓ Continue to support vaccination education and access
- ✓ Maintain records of vaccination status



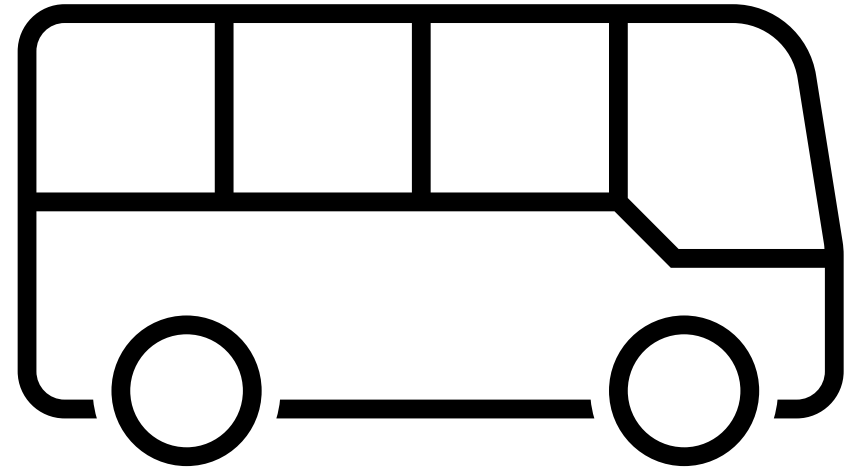
# Applicable to All: Facility and Space

- ✓ Begin re-engaging at the center with “soft opening” if needed
- ✓ Maintain 6-foot distancing until further notice
- ✓ Continue to wear face coverings
- ✓ Practice frequent hand hygiene
- ✓ Create cohorts of participants, if possible
- ✓ Stagger start and departure times
- ✓ Improve ventilation



# Applicable to All: Transportation

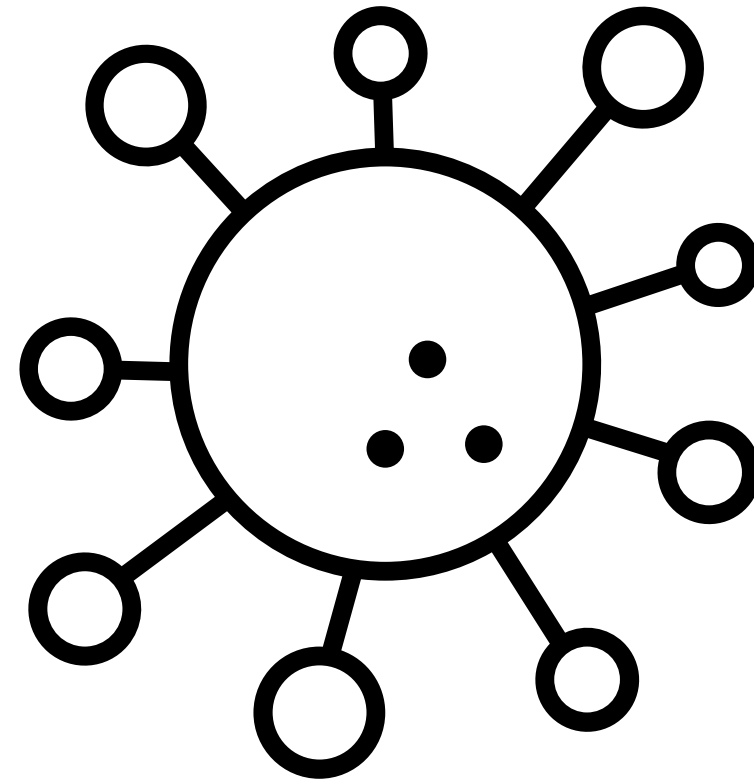
- Transportation is a challenge nationally
- CDC does not plan to issue guidance specific to adult day services
- Work with paratransit to figure out a plan for your participants
- Use your best judgement as regards setting up safe transportation relating to your unique situation





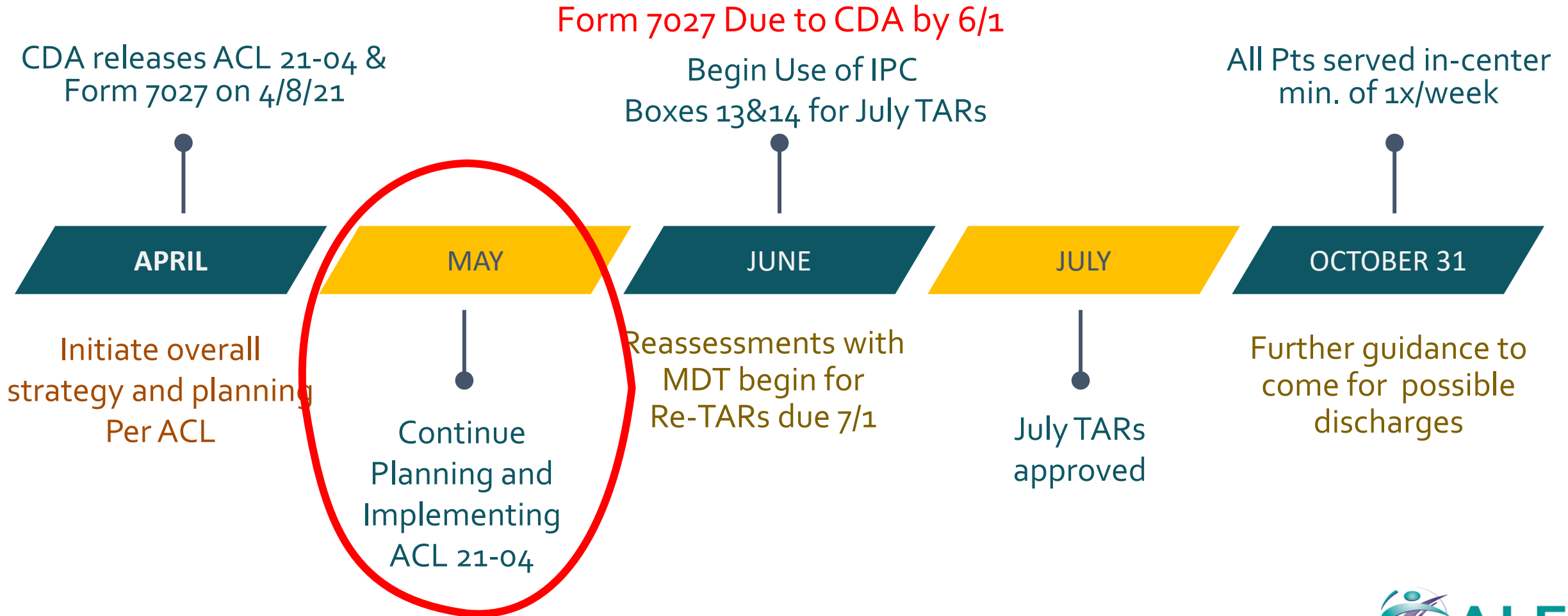
# Infection Control

- In the absence of CA Dept of Public Health guidance specific to ADHCs, follow CDC guidance for health facilities dated 4/27/21:
  - [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](#)
    - Free PPE Supplies [AFL 21-15 \(ca.gov\)](#) order by June 15
- DSS CCL guidance for ADPs :
  - [PIN 20-48 ASC Mitigation Plan](#)
  - [PIN 21-25 ASC Annual Inspections Utilizing the Infection Control Domain](#)



# Panel Discussion

# KEY DATES FOR RESUMPTION OF CBAS CONGREGATE SERVICES



# May - June 2021

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- 1) Strategic Planning is well underway for transition to congregate
- 2) **Required forms are ready to submit to CDA by June 01, 2021:**
  - **ADH 0006** (revised 04/20) Updated Staffing / Services Arrangements, verifying required staff
  - **CDA 7027** (new 04/2021) TAS Congregate Center Services Checklist, per instructions to self-attest readiness to serve participants in the center
- 3) Staff hiring and team training is underway
- 4) Consultants are in place
- 5) Evaluations for participant readiness are in process
- 6) Vaccination education & support for staff and participants continues

# Opportunities to Try New Ideas

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- You have flexibility during this transition time, so make use of it to provide person-centered services using multiple modes to meet individual needs
- Consider “soft opening” model to work out your modified systems
- Its ok to try something and adjust as needed



# June: Full CBAS MDT Process Begins

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- Full MDT process starts in June for Reauthorization TARS due July 1
- Completion of Boxes 13 and 14 is required
- Boxes 15 and 16 can be used for additional description:
  - Changed circumstances
  - Description of need for combination of in-center and remote services
    - Obtain medical records for thorough understanding of participant's current medical situation, if not already secured during TAS
    - In person formal re-assessments are preferred. But, can be done in the center, the home, or remotely, to address participant preferences and practical needs.
- Reassessments will be completed on a rolling basis based on TAR due date

# Let's Review: Care Planning Cycle



Teams must continually identify pts' and caregivers' emerging needs and problems in a person-centered manner; respond through targeted interventions; evaluate results; and document what they've done.

# Hybrid Care Planning

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- CBAS re-TARs beginning July 1 and going forward will need Boxes 13 & 14 completed with Boxes 15&16 optional, as always.
- You will need to figure out your own process for documentation of care planning for both in-center and remote services, as needed, but using familiar systems and adapting them to hybrid services is a best practice.
- Remember, this is a temporary process, but the principles of good care planning and documentation always apply. There are many ways to get to the result which is person-centered, well-planned and documented services that are auditable and make sense.

# CBAS Care Plans During Hybrid Services

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- Resume using IPC Boxes 13 & 14 for care plans
  - Must begin for July renewing TARs (begin reassessments during June)
- Care plans will reflect both in-center and remote services (telehealth, doorstep, etc.)
  - Remember, this is what your managed care organization will be looking at for care plans going forward.
  - This is also what the CDA will use to understand your plan of care during surveys

# Evaluations & Assessments

**Best practice is using both evaluation for those whose TARs are not yet due, and formal assessment for those due between now and December.**

- **Evaluation** is an informal process to determine whether a participant is ready and able to return to congregate services.
  - Initial triage (see sample triage tool) to determine who should be evaluated first
  - Evaluation by nurse and social worker (PT/OT/Activities)
    - Similar to when a participant has been out for an extended period
  - Re-triage to determine which participants to bring back first
- An assessment/reassessment is the regular formal CBAS process
  - Initial assessment
  - 6-monthly reassessments at the time of TAR renewal



# Evaluation

A **less formal look and conversation** with the participant and family at their home or at the center to determine their readiness to return to congregate services, and at what level :

- a. What is different or changed since participant was at the center last year?
- b. What are the participant's/family's concerns about return to center?
- c. Need for strengthening, reconditioning, fall risk mitigation
- d. Change in need for medication administration
- e. Participant and /or family readiness to return to in-center services, modified to fit the transitional phases
- f. Transportation plan and participant's ability to embark/disembark and tolerate time on vehicle

The **evaluation process does not change TAR dates.**

- Think of it as a way to find out if a change in care plan is needed in advance of the formal IPC TAR process

# CBAS Care Planning During Hybrid Transition

- **How to use Boxes 13 & 14**
  - State problems and medical necessity clearly. Short and sweet
  - Do your best to reflect frequencies – some things will be done in center and some using other modes available during TAS
  - Stay flexible
  - Use person-centered approach
  - Make use of chart notes as needed
  - Include plans for participant's return to congregate services
- **How to use Boxes 15& 16**
  - These boxes can be used for additional information that does not fit into the regular IPC boxes
  - You can also continue to use them for short term action planning
- **Documentation (compare pre-TAS, TAS and Hybrid transition)**
  - Documentation should begin to shift toward “regular” progress notes, flow sheets, etc.
  - Document on the day service was provided, no matter the “mode” you use

# Example: New Sunrise CBAS Hybrid Care Plan

Medical/Nursing  Risk for Hypo/Hyperglycemia	HYBRID RISK FOR HYPO/HYPERGLYCEMIA Blood glucose levels ranging 102/115 mg/dl. PRT c/o dizziness, fatigue, numbness to bilateral feet, with limited activity level.	In-center: 1. Check fasting BG 2. Notify MD if BG < 60 or > 300 mg/dl. 3. BS re-check 4. Provide rest periods during activities and educate about diabetes for symptoms of dizziness, fatigue 5. Foot skin check to bilateral feet for wounds Remote: 6. PRT/CG checks fasting BG at home and reports to center nurse 7. Center nurse will notify MD if BG < 60 or > 300 mg/dl 8. Instruct PRT/CG to provide rest periods	1. Each day at the center 2. PRN 3. PRN 4. PRN 5. 1x/wk 6. Each time nurse calls 7. PRN 8. 1x/wk 9. 1x/wk	For the next 6 months, PRT will: 1. Maintain a random/fasting blood glucose of 90-130 mg/dl. 2. Reduce complaints of dizziness and fatigue to 1x/month. 3. Have skin on feet intact with no evidence of wounds present.
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## (15) SIGNIFICANT CHANGES SINCE PREVIOUS IPC (For reauthorization TARs only)

DISCLAIMER: The entire IPC along with boxes 13 and 14 have been updated. Boxes 13 and 14 reflect in-center services as well as remote services during this transition phase.

As of mm/dd/yyyy PRT will receive services \_x/wk in the center, and \_x/wk remotely. These frequencies are tentative and subject to change based on participant's current needs.

Relevant information not found in IPC:

COVID-19 Vaccination: VACCINE NAME and DATES (dose 1/dose 2)

GDS/MMS/GAD-7 scores compared to six months ago

Any communication sent to PCP (i.e sent GDS/MMSE/GAD-7 scores to PCP)

Any Communication with MDT (i.e aware of GDS/MMSE/GAD-7 scores.)

Findings/scores from other screening tools compared to six months ago (if relevant)

# Example: Americare CBAS Hybrid Care Plan

Medical/Nursing  HYBRID: Hypertension*	Jane needs anti-hypertensive medications to keep her BP WNL. She chooses not to test her blood pressure at home.	<ol style="list-style-type: none"> <li>1. Telephonically, assess Test for signs and symptoms related to HTN including: tinnitus, dizziness, blurry vision, headache and edema.</li> <li>2. Notify MD of any worsening symptoms related to HTN.</li> <li>3. Notify MD of any worsening symptoms related to HTN.</li> <li>4. When at the center measure blood pressure.</li> <li>5. When at the center measure pulse.</li> <li>6. When at the center Re-check blood pressure if &lt;90/50 or &gt;160/90.</li> <li>7. When at the center Re-check pulse if &lt;50 or &gt;100. When at the center Re-check pulse if &lt;50</li> </ol>	<ol style="list-style-type: none"> <li>1. 1 x/wk and PRN</li> <li>2. PRN</li> <li>3. PRN</li> <li>4. PRN</li> <li>5. PRN</li> <li>6. PRN</li> <li>7. PRN</li> <li>8. PRN</li> </ol>	Jane will maintain optimal cardiac output as evidenced by BP between 90/50 to 160/90 when measured and report no signs or symptoms of HTN for the next 6 month period while here at the Center.
		<ol style="list-style-type: none"> <li>8. Report to MD any BP &lt;90/50 or &gt;160/90 symptoms, after checking twice.</li> </ol>		

# Example: Santa Maria Wisdom Center CBAS Hybrid Care Plan

HYBRID PERSONAL CARE-SUPERVISION			
1. Janey requires supervision with transfers and ambulation r/t _____ and she requires guidance to location and back to seat.	<p>1a. Supervise toileting, assist if needed.</p> <p>1b. Supervise transfers, assist if needed.</p> <p>1c. Supervise ambulation, assist if needed. Guide to location and back to seat.</p>	<p>1. When at center. 1-5x a week</p> <p>1b. When transferring while at the center. 1-5x a week</p> <p>1c. When ambulating while at the center. 1-5x a week</p>	<p>1. Janey will not be injured due to need for supervision with transfers and ambulation while at the center.</p> <p>2. Jane will receive the toileting assistance she needs while at the center.</p>



# Follow up on Participants Enrolled during TAS

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- Prior to resuming regular congregate services:
  - Obtain TB clearance, if not on file already  
Note: Defer TB test until 4 weeks after completion of the COVID-19 vaccination
- Re-assessments for participants enrolled during TAS will be due on their regular TAR renewal date
- ACL 21-04 makes an exception for conducting an in-person home visit, but finding an alternative safe means for gathering this data is important



# Panel Discussion

## Q&A

# Resources

CDC Guidance for Adult Day Services (3/31/2021)

[Guidance for Adult Day Services Centers \(cdc.gov\)](#)

[Participants at Adult Day Services Centers and Their Caregivers | CDC](#)

## Ventilation

- <https://schools.forhealth.org/risk-reduction-strategies-for-reopening-schools/healthy-buildings/>
- [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments \(ca.gov\)](#)

## Transportation

[https://www.apta.com/wp-content/uploads/COVID-19\\_Transit\\_Guide\\_REVISION-2020\\_08\\_11.pdf](https://www.apta.com/wp-content/uploads/COVID-19_Transit_Guide_REVISION-2020_08_11.pdf)

# Upcoming ALE webtalks

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All webinars are held Wednesday 10:30 am to Noon,  
1st and 3rd Wednesdays of the month, unless otherwise noted

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|---------|--|
| May 21  | DSS <a href="#">Informational Call</a> for ADPs 1:00 -2:30 pm  |
| May 25  | <a href="#">CAADS training</a> : COVID-19 Return to Work Strategies-A Legal Perspective  |
| June 2  | Preparing Person-Centered TARs: Review & Tips for Hybrid Services  |
| June 16 | The Psychology of Re-entry to Community & Congregate services:<br>What Leadership, Staff Teams and Participants Need to Understand |
| July 7  | Working with Your MCOs for Intakes, Transfers and Discharges   |

# Thought for the Week



“It is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been buried.”

~ Carl Rogers  
1902-1987