

Webinar Tips



The meeting is being recorded



"Listen only" mode is on



Submit all questions using Q&A feature



"Chat" and "Hand Raise" features are off



Please complete survey at the end of webinar



APRIL 07, 2021 Webtalk Evaluation: 4.8

- 1. Your team is Brilliant! Thank you for all the information.
- Thank you Jennifer for the quote. It's been a tough year and HONESTLY I was starting to lose faith and burning out quickly. But the quote you shared made me hopeful again. Really needed that. Thank you for recognizing how difficult it has been.
- 3. The webinar was excellent. I have learned a lot from it and what to expect in the upcoming days regarding TAS.
- 4. Webinars given at 10:30-12:00ish (before 1:00) are the best times, so that staff can provide services, and there is plenty of time to discuss Questions/concerns before staff closes up their day and has to leave. Thank you.
- 5. Very well presented. A question about the Covid 19 Wellness check was made. Is this form going to be revised and will this Covid 19 Wellness check going to be required after July 15th?
- Suggest encouraging CBAS/ADH providers engage their transportation provider, particularly if using public transit services, in the planning for resumption of congregate service, PRIOR to submittal of forms to CDA for approval. Transit may not be able to provide the same services now as they did prepandemic.

- 7. Very concerned about the 6 feet space for everyone even if fully vaccinated!
- 8. A motivating presentation with concrete steps to move forward. Provides light at the end of the proverbial tunnel!
- 9. It is very kind of the presenters to share their knowledge.
- 10. Actual examples from other CBAS center directors re: planning was helpful.
- 11. Excellent and very helpful to our job.
- 12. Great presentation, Pls continue this series of Webinars
- 13. Great webinar! Thank you for your continued leadership and support!
- 14. This was a good session.
- 15. Great job by CAADS and CDA to update and save the program.
- 16. Clear presentations with examples including the pictures on-site.
- 17. Very helpful as usual, but we still need more help on this topic! Thank you!
- 18. Very helpful information. Thank you.
- 19. Very informative
- 20. Very informative. We appreciate everything that you all do for us.
- 21. Wonderful presentation!



Agenda

- 1) Overview of ACL 21-04 and What it Means
- 2) Deep Dive into ACL 21-04: Recommendations for a Phased Resumption of Congregate CBAS
- 3) Q&A with Panelists
- 4) Resources & Calendar
- 5) Thought for the Week



Presenters

- Jill Sparrow Chief CBAS Branch, CA Department of Aging
- Denise Peach Former Chief, CBAS Branch, CA Department of Aging
- Vision Team Panelists:
 - Raenika Butler, Program Director, Bayview Hunter's Point ADHC
 - Lena Haroutunian, Program Director, New Sunrise ADHC
 - Jennifer Hurlow Paonessa, Program Director, Neighborhood House
 - Kay Lee, Vice-President, Commonwealth ADHC
 - Richard Lee, Program Director, Beverly ADHC
 - Lois Sones, Program Director, Elderday







Deep Dive Into ACL 21-04

- Yes, it's complicated CDA and Vision Team are here to help guide you each step of the way
- Incremental resumption of congregate services will take some time, but begin your strategic planning <u>now</u>
 - Be person and family centered in meeting participant needs
 - Health and Safety are foremost the pandemic is far from over
- Download our Vision Team guidance paper to share with your team. It describes the phases of returning to congregate services by the end of October. We hope you find it helpful!
- Thank you to Diane Puckett with Peg Taylor Center for ADHC for preparing the content. We will keep updating the paper and sharing.







Strategically Plan for



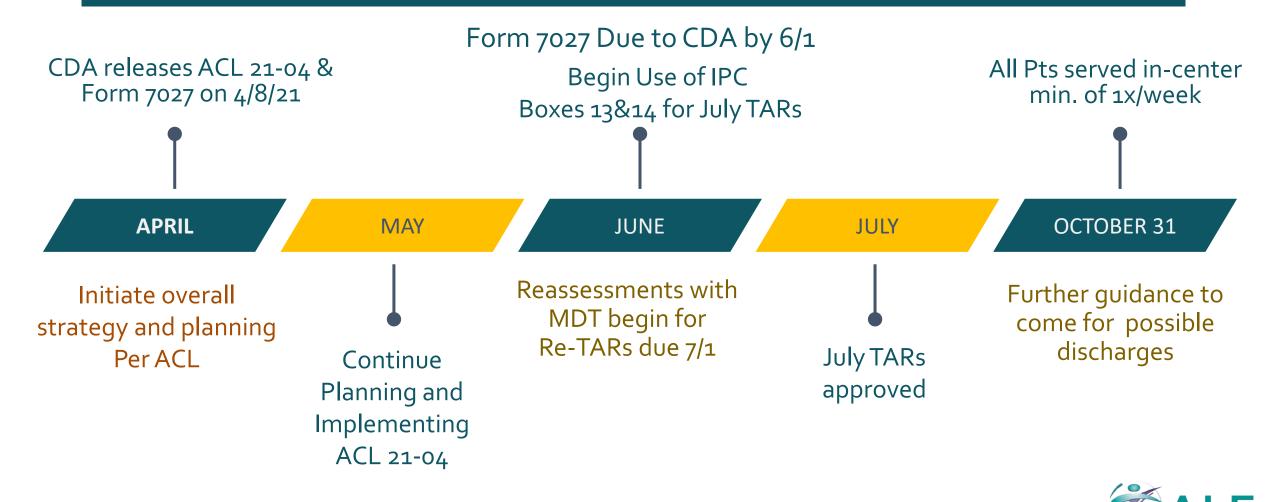
People: Staff & Participants

Facility: Health & Safety

Processes: Assessments; Documentation, etc.



KEY DATES FOR RESUMPTION OF CBAS CONGREGATE SERVICES



TAS flexibilities Remain Through Oct. 2021

This year is a transition phase to safely resume congregate services:

- TAS flex's remain in place for now:
 - Less than 4-hour program day
 - Less than full congregate programming
 - Staffing ratios meet participant needs on daily basis
 - Monthly therapy hours are waived, but core MDT must be assembled, including therapy staff
 - Participants can benefit from in-center and remote and at the home services
 - You can bring people in on a rolling basis, to maintain distancing and limit numbers
 - Meals are not required, but should be provided as needed to meet needs
- Continue to meet participant needs you may do so using congregate services in combination with TAS

Guidance Paper – Phases of Transition

Phase A -- April 1-June 30, 2021

By June o1, 2021, centers should have:

- 1) Strategically been planning and preparing for a safe return to congregate
- 2) Submitted required forms to CDA by June 01, 2021 absolute deadline:
 - ADH 0006 (revised 04/20) Updated Staffing / Services Arrangements, verifying required staff [ONLY IF ANY CHANGES?]
 - CDA 7027 (new 04/2021) TAS Congregate Center Services Checklist, per instructions to self-attest readiness to serve participants in the center
- 3) Reassembled MDT and other staff, as needed
- 4) Evaluated participant readiness
- 5) Continued vaccination efforts



ACL 21-04 & Form 7027 Are Your Road Map

- ACL 21-04 and Form 7027 and are your road map to re-congregating
- Use these to think **strategically** about all the moving parts that need to come together to safely resume congregate services
- Adjust policies and procedures
- Plan with and communicate with staff
- Assign responsibility for specific tasks to individuals or teams, for accountability and to spread the workload
- Each center is unique; the biggest takeaway is to begin the planning work <u>now</u>, thinking ahead through the end of the year

You are free to move at your own pace, but your **first deadline is only 6 weeks away!**



Vaccination Policies & Procedures

Participant vaccinations: There is **no** regulatory requirement for participants to be fully vaccinated prior to starting congregate services

- Mitigation measures must be in place for all distancing, masking, hand hygiene
- Fully vaccinated means 2 weeks after the last shot of the 2-shot Pfizer or Moderna vaccine or the one-shot J&J vaccine
- No participant should be discharged based on their decision to not receive a vaccination. This is a patient rights issue. (PIN 21-21 ASC)

Staff vaccination requirements: This is an area where you should seek legal counsel or HR advice as there are complexities to be aware of prior to requiring staff to be vaccinated as a condition of employment

• Center may keep track of facility staff vaccination status (PIN 21-21-ASC)



Prepare for COVID-19 Symptom Screening

- Wellness Check and Risk Screening is still required for participants
- Prior to bringing people back into the center:
 - Set up a system for screening staff, including drivers and any visitors (CDC link), prior to entering the center
 - Add signage to describe proper face covering use; hand hygiene; distancing and screening (lots of resources on-line)
 - Think through and modify your visitor and volunteer policies and procedures
 - Communicate with participants and caregivers about your plans!



Get Facility Ready

- Form 7027 is your road map for safely resuming in-center congregate services
- This is the perfect time for Spring Cleaning and facility renovations
- Seek creative ways to create distance inside the facility and use outside space
- Make sure HVAC is in good shape and ventilation can be used when weather permits
- Set up your COVID screening area and equip with supplies

Elderday ADHC Santa Cruz New 6 foot configuration





Beverly ADHC Los Angeles HVAC repairs; screening area



Plan for COVID Mitigation Measures

- Capacity: There is no specific guidance on capacity percentages at this time. 6-foot distancing will limit capacity
- **Distancing:** 6 feet of distancing is required at all times
- Masking: The state requires appropriate face covering be worn whenever in public; this includes within the center, yes, even if fully vaccinated
- Vaccination status exception: No exceptions to masking and distancing are allowed, at this time, for fully vaccinated staff and participants. We have asked and will keep working on this with CDPH
- Consider liability and talk with your insurer



Assemble Your MDT & Other Staff

Review and understand ACL 21-04:

- Bring back furloughed staff
- Begin hiring for core positions, if vacancies
- Train, support, and adjust for increased workload
- Update your consultant contracts and schedules
- Operationalize daily staffing schedule for hybrid programming; for in-center and remote services based on appropriate ratios
- You must be able to meet participant needs whether in the center or remote
- Be sure all staff know that your expectation is a return to the work site



Plan for Nutrition Services

- How will nutrition services work with your new schedule and 6 foot spaced out capacity?
 - Beverage service
 - Hot meal? Snacks? "To go" lunch?
- Face coverings may be removed for eating and drinking, but distancing must be maintained (DSS PIN 21-17 ASC).
 - Assist participants with safely placing face covering or mask in a paper bag labeled with their name while they eat, or replace disposable mask, if that is the system you plan to use.



Plan to Resume Transportation

- This is an issue across the Adult Day community, nationally
- 6-foot distancing is required yes, this is a challenge!
- Work with your paratransit agency in partnership to figure out safe transportation
 - https://www.cdc.gov/coronavirus/2019-ncov/daily-lifecoping/using-transportation.html#ParaTransit



Work with Paratransit to Plan Logistics

Work with your para-transit agency now to plan logistics together such as:

- Para-transit agency readiness learn from para-transit how much time they will need to reorganize on their end in order to begin providing group van services for your center (30 days? or 60 days? Etc.)
- Participant eligibility group van eligibility; make sure all participants are active and eligible for group van services, you can begin working on this now (even before submitting CDA paperwork) and bring all participants up to date
 - Due to non-use of group van services, records, lists need to be updated
 - Applications for newly enrolled participants during TAS may need to be submitted
 - Eligibility may have expired and needs to be resubmitted, work with para-transit for extensions if possible



Work with Paratransit to Coordinate

- Program Hours Share what your program hours are: 2 hours? 3 hours? Staggered drop-off times? # of days per week?
 - Para-transit will need to schedule pick-up and drop-off times and will need to determine how many trips they can realistically do based on your specific program hours and participant arrangements
- Routes Create new routes, group participants from same regions or neighborhoods on the same bus. Fewer participants riding on same bus means more trips to and from your centers.
 - You may have to explain to participants and family that you cannot cater to their personal preferred pick-up times (due to family work schedules, caregiver schedules, etc.)



Begin Evaluations & Assessments

What Is an Evaluation and What Is an Assessment?

- An 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
 - $\,\circ\,$ 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 change in care plan.

Resume Full MDT Process

- Full MDT process must be started in June for completion of 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 due date



Resume Regular Documentation in IPC

- 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
 - Do your best to reflect frequencies and use chart notes as needed.
 - Documentation should begin to shift to "regular" notes, flow sheets, etc.
 - Includes plans for participant's return to congregate services



Follow up on Participants Enrolled during TAS

- Prior to resuming regular congregate services:
 - Obtain TB clearance, if not on file already
 - 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











Resources

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

<u>Guidance for Adult Day Services Centers (cdc.gov)</u> Participants at Adult Day Services Centers and Their Caregivers | CDC

Ventilation

- <u>https://schools.forhealth.org/risk-reduction-strategies-for-reopening-schools/healthy-buildings/</u>
- 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_REVISON-2020_08_11.pdf



Cal OSHA Emergency Temporary Standards

Model COVID-19 Prevention Program

- Cal OSHA Model Covid-19 Prevention Program Emergency Temporary Standards became effective 11/30/2020.
 https://www.dir.ca.gov/Title8/sb7intro.html
- Per Cal Osha, these emergency provisions were already required under employers' Injury and Illness Prevention Programs (IIPP), including" identifying hazards, using face coverings, and physical distancing."
- Work with your insurance carrier if you need help



Upcoming ALE webtalks

All webinars are held Wednesday 10:30 am to Noon, unless otherwise noted Beginning Feb 17, 2021 Webtalk moves to 1st and 3rd Wednesdays of the month

Today 1-3 pm Dept of Social Services PIN 21-21 Training

https://ucsf.zoom.us/j/93700432518?pwd=dlp5T2xKSEIrQkU1ZnVXZC8vVUNpQT09 Passcode: 167686Webinar ID: 937 0043 2518 Or one-tap mobile: US: +12133388477,,93700432518#,,,,*1676

- May 12 CAADS Webinar: Communication and Behaviors: Coping With Challenging Situations in Dementia Care with Rebekah Wilson, Positive Approach LLC (10:30 am)
- May 19 Topic be announced

June 2 Topic be announced



Thought for the Week

A wise man adapts himself to circumstances, as water shapes itself to the vessel that contains it"

Ancient Chinese Proverb, probably Confucius



Smithsonian Museum

