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Hosted by Lydia Missaelides

June 2, 2021

10:30 am - 12:00 pm

Countdown to Congregate Services: A Panel Share and Learn

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

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May 19, 2021 Webtalk Evaluation: 4.8

1. This was the most informative meeting to date. I am more ready than I was last month as the program director. We still have lots to work on but We Feel Ready.... Thanks
2. I really appreciate you acknowledging the difficulties and the "trauma" we have all experienced since March 2020. It is nice to know we are still all in this together :)
3. Well organized and helpful. Thank you to the vision team for prepping and guiding us
4. It's helpful to see the various ways centers are approaching re-entry plans and documentation
5. Excellent practical recommendations for navigating the transition to in-center congregate services, including helpful IPC/documentation examples.
6. Thank you so much for the sharing of information from all panel members. It's very helpful to prepare for the reopening of the center during the transition phase.
7. Great webinar! I especially enjoyed hearing from the different panelists about how they wrote their care plans for the hybrid model.
8. It gave me a better idea of how to move forward for our center. Thank you for making this accessible to all.
9. I found the specific examples on care planning to be helpful. We are making a separate goal for remote services that are continuing during the transition period. we are better able to track these services that way. We are also using our quarterly progress note format for the evaluations.
10. The Centers provided vital information on expectations and challenges the Centers are facing during the transition period through TAS, Hybrid and Full Congregate Settings.
11. Thank you for all your hard work and guidance
12. Thank you to the guest speakers, it helps to see how other programs are starting the reopening process.
13. Webinar was educational and enlightening.
14. Great presentation and super tips from the panelists.
15. The team presented a wealth of information that were relevant now and moving forward.
16. GREAT WEBINAR :)

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Agenda

1) Status of State Reopening & Preview of Guidance
2) Quick Look at ACL 21-05 FAQs
3) Let's Review Key Tasks
4) Panelist Share and Learn
5) Audience Q&A
6) Resources & Calendar
7) Thought for the Week

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Panelists

Raenika Butler, MA, Program Director, Bayview Hunter's Point ADHC, San Francisco

Lena Haroutunian, MSW, Program Director, New Sunrise ADHC, Northridge

Richard Lee, Program Director, Beverly ADHC, Los Angeles

Heather Madaus, MSW, Program Director, Guardian ADHC, Richmond

Lois Sones, LCSW, Elderday, Santa Cruz

Jill Sparrow, MSW, Chief CBAS Branch, CDA

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READY
SET
GO

CDSS Community Care Licensing Guidance

- We expect the Department of Social Services Community Care Licensing to issue A Provider Information Notice (PIN) specific to Adult Day Programs to guide safe operations as the state re-opens on June 15.

- An ADP specific webinar will follow

- Coordinating with CA Dept of Public Health

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Anticipated Guidance for ADHC/CBAS

Anticipated release of CDPH All Facility Letter (AFL) – coming soon…

Public Health/Safety Protocols – Guidance for safe congregate services

- Masking
- Distancing
- Services to persons vaccinated/unvaccinated

ACL-21-05 for ADHC/CBAS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

GAVIN NEWSOM Governor

CALIFORNIA DEPARTMENT OF AGING
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ACL 21-05

Date:	May 24, 2020
To:	Community-Based Adult Services (CBAS) Center Administrators and Program Directors
From:	California Department of Aging (CDA) CBAS Branch
Subject:	Frequently Asked Questions (FAQ) #7, CBAS Phased Transition to Congregate Services

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KEY DATES FOR RESUMPTION OF CBAS CONGREGATE SERVICES

APRIL

CDA releases ACL 21-04 & Form 7027 on 4/8/21

Initiate overall strategy and planning Per ACL

MAY

Continue Planning and Implementing ACL 21-04

JUNE

Form 7027 was due to CDA 6/1

Begin Use of IPC Boxes 13&14 for July TARs

Reassessments with MDT begin for Re-TARs due 7/1

JULY

Start work on Aug TARs

July TARs approved Continue evaluations for all others

OCTOBER 31

All Pts served in-center min. of 1x/week

Further guidance to come for possible discharges

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An Adaptable Return to Congregate

- This is a transition period during which programs need to design their own goals for meeting requirements, and operations vary from center to center.
- Primary considerations of evaluating in order to provide a safe return to center-based services.
- Consider flexible program operations to be able to adjust to changing guidance with distancing, masking, and transportation.
- Providers will need to modify their plans in the coming months.

Transition June – July 2021

1. Required forms submitted to CDA by June 01, 2021 (Form 7027, Staffing Form ADH0006)
2. Participant evaluations are being scheduled (ACL 21-04) and implemented prior to individuals returning to congregate services.
3. June reassessments (July start TAR) are scheduled with full MDT.
4. Staff hiring and team training is underway.
5. Consultants are in place.
6. Vaccination education & support for staff and participants continues.
7. Teams are planning for an adaptable reopening of congregate services as processes and systems are implemented for hybrid approach

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June: Full CBAS MDT Process Begins

- MDT process starts in June for Reauthorization TARS due July 1
- Completion of IPC 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

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What Does Evaluation Mean in ACL 21-04?

"Any participant returning to in-center services prior to their TAR/IPC renewal must be evaluated by the multidisciplinary team (MDT) members necessary to identify changes in condition, need, and ability to function in a congregate setting prior to attendance, and a care plan for services must be noted in their health record. "

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ACL 21-04

Date: April 8, 2021

To: Adult Day Health Care (ADHC) / Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: California Department of Aging (CDA) CBAS Branch

Subject: Transition to Congregate Center Services

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What Does Evaluation Mean in ACL 21-04?

Evaluation is a participant-specific process that is recorded in the participant health record. It is used to determine whether a participant is ready and able to return to congregate services.

A focused evaluation process must be completed for participants whose reTARS are not yet due, in order to determine their health status, needs, and interests prior to, and/or in accordance with, their return to congregate services.

- This is similar to when a participant has been out for an extended period
- Evaluations should be conducted initially by the Nurse and Social Worker, followed by the Activity Coordinator and other MDT members, as necessary, based on the participant's needs, conditions, and anticipated services.
- Face to face evaluations can be carried out in the center provided that this can be done safely, based on the participant's status, but congregate services cannot be provided prior to completing the evaluation process
- At the outset, programs should determine how to prioritize which participants will be evaluated first and scheduled for congregate services if appropriate.

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Vignettes

- **Participant #1** – Enrolled 2018, re-assessed in April 2021 and approved. Will receive congregate in-center services 07/01/2021.
  - Most recent TAR period (May 2021 – October 2021).
  - Conduct EVALUATION to identify changes to status/needs since April 2021, and care plan by 06/30/21 for hybrid services.
  - Conduct full MDT/IPC ASSESSMENT in October 2021 for November TAR reauthorization.
  - Care plan for services in-center/remote developed.

- Participant #2 – Enrolled June 2021. Will receive congregate in-center services starting 10/31/21.
  - Most recent TAR period (June 2021 – November 2021)
  - Conduct EVALUATION to establish status/needs and care plan prior to 10/31/21.
  - Full MDT/IPC ASSESSMENT in November 2021 for December TAR reauthorization
  - Care plan for services in-center/remote developed.
  - H&P, TB Screening, Home Assessment completed

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Sample Care Plans

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HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
INDIVIDUAL PLAN OF CARE

Community-Based Adult Services (CBAS)

Individual Plan of Care (IPC)

Part 1

CENTER NAME: _____ PROVIDER # (NPI): _____

PARTICIPANT NAME:

DATE OF BIRTH (MM/DD/YY): CIN:

GENDER:
◯ MALE ◯ FEMALE ◯ TRANSGENDER MALE ◯ TRANSGENDER FEMALE

MANAGED CARE PLAN NAME:

DATES OF SERVICE: FROM: _____ TO: _____ TAR CONTROL NUMBER (TCN):

PLANNED DAYS/WEEK (#_____)

(1) TREATMENT AUTHORIZATION REQUEST (TAR) AND ELIGIBILITY

◯ Initial TAR ◯ Reauthorization TAR ◯ Change TAR

TB Clearance Date (initial TAR only): _____

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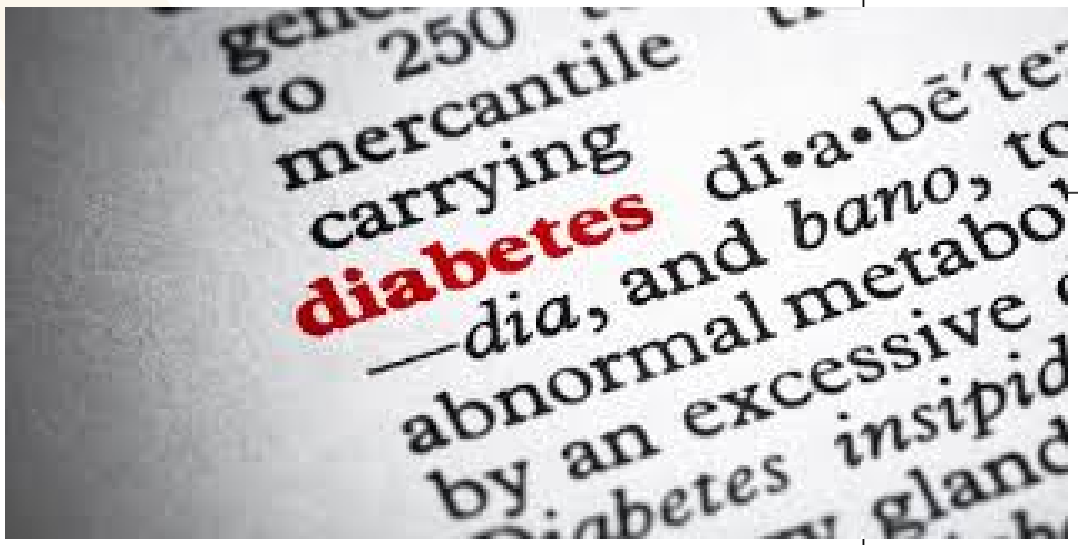
Beverly ADHC

Problem	Intervention	Frequency	Goals
1.Alteration in Endocrine status r/t Type2 diabetes mellitus with hyperglycemia,Type 2 diabetes mellitus with diabetic neuropathy AEB fatigue, generalized and BLE weakness, neuropathy and dizziness with sudden position changes.	**(Remote Interventions)** 1.Work with participant to monitor and record BS readings when at home. 2. Educate PTP/caregiver on s/sx of hyperglycemia (frequent urination, excessive thirst, dry/flushed skin) and hypoglycemia (drowsiness, tremors, pale/moist skin, hunger) and contact PMD for FBS <60 or >250mg/dl). 3. Assess via doorstep/wellness check for signs of hyper/hypoglycemia. 4. Educate on DM management, progression, complication, skin care(esp. foot care).	1. 1x/wk and PRN 2. 1x/month and PRN 3. 3x/wk. 4. 1x/month and PRN.	PTP will continuously monitor BS while at home and will be maintained within acceptable range 80-120mg/dl without s/sx of hypo/hyperglycemia. PTP/caregiver will have satisfactory understanding of s/sx and contact center and PMD when present. PTP will have assessment for s/sx by RN via doorstep on days when not attending center. PTP will have satisfactory understanding of DM management details.
	(In-Center Interventions) 1. Monitor FBS (notify PMD if <60 or >250). 2. Educate PTP/caregiver on s/sx of hyperglycemia (frequent urination, excessive thirst, dry/flushed skin) and hypoglycemia (drowsiness, tremors, pale/moist skin, hunger) and contact PMD for FBS <60 or >250mg/dl). 3. Assess for signs of hyper/hypoglycemia. 4. Educate on DM management, progression, complication, skin care(esp. foot care).	1. 3x/week. 2. 1x/month and PRN. 3. 3x/wk. 4. 1x/month and PRN.	PTP will have continuous monitoring of BS and will be maintained within acceptable range 80-120mg/dl without s/sx of hypo/hyperglycemia. PTP/caregiver will have satisfactory understanding of s/sx and contact center and PMD when present. PTP will have satisfactory understanding of DM management details.



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Guardian ADHC - Nursing

2. Need / Problem: Risk for decreased cardiac output		
Treatment(s) / Intervention(s)	Frequency	Goal(s)
1. Monitor for s/sx of decreased cardiac output, such as ALOC, dizziness, SOB, weakness, cold clammy skin, poor cap refill, hypotension, tachycardia, weight gain, angina, edema, etc. Encourage to balance activity with rest. Encourage medication compliance and to drink adequate amount of fluids. Coordinate with MDT, PCP and/or CG as needed.	1. 1-5x/week while in the center	1. Sam will minimize complications from decreased cardiac output over the next 6 months.
3. Need / Problem: Risk for increased needs related to Covid-19 Pandemic		
Treatment(s) / Intervention(s)	Frequency	Goal(s)
1. Conduct wellness check at least once weekly. Coordinate with MDT, PCP and/or CG as needed. Provide remote services as needed.	1. 1x/week and PRN	1. Sam will remain stable while at home over the next 6 months.
4. Need / Problem: Risk for injury r/t Epilepsy, Cerebral Palsy, and agitation		
Treatment(s) / Intervention(s)	Frequency	Goal(s)
1. Monitor for ALOC, changes in behavior and mentation. Encourage medication compliance. Provide distraction as needed. Maintain safety, prevent falls, record duration and type of seizure report to PCP & CG Call 911 if needed for emergency treatment	1. 1-5x/week while in the center	1. Sam will remain safe and injury free for the next 6 months while at the center.

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Guardian ADHC – Activities

THERAPEUTIC ACTIVITIES Addresses participant needs/goals/desired outcomes identified in Box 12 #(s) 3, 5		
1. Need / Problem: Sam is at risk for cognitive and functional decline related to Dx of Cerebral Palsy. Risk of isolation has increased during Public Health Emergency. Sam's sister stated that she wants him, " to keep busy and socialize" and "to keep moving, be active"		
Treatment(s) / Intervention(s)	Frequency	Goal(s)
1 1. Staff will provide items of interest such as Word & Picture puzzles, coloring for adults, writing, painting and drawing supplies for cognitive engagement. 1.(b) staff will encourage Sam to participate in group activities such as community walk to music ensuring safety protocols are followed while engaging Sam in activities during center days.	1. 1-5x weekly	1. Sam will socially and cognitively engage in activities for enjoyment and satisfaction to maintain overall functional abilities during in-center attendance.
2. Need / Problem: Sam is at risk for cognitive and functional decline related to Dx of Cerebral Palsy. Risk of isolation has increased during Public Health Emergency.		
Treatment(s) / Intervention(s)	Frequency	Goal(s)
1. 1. Staff will provide items of interest in Activity Kit, such as Word & Picture puzzles, coloring for adults, writing, painting and drawing supplies for cognitive engagement at home. 1.(b) Staff will deliver Activity Kit to door-step.	1. 1x weekly	1. Sam will cognitively engage in Kit activities for enjoyment and satisfaction at home, to maintain overall functional abilities during Public Health Emergency.

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Guardian ADHC – Box 15

BOX 15 Disclaimer:

CDA approval for Transition to Congregate Services was received on 4/13/21. Services in this review period will include a combination of in-center services and remote services. In-center services will increase based on person-centered care needs and spacing needed to maintain Covid-19 safety precautions. The goal is to safely transition to total approved days of in-center attendance within the next 6 months.

Anticipated Plan

In-center Services:

Start date at the center is scheduled for 5/6/21 for 1x weekly due to need for increased structure, cognitive stimulation and socialization, as well as providing respite to family. Covid assessment will be completed on day of attendance. Sam is fully vaccinated as of 4/1/21. In-center days to increase as spacing allows to 5x weekly.

TAS/Remote Services:

Door-step delivery of activity kits 1x weekly for cognitive stimulation.

Door-step delivery of 4 meals to be provided weekly to help maintain healthy weight.

RN wellness call 1x weekly for health management.

Social worker wellness call 1x weekly to provide support to the family and assist with transition to the center.

Needs will be assessed on an ongoing basis and remote services will decrease as in-center attendance increases.

Panel Discussion
&
Q A

Submit your questions in the Question Box. If directed to a specific panelist, please indicate.

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Fred, celebrating his 90th birthday at Elderday Adult Day Health Care Center! Its great to have you back, Fred!

Resources/Guidance

CA Dept of Aging

- ACL 21-04 Transition to Congregate Services
- ACL 21-05 Frequently Asked Questions (FAQ) #7, CBAS Phased Transition to Congregate Services

CA Dept of Social Services

- 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

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Upcoming ALE webtalks

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

June 9	CAADS training: Advancing Innovation in Medi-Cal – CalAIM: An Overview
June 16	California Has Reopened! – What Does it Mean for Your Participants?
June 17	CDA Quarterly Update Webinar 2:00 pm – 3:30 pm (invite to come)
July 7	Facing our Covid Challenges: Ways to Supporting Mental Health and Healing for Provider Teams and Participants Suzie Gruber, MA
July 14	Topic to be announced

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Thought for the Week

In the rush to return to normal, use this time to consider which parts of normal are worth rushing back to

Dave Hollis
Author

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