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Hosted by Lydia Missaelides

September 30, 2020

Back to Basics: A Six-Month Review of Service Delivery Under TAS

Made possible by a grant from Archstone Foundation

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Last Week's Evaluation: 4.8!

- Always great information!
- The speakers were excellent.
- The presenters were excellent and brought great ideas to engage seniors. I hope there were many Program Directors and Administrators taking notes on the inventive, creative and positive ideas that can be used during this pandemic/stay-at-home/isolating period of time. And thank you Lydia for the meaningful 'thought for the week'. I sincerely enjoyed this webinar.
- I enjoyed getting new ideas on how to engage our participants- thanks!
- Amazing webinar with wealth of knowledge and ideas.
- Good job . Panelists did an awesome job. Lots of take home ideas.
- Sharing is knowledge. Thankful to the generosity of all the presenters
- Very informational. Enjoyed seeing how various agencies are coming up with creative ways to keep their populations engaged.
- Very useful information. Good tips on how to continuously improve and innovate our CBAS TAS services.
- Another excellent presentation from the panelist. Great ideas and tips!
- Remarkable. Seemingly no end to creative ideas and inspiration from all of you. Thank you and keep on keeping on!
- This was a terrific webinar. I found so much of this info so useful for my discipline, Activities. All the speakers were insightful and had great suggestions Great information
- Great presentations and information. Picked up some great ideas.
- I love hearing what CBAS centers are doing to be innovative and bring services to participants in these trying times. It is so inspirational. Some centers want to do the minimum and yet other centers go above & beyond. They should be commended for such dedication to the people they serve.
- Thank you for yet again an informative webinar
- Terrific contributions from all! Very well done!
- Great job again. Thank you for all your support!
- Great Presentation
- Great Webinar!! as always:))
- Very helpful with new ideas Superb!

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AGENDA

I. Introductions

II. "The Story of Rose:" Using a Case Example to Explain TAS Requirements

III. Question and Answer Period

IV. Upcoming webinars

V. Thought for the Week

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Presenters

1. Diane Puckett, Peg Taylor Center, Chico
2. Lena Haroutunian, MSW, New Sunrise ADHC, Northridge
3. Jennifer Hurlow-Paonessa, LCSW, Neighborhood House, San Diego
4. Kay Lee, Commonwealth ADHC, Buena Park
5. Denise Peach, Former CBAS Branch Chief, CDA

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Covid-19 Data & Prospects

CALIFORNIA CASES

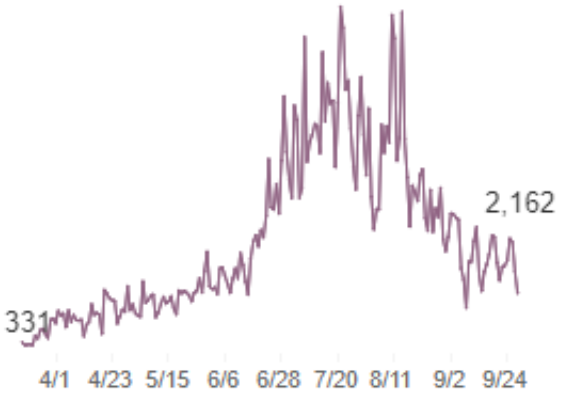
807,425

1 Day Δ	7 Day Δ	14 Day Δ
+2,162	+23,101	+47,412
+0.3%	+2.9%	+6.2%

7 Day Avg.	14 Day Avg.	Weekly % Change
3,300	3,387	-5.0%

US Total Cases: 7,095,422

Day-Over-Day New Cases



CALIFORNIA TESTING RESULTS

14,613,545

1 Day Δ	14 Day Δ	Positivity:
+128,693	+1,685,375	7 Day: **2.9%**
+0.9%	+13.0%	14 Day: **2.8%**

Factors that likely will determine when more congregating will be permitted:

- When will second wave hit and how hard?
- When will vaccine become widely available?
- Will rapid testing be available?
- PPE supply availability
- What will flu season look like?

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-for-the-Prevention-of-COVID-19-Transmission-for-Gatherings.aspx

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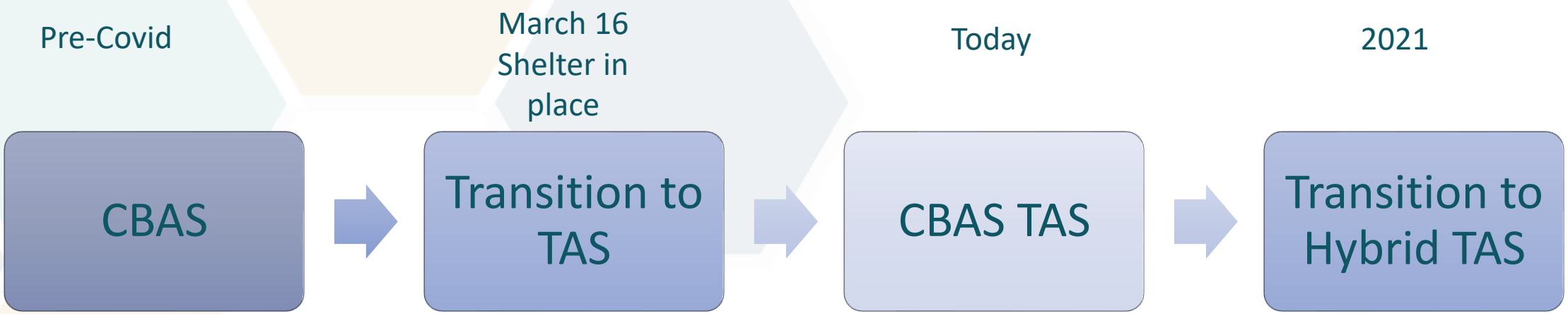
Adapting to COVID-19 | 2020 through 2021



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TAS Builds on Traditional CBAS

Temporary Alternative Services are Emergency Services that build on the comprehensive, care-intensive team-based CBAS model to effectively meet the needs of vulnerable adults during shelter-in-place orders.

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Continuous quality improvement for TAS: Plan, Do, Check and Act

This is essential to for effective provision of emergency services, and involves:

- **Plan** – Create and Follow your **TAS Plan of Operation.** (Update and submit to CDA if things change)
- **Do** – Work with your TAS Staff Team to identify and address both new and continuing needs by providing **services** individualized to each participant. Use staff appropriately. (Example, only the licensed RN can carry out a nursing assessment). Verify, verify, verify!
- **Check** – **Evaluate outcomes** to be sure services are meeting the needs of your participants. Use TAS Staff Team meetings, check ins, and reviewing your team's documentation efforts to determine if services and documentation meet the standards set forth by TAS and CBAS regulations.
- **Act** – **Make active efforts to improve your services and outcomes**. Work with your IDT to improve services and find solutions. Encourage communication to ensure team members work together. Keep training all staff on standards.

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Required Services Under TAS

1. Phone and email access staffed a minimum of 6 hours per day M-F
2. Minimum of one service to pt. or caregiver for each authorized day billed
   - Can be Telehealth; service provided on behalf of pt. in-person "door-step" brief well check when delivering food, supplies, medicine, activity packets, etc.
3. COVID-19 wellness check no less than 1x/wk
4. Assess pts." and caregivers' current needs related to know health status as well as emerging needs
5. Respond through targeted interventions and evaluate
6. Communicate and coordinate with network of care supports/providers
7. Arrange for delivery or deliver supplies based on need. If cannot be met, document efforts and why needs could not be addressed

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Two Required Service Tracks: 1 new, 1 familiar

COVID-19 Specific Screening

Oct 14 Webtalk will spend time reviewing updated COVID-19 screening tool & train to it

- 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

- 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.

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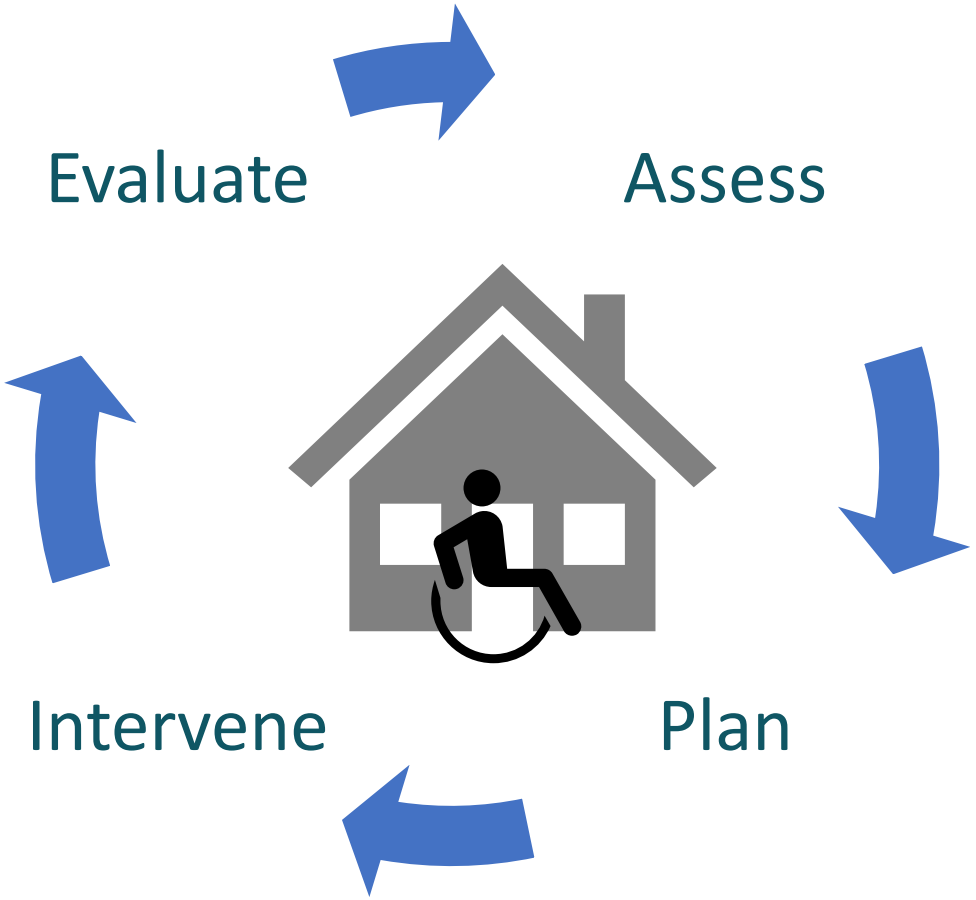
Let's Review: Care Management Cycle



Teams must continually respond to pts' chronic conditions and pts and caregiver emerging and needs and problems, through targeted interventions,

<u>and</u>

then evaluate outcomes and document what's been done.

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Screening versus Assessment

Screening is a process for evaluating the possible presence of a particular problem. The outcome is normally a simple yes or no.

Assessment is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis (Within Scope of Practice).

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Evaluate & Document Further

1. Track results of targeted short-term interventions, adjust as needed, evaluate current needs and move to assess phase of cycle

2. Daily Progress notes

3. Quarterly Progress Note at 3 month and 6 month

4. IPC includes information from 6-month quarterly Progress Note in Box 15

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DOCUMENTATION GUIDANCE - ACL 20-09

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM Governor

CALIFORNIA DEPARTMENT OF AGING
Community-Based Adult Services Branch
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Sacramento, CA 95834
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TEL 916-419-7545
FAX 916-928-2507
TTY1-800-735-2929

ACL 20-09

Date: May 1, 2020

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: California Department of Aging (CDA) CBAS Branch

Subject: CBAS Temporary Alternative Services (TAS) Documentation Guidance

Purpose

This letter provides guidance to providers regarding expectations for completing and maintaining health record documentation during this period of CBAS TAS.

CBAS TAS Documentation

Following are guidelines for CBAS TAS quarterly reporting and IPC completion for continuing participants. While these guidelines are specific to CBAS TAS, they closely follow the statutory, regulatory, and 1115 Waiver requirements for documentation, as well as policy set forth in the Medical Provider Manual.

- ACL 20-09 contains guidance for required documentation standards during TAS
- Provides a standard approach to document the most pertinent CBAS TAS care plan information and progress for each participant serviced, and for CDA monitoring.
- Guidelines are specific to CBAS TAS but they closely follows statutory, regulatory and 1115 waiver requirements and policy contained in the Medi-Cal Provider Manual.

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The Story of Rose: A Case Study

How to Use the "TAS Specific" Approach

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Introduction to a Participant Case Example

Every participant is unique. Whether provided through CBAS or through TAS, all services need to be person-centered and clinically appropriate for that individual, so **all documentation must have enough detail** to make it clear that this took place.

The sample progress notes, quarterly and IPC examples provided for this imaginary participant are not meant to be exact models for how to complete these requirements.

They are intended to illustrate principles, and this learning tool should be used together with the CDA All Center Letters and other training materials provided by CDA and by CAADS/ALE.

What follows illustrates the TAS specific approach.

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Rose's Story

Rose is 73 and lives alone in a small apartment. She lost her husband five years ago and her only relative is a sister who lives in another state. Rose first learned about CBAS at the annual visit from her IHSS Social Worker. Despite recent falls in her home, and struggling with her medications, she told the IHSS social worker she didn't need CBAS and could manage alone. The IHSS Social Worker said she'd still like to make the referral so that the CBAS Center social worker could explain the program, and Rose agreed.

The CBAS Social Worker called to explain CBAS and arranged a tour. Rose was excited when she saw the full activity calendar and the Center's therapy room and decided to give it a try. By March, 2020, Rose had been attending the CBAS Center for two years. She calls it "My school." When asked what she likes about CBAS, Rose says "I like the people. I feel better when I come."

On March 17, 2020, Rose learns that her "school" will not be open for a while due to COVID-19 and that she will need to be served at home because she needs to protect herself. She agrees this is a good idea, but says she is worried about the staff and the other participants.

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Under TAS, What is the Role of the IPC Care Plan in Boxes 13 & 14?

- **ACL # 20-09** says that services provided through TAS need to be based on the IPC.
- This means that the Center Team working under TAS must keep in mind the most serious problems that the participant had during Pre-COVID-19 CBAS and how they were being handled.
- For the most part, these problems haven't gone away and continue to need to be addressed.

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Emergency Evaluation as TAS begins

Team contacts Rose to start COVID-19 screenings and determine new and emerging needs and assess Rose's ongoing conditions.

- Does Rose need meals?
- Is the IHSS worker still coming and reliable?
- How is Rose's blood pressure? Has she gotten dizzy? Fallen?

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Rose's IPC Nursing Care plan Box 13 as of 3/1/2020 (Pre-TAS)

REMINDER: THIS EXAMPLE IS HIGHLY SIMPLIFIED FOR USE IN THIS TRAINING.

Person-centered goal: "I don't want to feel dizzy."

Symptom/Problem

1. History of (H/O) hypotension and fluctuating Blood Pressure (B/P); at risk for complications, including dizziness, falls and ER visits
2. H/O falls at home when feeling tired.

Objective

1. Stable vitals & (B/P) within range. No ER visits or hospitalizations over 6 months.
2. Will have no falls or injuries while at center or at home.

Individual Action/Treatment

1. (a) Monitor for (B/P) fluctuations; (b) monitor for dizziness, fatigue, weakness. Notify MD as required for either.
2. (a) Monitor for fatigue or falls. Encourage rest in recliner as needed. Encourage consistent use of 4WW when tired.

Treatment Frequency

1. (a)1x/wk (b)3xwk
2. (a) 3x/wk

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Progress Notes: Documentation Principles

Progress notes:

- Should be written such that another team member could seamlessly step in and take next steps, and
- Written such that a regulator or managed care can clearly see what you have done for the participant, **including outcomes**
- Daily and Quarterly Progress Notes are maintained in ptp's health record and are not required to be submitted to managed care plan, except on request

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TAS-Specific Quarterly Progress Note

Quarterly progress notes are summaries of the prior three-month period based on the daily services documented in the TAS record by each staff member. **There are two options for documenting quarterlies:**

Option # 1

(AKA "Traditional Option")

Each discipline providing services documents a quarterly progress note. The person writing the progress note shall sign the note.

Today's focus: Option #2

(AKA the TAS-Specific Option)

A single multi-disciplinary summary quarterly written by the program director or the team member most familiar with the services provided to the participant during this period. **If this option is used, the Program Director shall review and sign the quarterly progress note** to show the progress note to certify content.

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TAS Daily Progress Note

Requirement for Daily Progress Notes

Documenting Services Provided

- **Progress Notes to Document Services Provided Need to Include:**
- Date, type and detail of service, and name/signature/ title of staff who provided service

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TAS - Daily Progress Note for Rose

Example – Sample Daily Progress Note and Follow-Up Note

April 2, 2020 – RN *called participant to ask how she is feeling and* ***assess*** *for problems related to her blood pressure. Participant said she felt dizzy before she ate, but said she had not fallen. RN determined participant ate breakfast later than usual. Participant said she slept in later than usual, but now feels okay. It appears that IHSS Worker does not assist with her meals on Mondays, Wednesdays and Fridays, which were participant's attendance days at CBAS. Referral made to Center Social Worker to explore the need for increased IHSS hours now that participant is not attending CBAS. RN will research how to get blood pressure readings.*
Signed*: June Doe, RN*

April 3, 2020 *– RN ordered automatic blood pressure cuff. RN wrote out instructions for use to be delivered with the cuff. RN will set up telehealth meeting with participant and IHSS care provider to train them.*

Signed: June Doe, RN

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ACL 20-09 TAS Quarterly Progress Note

Quarterly progress notes shall include, at a minimum:

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

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Example - TAS Quarterly Progress Note/6-month Reassessment for Rose (1/4)

Statements In Blue In This Example Below Are The Required Elements For The Quarterly Progress Note, Per ACL 20-09

Date: June 30, 2020

1. **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**

   Participant lives alone in a subsidized apartment with 95 hours of IHSS care provider assistance. She has sheltered in place since March. Participant appears to be within desired parameters for blood pressure at this time, based on self-monitoring with IHSS provider assistance. No current reports of dizziness. Medications have been reviewed by RN and her medication profile (obtained from pharmacy) confirms no change in medications. Tells Social Worker and Activity Coordinator she is doing well although "blue" at times; smiles and is talkative during doorstep deliveries and takes part in activities. Meals on Wheels daily deliveries are appreciated by participant. IHSS care provider assists with other meals and shops.

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Example - TAS Quarterly Progress Note/6-month Reassessment for Rose (2/4)

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

Significant needs addressed have been, and continue to be, provision of initial and weekly COVID-19 wellness checks/risk assessments and education on the symptoms and precautions to take by RN. No COVID related problems emerged. [Required SERVICE #3].

Additional services have included: RN assessment and follow up re. vital signs and signs and symptoms related to chronic conditions and treatments (See IPC dated March 1, 2020), including monitoring of blood pressure, and care coordination with PCP and pharmacy. No reported falls in this quarter but reported dizziness to RN one day when ate late breakfast. Appeared to need added IHSS hours for assistance on days she previously attended CBAS. Social Worker followed up with Adult Services to arrange and added time has been helpful. (Continued…)

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Example - TAS Quarterly Progress Note/6-month Reassessment for Rose (3/4)

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

(…Continued) *BP monitoring was not possible in last quarter so RN arranged for doorstep delivery of automatic blood pressure monitor and provided telehealth and written training for the participant and the IHSS care provider. Reported readings are consistent with verbal reports of how participant is feeling and blood pressure taken at podiatry visit this quarter, per confirmation with their office.*

Participant continues to report that she misses CBAS. Activity Coordinator delivers Activity Packets, which include therapeutic recreational activities and cognitive work sheets as well as art activities requested by Participant. Participant reports to Activity Coordinator and RN that she "feels blue" at times. Social Worker followed up to evaluate need for further support and possible referral to psych. Consultant. Participant denied any concern but social worker is monitoring weekly for any changes in status.

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Example - TAS Quarterly Progress Note/6-month Reassessment for Rose (4/4)

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.

ANTICIPATED PLAN: *No change to Covid-Screening approach. RN will continue to carry out screening, as well as services described above, including weekly calls to obtain and respond to blood pressure readings and remind participant to call if any dizziness or other concerns and ensure medication needs are met. Other continuing services are anticipated to include individualized weekly activity package developed by Activity Coordinator; weekly Social Worker support calls; doorstep delivery of needed items; and coordination with Meals on Wheels.*

_____

Program Director or Staff Signature/Title/Date

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ACL #20-09 - Individual Plan of Care (IPC)

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

NOTE: California Code of Regulations (CCR), Title 22, Division 3, Chapter 5, §54215, specifies requirements elaborated within this CBAS TAS guidance**.** **As noted in §54215, the six-month "quarterly progress note" forms the basis of the IPC update at the time of reauthorization to be described in Boxes 15 and/or 16.**

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Partnering the 6-month Quarterly with the TAS IPC Update - Boxes 15 & 16 from ACL 20-09

When you complete the 6-month quarterly progress note, you are setting up what you need for your IPC update:

Required Quarterly Question #1:

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

Partners with

1st & 2nd TAS-Specific Questions for IPC Update:

Any changes in Participant's Health Status **or** Living Arrangements?

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Partnering the 6-month Quarterly with the TAS IPC Update - Boxes 15 & 16 from ACL 20-09

Required Quarterly Question #2:

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

Partners with

3rd TAS-Specific Question for IPC Update:

Significant Needs that are Identified through TAS and Services Being Provided Through TAS

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Partnering the 6-month Quarterly with the TAS IPC Update - Boxes 15 & 16 from ACL 20-09

Required Quarterly Question #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.

Partners with

Box 16 Question:

Critical Information Not Provided Elsewhere in the IPC

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Now, Update the IPC for Rose

Box (15) SIGNIFICANT CHANGES SINCE PREVIOUS IPC (For reauthorization TARS only)

TAS Specific Disclaimer: Care Plan reflects "Center-Based Services" at time of transition from "Center-Based Service" to "CBAS TAS" services as outlined in the Center's TAS Agreement. During TAS, IPC will be completed by utilizing only Boxes 15 and 16 and will be written and signed by the Program Director based on the ongoing weekly assessments conducted by the IDT.

Date that center-based services ended, and the date participant began receiving CBAS TAS?

Date In-Center Services Ended: *March 13, 2020*
Date Temporary Alternative Services began: *March 16, 2020*

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Now, Update the IPC Box 15 for Rose

Box (15) SIGNIFICANT CHANGES SINCE PREVIOUS IPC (For reauthorization TARS only)

[Significant changes in participant's condition and/or care plan since last IPC?] (Required per Medi-Cal Manual)

Participant has sheltered in place since March due to Covid-19, so all service provision has been modified for TAS. (See below for further information.)

[Changes that may have or likely have a considerable influence or effect on the participant's quality or quantity of life?] (Required per Medi-Cal Manual)

Participant's services through TAS remain essential, as described in Quarterly Progress Summary Note of 6/30/2020. (See below for further information.)

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Update the IPC Box 15 for Rose

Box (15) SIGNIFICANT CHANGES SINCE PREVIOUS IPC (For reauthorization TARS only)

Qtrly Q 1- 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 / TAS Q 1 & 2 - Any changes in Participant's Health Status or Living Arrangements?

Participant lives alone in a subsidized apartment with 88.33 hours of IHSS care provider assistance. She has sheltered in place since March. Participant appears to be within desired parameters for blood pressure at this time, based on self-monitoring with IHSS provider assistance. No current reports of dizziness. Medications have been reviewed by RN and her medication profile (obtained from pharmacy) confirms no change in medications. Tells Social Worker and Activity Coordinator she is doing well; smiles and is talkative during doorstep deliveries. Meals on Wheels daily deliveries are appreciated by participant. IHSS care provider assists with other meals.

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…Continue Updating Box 15

Qtrly Q 2 - Progress achieved over prior three months for the most significant needs that have been addressed through TAS, as well as the related outcomes. / TAS Q3 - Significant Needs that are Identified through TAS and Services Being Provided Through TAS?

Significant needs addressed have been, and continue to be, provision of initial and ongoing Covid-19 wellness checks/risk assessments and education on the symptoms and precautions to take by RN [Required SERVICE #3]. Additional services have included: RN assessment and follow up re: vital signs and signs and symptoms related to chronic conditions and treatments (See IPC dated March 1, 2020), including monitoring of blood pressure, and care coordination with PCP and pharmacy. No reported falls in this quarter but reported dizziness to RN one day when ate late breakfast. Appeared to need added IHSS hours for assistance on days she previously attended CBAS. SW followed up with Adult Services to arrange and added time has helped.

BP monitoring was not possible in last quarter so RN arranged for doorstep delivery of automatic blood pressure monitor and provided telehealth and written training for the participant and the IHSS care provider. Reported readings are consistent with verbal reports of how participant is feeling and blood pressure taken at podiatry visit this quarter, per confirmation with their office.

Participant continues to report that she misses CBAS. Activity Coordinator delivers Activity Packets, which include therapeutic recreational activities and cognitive work sheets as well as art activities requested by Participant. Participant reports to Activity Coordinator and RN that she "feels blue" at times. Social Worker followed up to evaluate need for further support and possible referral to psych. Consultant. Participant denied any concern but social worker is monitoring weekly for any changes in status.

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Now, Update Box 16 with Plans for the Future

Qtrly Q 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. / Box 16 Question - Critical Information Not Provided Elsewhere in the IPC?

ANTICIPATED PLAN: *No change to Covid-Screening approach. RN will continue to carry out screening, as well as services described above, including weekly calls to obtain and respond to blood pressure readings and remind participant to call if any dizziness or other concerns and ensure medication needs are met. Other continuing services are anticipated to include weekly activity packages; weekly Social Worker support calls; and continuing coordination of Meals on Wheels.*

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You’ve Done It!

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Q & A

Panelists and CDA

Upcoming ALE webtalks

All webinars are held Wednesday at 10:30 am to Noon unless otherwise noted

Oct 7	Social Media Training and Positive Public Engagement
Oct 14	Deep Dive into Doorstep Services & Updated COVID-19 Wellness Check
Oct 21	Research Results: Impact of SARs-CoV2 on Adult Day Services with Dr. Tina Sadarangani, New York University
Oct 28	Holiday “Blues” - Supporting your Participants and Staff

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Thought for the Week

"The how thinker gets problems solved effectively because he wastes no time with futile ifs but goes right to work on the creative how."

Norman Vincent Peale

1898 – 1992
Minister and Author of
The Power of Positive Thinking

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