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CBAS TAS UPDATES



WELCOME AND HOUSEKEEPING

We're happy you're here with us today

We welcome your questions - please submit via the webinar "Questions" box

Any questions we can't get to today we will address in an FAQ in the following weeks

This webinar is being recorded and will be posted on the CDA website:

https://www.aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/#pp-tr

Please encourage those staff and providers who weren't able to join us today to listen to the webinar once posted

A SPECIAL NOTE BEFORE WE BEGIN

National Adult Day Services
Week

September 20 – 26

Let's celebrate the essential
work that adult day service
providers across the country
do everyday to serve seniors
and individuals with
disabilities!



AGENDA

Overview and Opening Remarks

Review of TAS Policy (March 2020 – Today)

In Depth Look at TAS Requirements and Feedback for Providers

Services

Staffing

Documentation

Relevant CBAS Standards

CDA Monitoring Findings

Best Practice Guidance

Q&A

Wrap Up

HERE WE ARE IN SEPTEMBER...

We've been at this for six months

Back in March we were too busy to imagine where we'd be in September

Through partnerships with DHCS, CDPH, managed care plans, CAADS and ALE, we created temporary alternative services – TAS

Our stated goal then and now . . .

To continue to partner with CBAS providers, enabling you to redesign service delivery to those at greatest risk, in the safest possible manner during this time of COVID-19 outbreak (ACL 20-06)

We think this is a good time to check in, consider our accomplishments, and fine tune our efforts going forward



OVERVIEW OF TAS ALL CENTER LETTERS (ACLS)

ACL 20-03	March 18, 2020	Governor's Stay-At-Home Order
ACL 20-04	March 23, 2020	Pending CMS Approval – No Congregate
ACL 20-06	March 27, 2020	Temporary CBAS Remote Services Approved
ACL 20-07	April 13, 2020	Temporary Alternative Services (TAS) Requirements
ACL 20-09	May 1, 2020	TAS Documentation Requirements
ACL 20-11	May 13, 2020	TAS New Participant Enrollment
ACL 20-14	June 25, 2020	TAS In-Center Service Requirements

A CLOSE LOOK AT TAS POLICY

... And CDA Monitoring Feedback and Best Practice Guidance

TAS REQUIRED SERVICES

TAS REQUIRED SERVICES (ACL 20-06)

Services* defined as:

Non-congregate, provided in-center or in-home and/or telephonically

Person-centered

Based on the assessed health needs and conditions identified in the participants' current Individual Plans of Care (IPC)

Identified through subsequent assessments

Noted in the health record

*Temporary services allowable include all traditional CBAS program areas - professional nursing, personal care, social services, physical therapy, occupational therapy, speech therapy, behavioral health, therapeutic activities, registered dietician-nutrition counseling.

TAS REQUIRED SERVICES (ACL 20-07)

TAS providers must:

1. Be available by phone and email M-F, 6 hours
 - Purpose – to ensure provider availability to participants and caregivers
 - CDA generally finding staff available when we call - some slow response times
2. Bill only for authorized days with a minimum of 1 TAS service provided
 - Providers may only bill for days when TAS allowable and authorized services are provided
 - CDA does not review billing records but reviews what services are provided
3. Conduct a COVID-19 wellness checks/risk assessment for COVID-19 at least 1xW
 - Providers completing in varying ways with varying results
 - Some confusion with TAS required service #4 – ongoing assessment

TAS REQUIRED SERVICES (CONT.)

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

CDA Reviews: Validation of provision of some TAS required services has been challenging.

REQUIRED SERVICES – A TWO TRACK FRAMEWORK FOR BEST PRACTICE

1. COVID-19 Specific Screening

- Weekly screening of participants and their families to learn if COVID-19 risks have increased due to potential exposure or active symptoms
- Follow up on any concerns identified during screening.
- On-going education provided to participant/caregivers to increase their ability to remain safe from COVID-19

2. Ongoing assessment & person-centered service delivery as needed

- Ongoing support and services to keep participants at highest possible level of functioning during COVID-19 emergency.
- TAS team addresses existing health problems and emerging needs to keep participants stable.
- TAS team should strive to address same important problems and concerns addressed and previously identified in Boxes 13 & 14 of IPC prior to TAS.

TAS STAFFING

TAS STAFFING REQUIREMENTS (ACL 20-07)

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 STAFFING REQUIREMENTS (CONT.)

CDA reviews:

Flexible TAS staffing policy poses challenges determining whether staffing levels are adequate to meet participant needs.

We've had had some concerns re:

- providers operating with too few staff per participants served

- lack of referrals to MDT consultant staff or other service providers when needed

We know staffing is a huge challenge for providers right now with many staff working from home, staff and their families getting ill, pressures with children not in school, etc.

Help us in our monitoring during this flexible time by:

- Telling us about your good faith efforts to staff as required

- Keeping good documentation of staff schedules and hours

TAS DOCUMENTATION

TAS DOCUMENTATION –ADMINISTRATIVE AND HEALTH RECORDS (ACL 20-07)

Administrative records including, but not limited to:

Protocols, policies and procedures, including those required for in-center services (TAS In-Center Services Checklist - CDA 7015)

Staff timesheets

Training logs

Notes from multidisciplinary team meetings/communications

Health records including:

Care plans, action plans, and targeted interventions modified as participants' needs change

Services provided, including date, type of service, and name/signature of staff providing

Weekly COVID-19 screenings

Notes reflecting ongoing assessment of participant needs and progress with care plans

TAS DOCUMENTATION – SERVICE NOTES AND QUARTERLIES (ACL 20-09)

Daily Service Notes (narrative, flow sheets)

Service provided, including date, type of service, and name/signature of staff providing

Quarterly Progress Notes

Quarterly progress notes shall include, at a minimum:

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,

Progress achieved over prior three months for the most significant needs that have been addressed through TAS, as well as the related outcomes,

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

TAS DOCUMENTATION – IPC (ACL 20-09)

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.

TAS DOCUMENTATION – IPC (CONT.)

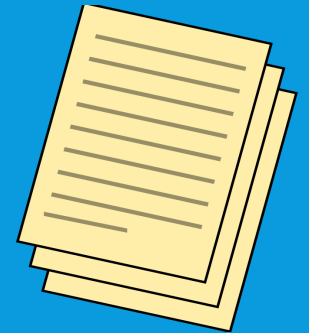
In addition to the Medi-Cal Provider Manual instructions, the following TAS-relevant details shall be included in Boxes 15 and/or 16 at time of completion:

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 DOCUMENTATION

-WHAT SHOULD BE IN
THE HEALTH RECORDS

-WHAT CDA IS LOOKING
FOR AND NOT EASILY
FINDING

Most common issues:

Linking needs identified by providers with services being provided – seeing the clear connection

Finding clear action plans in notes and/or IPCs

Quarterly progress notes establishing participant's current health status

Quarterly progress notes supporting IPC Boxes 15 and 16

Format in IPC Boxes 15 and 16 – dense narrative/
difficulties identifying that TAS requirements met per
ACL 20-09

TAS DOCUMENTATION – WHAT SHOULD WE SEE WHEN WE REVIEW

Usual intake documents – H&P, records of services pre-TAS for participants served pre-March 2020

Weekly COVID-19 screenings

Ongoing assessments of participant/caregiver needs by disciplines providing services – based on known health concerns/conditions and emergent

Notes demonstrating services provided per assessed needs that are:

- Person-centered

- Most significant to maintaining participant at home including but not limited to:

 - Service needs identified in the pre-TAS IPC

 - Care coordination and referrals (TAS required service #6)

 - Arranging delivery or delivering supplies and/or food (TAS required service #7)

BEST PRACTICE GUIDANCE

CDA considers the following examples best practice because they:

- Demonstrate TAS requirements are met

- Follow ACL guidelines

- Provide a clear roadmap for:

 - Providers to follow for delivery of critical services

 - MCPs to follow when authorizing services

 - CDA to follow when monitoring to determine TAS requirements met



BEST PRACTICE GUIDANCE - DOCUMENTATION

TAS Quarterly Progress Note (Option #2)

Signature: *Mary Smith*, Program Director, 5/26/20

05/26/2020: PRT lives alone, has an IHSS caregiver that assist with meal preparation, housework and personal care needs, and is currently sheltering at home.

Identified needs/Progress Achieved/Continuation of services:

Professional Nursing Services:

1. Altered CV: Goal partially met. Reported Bp range between 116/72 and 143/77 in the past three months. PRT. Continues to take Bp medication as prescribed as confirmed in pill count. One occasion of elevated Bp of 168/80 with dizziness on 04/10/20 due to not taking medications prior to BP check. Nursing services follow up an hour later after medication self-administration notes Bp 135/78 with resolved symptoms. Nursing services will continue intervention as written to follow up with blood pressure monitoring and medication compliance.
2. Activity intolerance: Goal met. During shelter at home, PRT family is administering B12 injections. Continue plan as written

Social Services:

3. Depression: Goal not met. PRT is reporting feelings of depression 2-4x/wk during the pandemic and the sudden change in lifestyle. PRT has scored 5-7/10 on the GDS within the past three months. PRT reports loss of interest in socializing with peers, and feelings of loneliness with absence of usual routines. SW has included an intervention to facilitate goal setting to attend the social work peer chat telephone call 1x/wk.
4. Memory loss: Goal partially met. PRT continues to need orientation to date and time. SW will continue to provide orientation during calls and has included an intervention to administer a quick three item recall cognitive evaluation every three months.
5. Anxiety: Goal not met. PRT's feeling of anxiousness have increased due to the pandemic. PRT is home alone much of the time now. PRT reports anxiety level 6-8/10. SW has added relaxation sessions over the phone to help ease anxious feelings and will provide a means to play relaxation downloads independently at home.

BEST PRACTICE GUIDANCE - DOCUMENTATION

Boxes

15 & 16

(15) SIGNIFICANT CHANGES SINCE PREVIOUS IPC (For reauthorization TARs only)

Professional Nursing Services: Provides blood pressure monitoring, general health and medication monitoring via telephone, 2x/wk, and assess risk for Covid/Covid symptom check via telephone 1x/wk

Social Services: Provides telephone monitoring 3x/wk to provide orientation to date, time, evaluate depressive/anxiety symptoms, and facilitate engagement in Bingo activity.

Meals are delivered 3x/wk, essential items 1X/wk and therapeutic activity/wellness packets 1x/wk.

3-16-20: Center-based services ended

3-17-20: Participant began receiving CBAS TAS

(16) ADDITIONAL INFORMATION (include critical history/information not included in this IPC and relevant to the authorization of this TAR)

PRT lives alone and has remained stable with check-ins and services provided by the CBAS staff. PRT has voiced during calls that sheltering at home and isolating has been very difficult for her. PRT's depression symptoms range from 3 to 7 on the GDS, and anxiety level ranges 3-6 on the GAD during screening conducted by social services every three months. Recent diagnosis of memory loss in February 2020, increases risk and need for monitoring and social services will include a short 3 item recall screening to the quarterly progress evaluation.

BEST PRACTICE GUIDANCE - DOCUMENTATION

Box 13

(13) CORE SERVICES		
PROFESSIONAL NURSING SERVICES		
Addresses participant needs/goals/desired outcomes identified in Box 12 #(s)		
<p>1. Need/Problem</p> <p>Ptp is unable to monitor own blood pressure independently. Takes multiple medications to control hypertension</p> <p>TAS needs: requires nursing services to call and prompt use of home monitoring device for blood pressure and heart rate monitoring</p>		
<p>Treatment(s)/Intervention(s)</p> <p>Center:</p> <p>1.) check Bp and heart rate and report to MD per parameters ordered.</p> <p>If elevated increase to qd x5d to establish baseline and evaluate for frequency of monitoring</p> <p>2.) monitor for headache, dizziness, and general condition</p> <p>3.) instruct ptp and CG to follow diet order.</p> <p>TAS:</p> <p>1.) call ptp 2x/wk to cue and use Bp monitoring device and record reading. If elevated increase frequency of monitoring and report to PHCP per parameters and/or if sustained high readings under reportable range. Evaluate general health condition and if complaints noted use video call prn</p>	<p>Frequency</p> <p>1.) 2xwk Bp and heart rate</p> <p>2.) QD</p> <p>3.) 1x/ mo</p> <p>1.) 2x/wk and prn</p>	<p>Goal(s)</p> <p>1.) Ptp will have prompt attention for symptoms of hypertension</p> <p>2.) Ptp will have prompt assessment for symptoms of general health complaints, headaches, and dizziness</p> <p>3.) Ptp will follow diet order to maintain Bp management</p> <p>1.) Ptp will have continued monitoring of blood pressure and heart rate with prompts when unable to come to center</p>



BEST PRACTICE GUIDANCE - DOCUMENTATION

Box 13

Participant Name:		
Dates of Service: From: _____ To: _____		CIN: _____
SOCIAL SERVICES		
Addresses participant needs/goals/desired outcomes identified in Box 12 #(s) <u>1, 2</u>		
<p>1. Need/Problem</p> <p>Ptp expresses feeling sad and lonely, difficulty falling asleep and poor appetite (is losing weight). (Ptp has a diagnosis of Major Depressive Disorder, was recently started on an antidepressant, and lives alone.)</p> <p>TAS needs: Ptp describes the same depressive symptoms as in past and decreased interest in social activities since TAS.</p>		
Treatment(s)/Intervention(s)	Frequency	Goal(s)
<p>Center:</p> <p>1) Provide supportive counseling and monitor for changes in sadness, loneliness, sleep pattern, appetite using objective measures (symptom checklist, GDS, Loneliness scale.)</p> <p>2) During 1:1 sessions, encourage attendance in social service Healthy Aging group.</p> <p>3) Refer to LCSW and to RN for liaison with MD to evaluate medication effectiveness if depressive sx don't improve.</p>	<p>1) 1x/wk</p> <p>2) 1x/wk</p> <p>3) If no change in symptoms.</p>	<p>1) Ptp's feelings of sadness and loneliness will decrease, and sleep and appetite will improve.</p> <p>2) Ptp will engage in Healthy Aging group.</p>
<p>TAS:</p> <p>1) SW to call ptp to provide supportive counseling and monitor depressive sx. Refer to LCSW and RN for MD liaison if needed.</p> <p>2) SW in collaboration with ptp will guide goal setting for ptp engagement with the SW peer group Telephone Chat.</p>	<p>1) 2x/wk; refer if indicated.</p> <p>2) 1x/wk</p>	<p>1) Ptp's depressive sx will decrease.</p> <p>2) Ptp will engage in Telephone Chat group to decrease loneliness.</p>



ADDITIONAL TAS RELEVANT CBAS STANDARDS

Existing CBAS Standards Relevant to TAS

(Key CDA CBAS TAS Policy Directives and [CBAS Certification Standards](#))

Staff

Training – provider staff indicate some lack of clarity re: TAS policy and need for training and TA

Supervision

Multidisciplinary team processes for communicating, assessment, and care planning

Not always clear

Administrative record-keeping and reporting

Survey documents not returned timely for CDA staff to review prior to survey beginning. Some not complete.

Participant Rights

Explored through Provider Self-Assessment and participant interviews

SOME PRACTICES CDA HAS SEEN . . .



COVID-19 screenings (TAS req service #3) completed but no ongoing assessment for known/emerging health needs (TAS req services #4 and 5)

Program aides conducting COVID-19 screenings without hand offs to professional staff when needed

Possible scope of practice issues

Quarterly progress notes lacking participant current status and/or progress achieved

Empty boxes 15 and 16 on IPCs

Providers billing for more services than authorized

...And of course we see a lot of amazing, critical work that you're doing too!!



QUESTIONS



CLOSING REMARKS

We know how hard providers have been working and how much pressure you're all under

We've all had a steep learning curve and had to adapt to huge changes

CDA is here to work with you during these difficult times

We're all in it together

...and don't forget – train, train, train!!!

September 30th – Back to Basics Webinar



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