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TRANSLATING CBAS TAS POLICY INTO PRACTICE: DOING AND DOCUMENTING

California Department of Aging
November 18, 2020



WELCOME AND HOUSEKEEPING

(STARRING LIN BENJAMIN AS MRS. DOUBTFIRE)

- This session is sponsored by TurboTAR and will be recorded
- All attendee mics are muted until Q & A Session
- Type questions in webinar control panel question box
- Click handouts box in control panel to download presentation documents
- Complete session evaluation – required to receive CEs.



POLL #1: TELL US WHAT TAS TRAINING YOU RECEIVED IN 2020?



BEFORE WE BEGIN . . .

Opening Remarks –

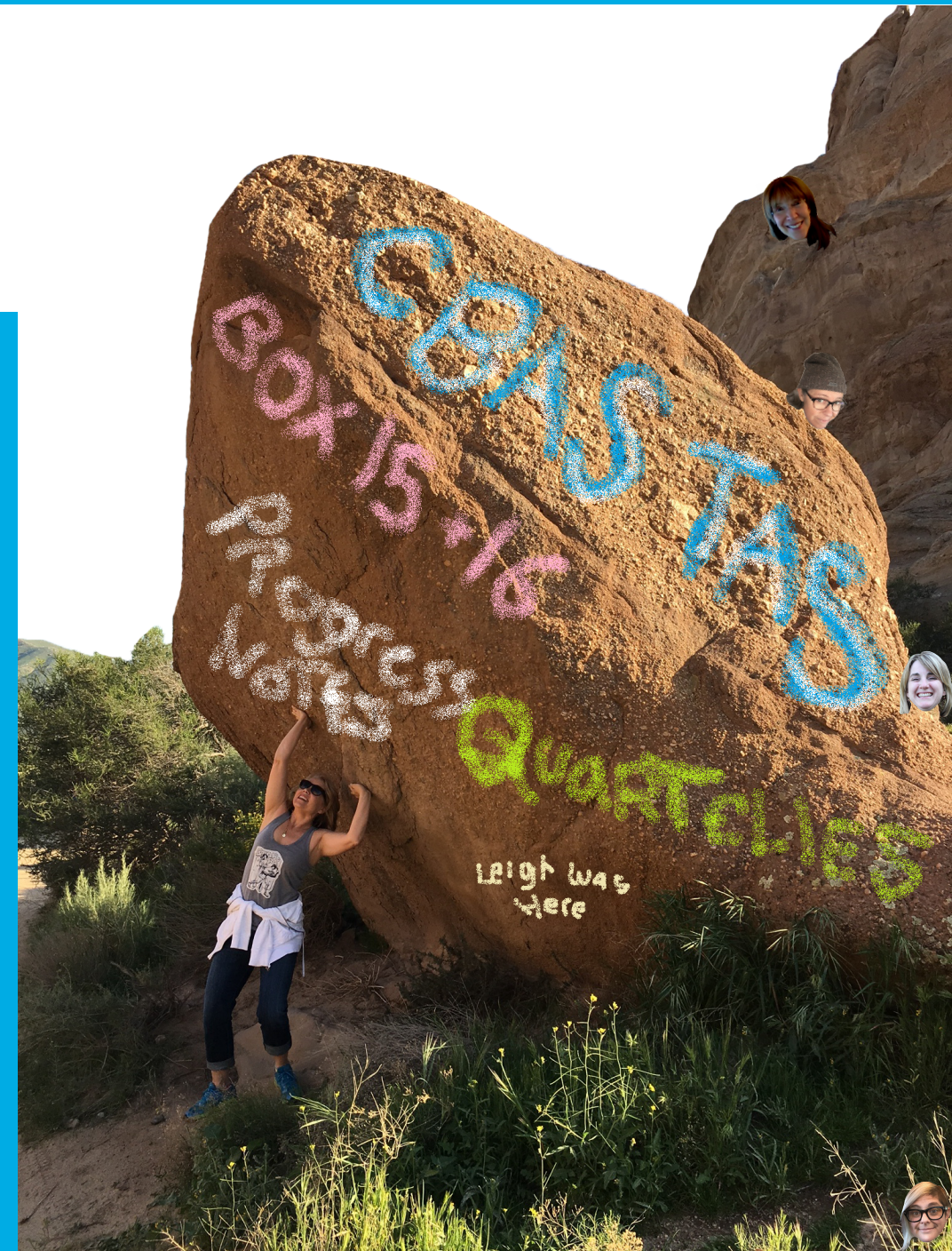
- How we plan to approach the session

Our main objective today –

- Gaining fresh (or refreshed) insights about how to translate the amazing work we do into solid documentation

Let's keep this in mind . . .

- ALE/CAADS mantra – we all teach and we all learn
 - We're all here for the same reason – we want to deliver the best care to our participants
-
- *Audience claps* (applause please)



TAS GROUND WE'LL COVER TODAY

- Program Administration
 - Meeting Requirements vs Demonstrating Requirements Met
 - Delivering Required Services
 - Maintaining Required Staffing
 - Complying with CBAS Standards
- Participant Care
 - Meeting Requirements vs Demonstrating Requirements Met
 - The Full Care “Loop”
 - Assessment
 - Care Planning
 - Service Provision
 - Quarterly Progress
- Open Forum



PROGRAM ADMINISTRATION

TAS Required: Services, Staffing, and Relevant CBAS Standards

POLLS #2 & 3: STAFFING AND SERVICES





WHAT, WHO, HOW, WHEN & WHERE



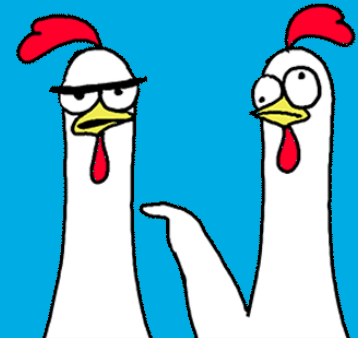
WHAT & WHO: Meeting Requirements

- Delivering Required Services
- Maintaining Required Staffing
- Complying with CBAS Standards

HOW, WHEN & WHERE: Demonstrating Requirements Met

- Administrative records – in-services, logs

The Center's administrative records are just as important as Participant Medical Records in understanding how a center has complied with TAS Standards



TAS REQUIRED SERVICES – RULE REVIEW

- The Big 7

1. Be available by phone and email M-F, 6 hours
2. Bill only for authorized days with a minimum of 1 TAS service provided
3. Conduct a COVID-19 wellness checks/risk assessment for COVID-19 at least 1xW
4. Assess participant and caregiver current/emerging needs related to known health status and conditions
5. Respond to needs through targeted interventions/evaluate outcomes
6. Communicate/coordinate participants' networks of care supports based on identified need
7. Arrange delivery/deliver supplies, including food

TAS REQUIRED STAFFING – RULE REVIEW

- Core staff – PD, RN(s), SW(s) to carry out TAS tasks
- Additional CBAS MDT members and program staff as needed
- Providers must have (and demonstrate) sufficient staff to:
 - Meet TAS required services (#1-7)
 - Meet the needs of the number of participants served
 - Conform to CDA approved TAS Plan of Operation
- All staff must function within their scope of practice, qualifications, and abilities



TAS TOOL FOR SERVICES AND STAFFING!

We're including a handy grid to help prompt you to think about TAS requirements and how you're meeting them 😊

CBAS TAS Required Services and Staffing Tool



Requirements: What are you supposed to be doing?	What are you doing and how? (note that this may change over time)	How/where are you documenting/demonstrating what you are doing?
Delivering Required Services		
1. Be available by phone and email Monday – Friday, 6 hours per day during provider-defined hours of services.		
2. Provide a minimum of one service to the participant or their caregiver for each authorized day billed. <i>This service could include a telehealth (e.g., telephone, live video conferencing, written communication via text or email) contact, a service provided on behalf of the participant, or an in-person "door-step" brief well check conducted when the provider is delivering food, medicine, activity packets, etc.</i>		
3. Conduct a COVID-19 wellness check and risk assessment for COVID-19 at least once a week, with greater frequency as needed.		
4. Assess participant and caregiver current/emerging needs related to known health status and conditions.		
5. Respond to needs through targeted interventions/evaluate outcomes.		

CBAS TAS Required Services and Staffing Tool

Requirements: What are you supposed to be doing?	What are you doing and how? (note that this may change over time)	How/where are you documenting/demonstrating what you are doing?
Delivering Required Services		
6. Communicate/coordinate participants' networks of care supports based on identified need.		
7. Arrange delivery/deliver needed supplies, including food.		
Maintaining Required Staffing		
1. Providers must staff CBAS TAS with a 1) Program Director; 2) Registered Nurse(s); and 3) Social Worker(s) to carry out CBAS TAS tasks.		
2. Providers must have staff with additional CBAS MDT members and program staff as needed to: <ul style="list-style-type: none">Meet TAS required services #1-7Address the needs of the number of participants servedConform to the CDA approved TAS Plan of Operation		
All staff must function within their scope of practice, qualifications, and abilities.		

CBAS STANDARDS THAT ARE RELEVANT TO TAS...

... meaning, they still apply!

- Administrative Oversight – AD&PD Responsibilities (T-22 54403, 54405)
 - Ensuring clear lines of staff responsibility, equitable workloads, adequate supervision
 - Recruiting, employing, training qualified employees
 - Developing program to meet needs of participants
 - Implementing and coordinating program
 - Evaluating participants' changing needs and making program adjustments
 - Supervising employees and volunteers
- Staff Training
- Multidisciplinary Team (MDT) Processes –
 - Communication
 - Assessment
 - Care Planning

PARTICIPANT CARE

The Full TAS Care “Loop”



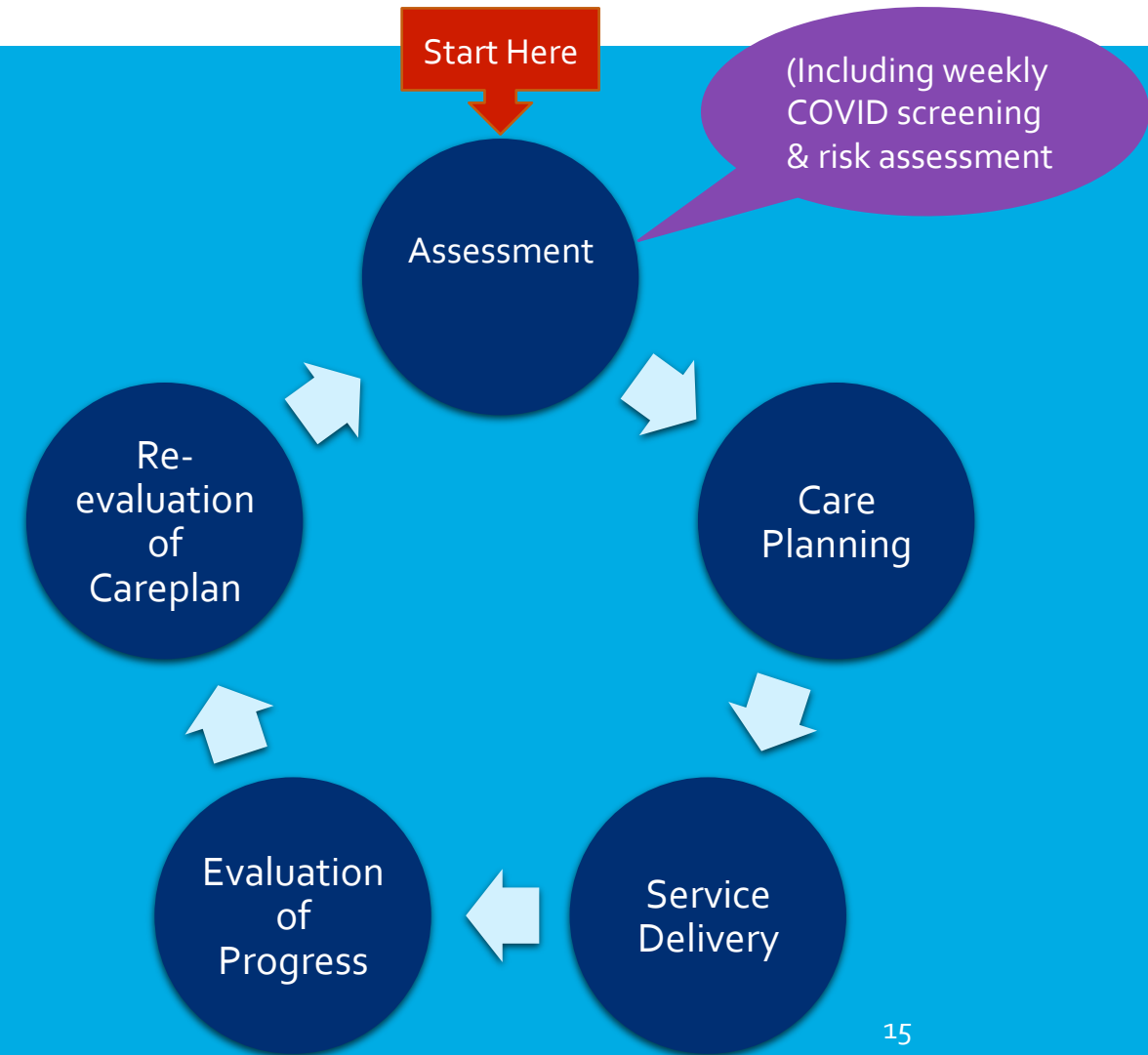
POLL #4: #4 OUR CENTER DOCUMENTS THE WEEKLY COVID SCREENING AND RISK ASSESSMENTS USING:



**"I am not disorganized — I know *exactly* where everything is!
The newer stuff is on top and the older stuff is on the bottom."**

THE FULL TAS “**CARE LOOP**” - REVIEW

- Weekly Screening and Assessment -What we're finding
- Care Planning – How we plan to address it
- Service Delivery – How we did address it
- Evaluation of Progress – How it worked
- Re-evaluation of Careplan – What we need to change



POLL #5

FINISH THIS SENTENCE – OUR CENTER DOCUMENTS QUARTERLY
PROGRESS NOTES USING:



TAS QUARTERLY NOTES – RULE REVIEW

Two Options for Documenting Quarterlies During TAS:

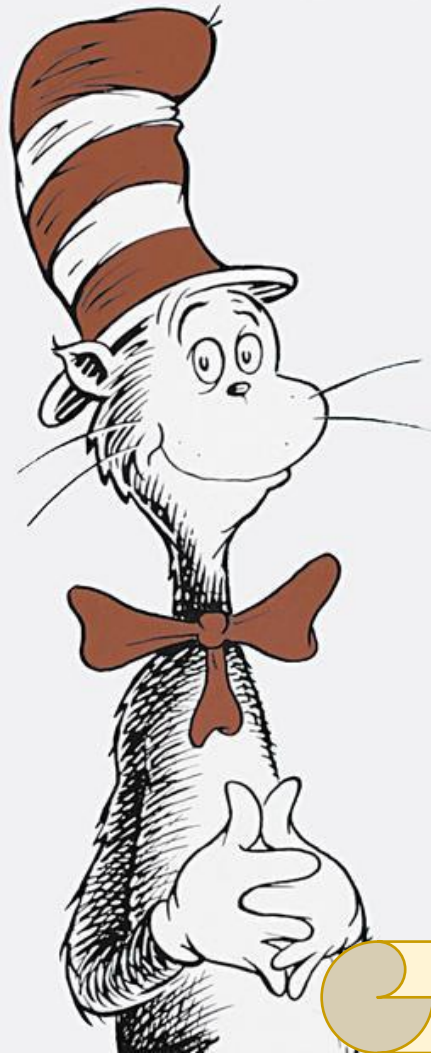
1. Each discipline providing services documents a quarterly progress note
2. Center staff write one summary progress note **derived from service and assessment notes in the health record**

Quarterly progress note content:

1. The participant's current status relative to physical, mental, and cognitive health at time of report completion, **to the extent able to be determined through TAS**
2. Progress achieved over prior three months for the most significant needs that have been addressed through TAS, as well as the related outcomes
3. Revision or continuation of the most significant services/targeted interventions provided to the participant over the last three months based on their most significant needs and risks

BEST PRACTICE GUIDANCE – DOCUMENTATION: QUARTERLY PROGRESS NOTES

Quarterly progress notes serve as summaries of the prior three-month period that is reflected in the daily service and progress notes of each discipline providing services'



It may be all in one long note,

It may be spread amongst many,

*But what's most important is
that we have documentation a-
plenty!*

It can be here,

It may be there,

But by gosh by golly,

Write it somewhere!

You have two choices:

- Option 1 – Individual Discipline Note
or
- Option 2 – One Summary Note

What to do, what to do?

Whatever works best for YOU!



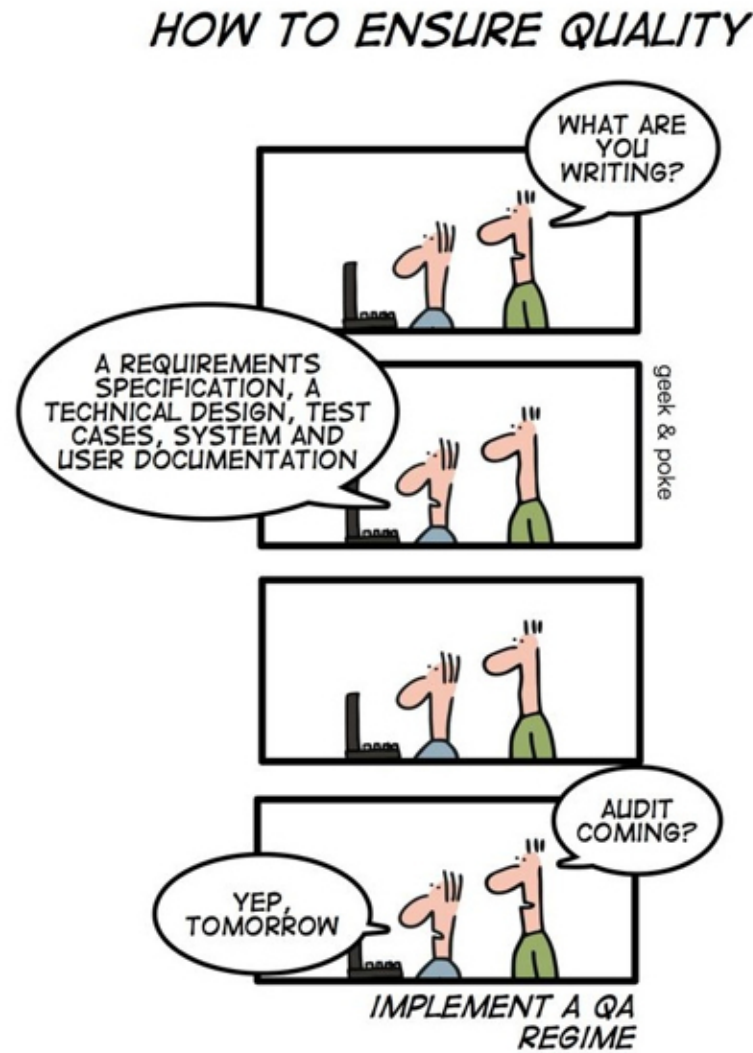
AWESOME QUARTERLY GUIDING QUESTIONS TOOL!

We're including a handy grid to help prompt you to think about Quarterly Progress Note requirements and how you're meeting them 😊

1. What is the participant's current status relative to physical health?	
2. What is the participant's current status relative to mental health?	
3. What is the participant's current status relative to cognitive health?	
4. How have you been communicating with the participant and/or caregivers during CBAS TAS?	
5. What have been the most significant needs identified through the last 3 months of TAS?	
6. What services have been provided to address the needs identified during TAS?	
7. What have been the outcomes of the services provided?	
8. Are you going to revise or continue certain careplans/targeted interventions during TAS?	
9. How have the participants existing careplan problems been addressed during TAS? (document for each problem)	
10. If existing problems have not been addressed, explain why.	
11. Have needs/goals been met?	

POLL #6

TELL US HOW YOU WOULD DESCRIBE THE QUALITY OF YOUR CENTER'S IPC BOXES 15 AND 16. SELECT ALL THAT APPLY. DOCUMENTATION IN BOXES 15 AND 16:



IPC RULE REVIEW

Individual Plan of Care (IPC) (DHCS 0020)

At the time of the six-month evaluation, providers may follow the same process described for the quarterly evaluation, and, in addition, shall use Boxes 15 and 16 to update the IPC per the Medi-Cal Provider Manual Instructions (IPC and TAR Form Completion, Community IPC, pages 42 and 43).

Box 15: Medi-Cal Manual instructions specify that Box 15 should include:

- Significant changes in participant's condition and/or care plan since last IPC,
- Changes that may have or likely have a considerable influence or effect on the participant's quality or quantity of life

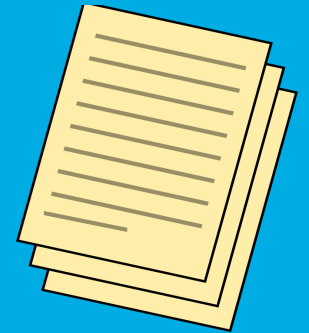
Box 16: Medi-Cal Manual instructions specify that Box 16 should include:

- Critical history/information not included elsewhere in the IPC.
- Information that is relevant to authorization.

IPC RULE REVIEW (CONT.)

In addition to the Medi-Cal Provider Manual instructions, the following TAS-relevant details shall be included in Boxes 15 and/or 16 at time of completion:

- Any changes to the participant's health status,
- Any changes to the participant's living arrangements,
- Significant needs that are identified by the CBAS team and services being provided during TAS,
- Date that center-based services ended, and the date participant began receiving CBAS TAS



TAS IPC DOCUMENTATION TOOL - BOXES 15 & 16



2020 called us to quickly change,

*So we rose to the challenge and
did things that felt strange*

*But Boxes 15 & 16 aren't hard to
consider,*

*They're just about needs and how
you deliver!*

If you've got this down, good for you.

If you need more help . . .

. . .the Box 15 and 16 Question Grid for TAS
is a helpful tool to cue you and your team to
include required documentation in an
organized way.



AWESOME BOXES 15+16 TAS TOOL!

We're including a handy grid to help prompt you to think about IPC Boxes 15 & 16 requirements and how you're meeting them 😊

The additional information included in Boxes 15 and 16 during CBAS TAS serves to augment information included in CBAS IPCs for congregate services. You may choose to complete just Boxes 15 and 16 or to complete Boxes 13 and 14 and refer to them in Boxes 15 and 16. Either way, the questions below provide a guide for information to be addressed during TAS.

Question	Answer
1. What is the date that center-based services ended, and the date participant began receiving CBAS TAS?	Our center stopped providing center-based services on <u>(Date)</u> . The participant began receiving CBAS TAS services on <u>(Date)</u> .
2. Have there been significant changes in the participant's health/condition since last IPC? Describe.	<ul style="list-style-type: none">• The participant has not experienced health changes.• The participant has experienced significant health changes <u>(describe)</u>
3. Have health/condition changes had a considerable influence or effect on the participant's quality or quantity of life? Describe.	Due to changes in the participants health/mental health <u>(Describe the condition(s) specifically)</u> , they are experiencing changes in their quality of life, such as <u>(describe changes)</u>
4. Has the participant had any changes to their living arrangement?	The participants living arrangements <u>(have/have not changed)</u> . Describe if they have.
5. What have been the significant needs that have been identified by the CBAS team during TAS?	During CBAS TAS, the participant has had new needs such as <u>(describe)</u> .
6. What services have been put in place to address the participant's needs identified during TAS? (each discipline providing services should be addressed)	Due to the participants newly identified needs, <u>(discipline)</u> has provided the following services <u>(describe)</u> .
7. How has the center been addressing the participant's pre-TAS (CBAS congregate) identified careplan needs during TAS? (each discipline should be addressed)	In continuing to address the participants existing identified needs, <u>(specific discipline)</u> careplan about <u>(each careplan problem)</u> is being addressed by <u>(Describe each intervention during TAS)</u> .



HELP US CONNECT THE DOTS

However your center is telling your story, help your team AND your reviewers by having a clear approach to documenting – one you can train and explain!



OPEN FORUM – QUESTIONS AND COMMENTS



(But don't actually touch each other)

CLOSING REMARKS

- We've faced numerous challenges in 2020
- 2021 will bring new ones
- We'll get through it together
- Our goal – as always – to provide the best possible services and supports for our participants

CDA CONTACT INFORMATION

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