



caads

CA Association for Adult Day Services

COMMUNITY | CONNECTION | CHOICE

# COVID-19 Emergency Webinar Series

#1 | MARCH 29, 2020



# Agenda

1. CAADS Response to Coronavirus emergency
2. CDA All Center Letter dated 3/27/2020
3. State of California Guidance
4. This week's CAADS guidance
  - Starting remote operations
  - Triage/wellness checklist
  - Documentation
  - Reimbursement
5. Resources
6. Federal CARES Act (Stimulus Bill) signed by President 3/27
  - Loan assistance
7. Governor's Community Check in Campaign – Call to Action!

Coronavirus  
(COVID-19)

HELP  
**STOP** THE  
**SPREAD**  
AND STAY HEALTHY

# COVID-19 By the Numbers

As of March 27, 2020, 2 p.m. Pacific Daylight Time - CDPH COVID-19 WEBPAGE

## TOTALS

- 4,643: positive cases and 101 deaths in California (including one non-California resident).
- 923: Community-acquired cases
- 3,720: Cases acquired through person-to-person transmission, travel (including cruise ship passengers), repatriation, or under investigation. This includes 73 health care workers

### Ages of all confirmed positive cases:

- Age 0-17: 54 cases
- Age 18-49: 2,368 cases
- Age 50-64: 1,184 cases
- Age 65 and older: 1,016 cases
- Unknown: 21 cases

### Gender of all confirmed positive cases:

- Female: 2,057 cases
- Male: 2,536 cases
- Unknown: 50 cases

# CDA Survey Data as of 3/23/20

	<b>What is the current status of your center operations as of 3/23/20</b>
102	Open & providing alternative services
104	Closed temporarily but plan to re-open
0	Closed permanently
9	Undecided
	<b>If you can be reimbursed would be willing to continue to provide services?</b>
199	Yes
3	No
1	Undecided
	<b>What is the status of your staffing?</b>
102	Full workforce
104	Reduced hours
0	Lay offs

# CAADS Advocacy in Response to Coronavirus

- Established crisis team – staff, board leaders and Alliance for Leadership and Education
- COVID-19 WEBPAGE [http://www.caads.org/covid\\_19.html](http://www.caads.org/covid_19.html)
- Staff have been in continual communication with CDA, CDPH and DHCS, providing feedback and advice
- Advocated for CMS approval of telephonic operations this past week
- Provided testimony to Assembly Aging Committee 3/26 about status of CBAS, ADP, participants
- Participated in two national calls and researched other states CMS requests, federal waivers and legislation, VA and nutrition policies
- Communicated with other LTSS partners
- Staying abreast of fast-moving news and guidances to share with members

# State of CA Guidance

**CALIFORNIA DEPARTMENT OF AGING**  
Community-Based Adult Services Branch  
1300 National Drive, Suite 200  
Sacramento, CA 95834  
www.aging.ca.gov  
TEL 916-419-7545  
FAX 916-928-2507  
TTY 1-800-735-2929



## ACL 20-06

Date: March 27, 2020  
To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors  
From: California Department of Aging (CDA) CBAS Branch  
Subject: Guidance for Community-Based Adult Services (CBAS) In Response to COVID-19 Public Health Emergency

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### Purpose

This All Center Letter (ACL) provides policy guidance for the temporary provision of CBAS services telephonically, in participants' homes, and individually in centers, in lieu of congregate services provided at CBAS centers. This guidance is provided in context to the public health stay at home orders in response to the COVID-19 outbreak. This ACL outlines mechanisms for providing services to CBAS participants now remaining at home. It outlines service options that may be delivered by CBAS providers in lieu of traditional CBAS services during the period of this current public health emergency. Finally, the ACL addresses approval and reporting requirements under consideration for reimbursement of these temporary services.

Our goal is 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.

# CDA All Center Letter 20-06

Issued 3/27/20 5:00 pm



# CDA ACL 20-06

## Provision of CBAS Services

Congregate services provided inside the center are not allowed at this time per [Governor Newsom's Executive order](#) . Essential services to individual participants may be provided in the center so long as they meet criteria defined in this ACL and with proper safety precautions. The center **MUST** operate with infection control measures in place to protect participants and staff to reduce the risk spreading the virus. (Reference the [California Department of Public Health \(CDPH\) website](#) for additional guidance for health care workers.)

# CDA ACL 20-06

CBAS centers are granted time-limited flexibility to reduce day-center activities and to provide CBAS services in the home, telephonically, or via live virtual video conferencing, including but not limited to:

- Professional nursing care
- Personal care services
- Social Services
- Behavioral Health services
- Speech therapy
- Therapeutic activities
- Registered dietician-nutrition counseling

Further, during the effective dates of this guidance, CBAS centers may provide these additional services at a beneficiary's home:

- Physical therapy
- Occupational therapy

# CDA ACL 20-06

CBAS centers are also permitted to provide or arrange for home-delivered meals, in absence of meals provided at the CBAS center, and may continue to provide transportation services, as necessary and appropriate.

Activities related to the above-listed CBAS services could include but are not limited to:

- Care coordination
- Communication with the beneficiary's personal health care provider
- Medication monitoring
- Assessing and monitoring for COVID-19 symptoms such as cough and fever
- Assessment and reassessment
- Wellness checks
- Behavioral health screenings
- Family training
- Verbal cueing (i.e. Personal care services, therapies, etc.)
- Providing home-delivered care packages (e.g., food items, hygiene products, medical supplies)
- Providing transportation services, such as non-emergency medical transportation
- Maintaining a dedicated telephone support line for participants and family

# CDA ACL 20-06

CBAS centers should identify and utilize “eyes-on” tools (i.e., video conferencing, window-side conferencing) when available. If such tools are not available, or participants are unable to utilize such tools, CBAS centers should involve family and caregivers in the process when possible to ensure that accurate information is being provided and/or that cued services are accomplished and effective.

The delivery of services via phone or in the participant’s home must be based on a CBAS participant’s assessed needs as documented in the current Individual Plan of Care (IPC), and/or identified by subsequent assessment by the center’s multidisciplinary team. Services must be person-centered, flexible enough to meet the participants’ changing needs, and able to be provided safely in the current environment. Existing CBAS health record documentation standards for services provided will continue to apply. CBAS centers are responsible for updating participant IPCs when a change in assessed need is identified through regularly scheduled reassessments, and reassessments conducted due to a change in participant condition.

CDA is working with state, Medi-Cal managed care plans (MCP), and provider partners to develop processes regarding service reauthorization and new participant enrollment. Further guidance will be provided.

# CDA ACL 20-06

## Individual In-Center Services versus Congregate

The following is to clarify what services are allowable and prohibited.

The terms “individual” and “congregate” are defined as:

Individual: Of or related to an individual, intended for one person. Existing as a distinct entity, separate. A single human being as contrasted with a social group.

Congregate: Providing in or being group services. To collect into a group or crowd, assemble.

# CDA ACL 20-06

## Examples of Acceptable and Prohibited Means of Service

Examples of acceptable and prohibited means of service are as follows:

### Individual In-Center - Acceptable:

- Individual coming to the center to receive services from CBAS staff in a singular, sequential manner – e.g., as in a doctor's office or clinic
- Individual coming to the center to pick up supplies, meals, receive wound care, receive assistance with a shower, etc.

# CDA ACL 20-06

## Congregate - Prohibited:

- Participants assembling and receiving services in groups – e.g., traditional CBAS group services of more than one, being served in the same space at the same time

# CDA ACL #20-06

## Reimbursement

CBAS centers will be allowed to receive reimbursement for services provided as described in this ACL. Further guidance will be forthcoming regarding minimum service standards required for reimbursement.

## Approval to Provide Temporary CBAS Services

CBAS centers choosing to continue operating by providing services to CBAS authorized participants as described in this ACL, will be required to submit plans for temporary operation to the CBAS Branch for review and approval. Currently, CDA is working to develop a plan of operation form for CBAS providers to submit, that includes information necessary for approval to temporarily provide services described in this ACL. CDA will release instructions and the form soon. Approved plans will be effective retroactively to ensure continuity of participant services.

Additionally, CBAS centers will continue to be required to submit reports to CDA and, as required, by the MCPs. CDA is reviewing existing reporting requirements and evaluating what modifications may be necessary at this time.

## Reimbursement Options

1. Regular per diem rate for CBAS through managed care and Fee For Service
2. Managed Care or you may identify additional needs and negotiate for compensation for things like home visits by RN; meal delivery; transportation
3. Federal loans (grants)



# CDA ACL 20-06

## **Approval to Provide Temporary CBAS Services**

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Additionally, CBAS centers will continue to be required to submit reports to CDA and, as required, by the MCPs. CDA is reviewing existing reporting requirements and evaluating what modifications may be necessary at this time.

# CDA ACL 20-06

## Questions

Further guidance will be provided when available. CDA understands CBAS providers will have a number of questions, and we are working to obtain answers and share soon. We thank you in advance for your continued partnership and efforts to meet the needs of the participants we all serve.

Please contact the CBAS branch if you have any questions: (916) 419-7545;  
[cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov).

# Emergency State Guidances

- March 3 - CDPH [AFL 20-17](#)
- March 18 - CDA [ACL 20-03](#)
- March 21 - Executive Order [N-35-20](#)
- March 23 – CDPH [AFL-20-27.1](#)
- March 23 – CDA [ACL 20-04](#) (revised)
- March 26 – CDA [ACL 20-05](#)
- March 26 - CDPH [AFL 15-29](#)
- March 27 – CDA ACL 20-06
- 1135 Waiver Letters to CMS requesting flexibility during emergency:
  - DHCS ([3-19-2020](#))
  - CDPH (3-24-2020)

Executive Order N-37-20

Moratorium on Evictions

<https://www.gov.ca.gov/wp-content/uploads/2020/03/3.27.20-EO-N-37-20.pdf>

# CAADS Guidance

# This Week's Guidance

**Planning & Communication**

**Infection Control**

**Deployment**

# Planning: Notifications of Regulatory Partners

- If the center plans to remain **non-operational**, even for a short period of time you **MUST** notify immediately CDA, CDPH and your managed care plans immediately. This is critical for the safety of your participants
- If you are operating now or plan to begin Center Without Walls operations, immediately let your CDA analyst and your managed care plan know.
- CAADS is seeking primary contact numbers for all managed care plans. Many staff are working remotely and phones are being forwarded.
- Check your county website regularly for updates on emergency access to services such as IHSS, APS, AAA and others

# Planning: Starting Remote Operations

**Plan with your teams for restarting remote operations as a “Center Without Walls” – CDA will require you to submit a plan of operation.**

- Establish all staff duties, e.g., redeploying your workforce for remote operations. Identify essential staff for in center work
- Administrative functions: contact insurance for coverages such as auto, home visits, etc.; timesheets, accounting, etc.
- Work from home procedures and equipment needed
- Incoming telephone coverage
- Documentation procedures
- Risk profiles of participants (triage)
- Center operations with no congregation of participants (social distancing, essential in center operations and procedures/cleaning

# Infection Control: Duty of Care

- Center's highest duty is protecting the health and safety of participants and cooperating with Public Health initiatives and orders with the goal to stop or slow down the community spread of the coronavirus to avoid COVID-19.
- Centers have a duty to protect staff, volunteers and community members who come in contact with participants.
- Therefore, infection control training and communication about "shelter in place" order is of utmost importance for all those within the center's circle of influence
- Use state and federal guidance resources; inventory personal protective equipment; attend ALE training Thursday 4/2/20 10:00 am



# RECOGNIZE SIGNS OF DISEASE

The initial symptoms are coughing, a runny nose, sore throat and fever. Some patients also suffer from diarrhoea.

Severe cases may experience breathing problems or develop a lung infection.

**Disease symptoms can emerge up to 14 days after infection.**



# Infection Control: Resources

- Use of Personal Protective Equipment (PPE) (CA Dept of Public Health)

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/UseofPersonalProtectiveEquipmentDuringCOVID19Outbreak.aspx>



- Surface Cleaning and Disinfection (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

List of Disinfectants (EPA)

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

- Using Disinfectants National Pesticide Information Center (NPIC)

<http://npic.orst.edu/ingred/ptype/amicrob/covid19.html>

# Deployment: Center without Walls

- Communicate with MCOs, CDA and CDPH about services, hours, who to reach in emergency etc.
- Communicate with participants and families through usual means about emergency operations; hours of operation for “live” assistance; and who to contact among staff for help
- Review all state guidances and check every day for updates
- Use CAADS “free” Wellness Check/Risk Assessment tool
- Begin telephonic communications and document all contacts whether with participant/family or on behalf of the participant (physician contact; managed care; other community partners, e.g., IHSS; and so on.



# Deployment: HIPAA Waivers

## Federal Changes to HIPAA

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

### ALLOWED:

Treatment for non-COVID related conditions and COVID related conditions.

#### Platforms:

- Skype
- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts

### HIPAA compliant with BAA:

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco Webex Meetings / Webex Teams
- Amazon Chime
- GoToMeeting

### NOT ALLOWED:

- Facebook Live
- Twitch
- TikTok
- Public facing communication platforms

# Deployment: Wellness/Risk Checklist

- CAADS has designed a Wellness Check/Triage Tool for centers to use. Feel free to adapt but please retain areas of risk for later comparative data collection.
- Redefine what "Wellness Check" means in the time of coronavirus. Think of Wellness Check as an overall concept that encompasses "physical wellness, emotional Wellness, social determinants of health, and additional support/resources."
- Use this tool to identify your high, medium and low risk participants using your own deep knowledge of each person's support system and resources and the checklist for current situation.
  - With families sheltering at home, adjust risk accordingly. Does this improve or lower risk for the participant? Triage urgent needs and activate action planning

# Deployment: Documentation

- Plan with staff how to document and communicate vital information, especially if some or all staff are working remotely.
- Use existing documentation processes as much as possible, ie, progress notes.
- Make sure every participant is getting regular “touches” from staff, of some type, based on risk and identified needs, and document.
- All participants should be screened for symptoms when calls are made. This is very important if the center plans to conduct “essential” in home or in-center visits.

# Deployment: Home Visit Precautions & Training

- Ask your team if there is an alternative to in-home visit?
  - Examples: Get MD to order home health?; remaining outside the door to deliver supplies (apply social distance); purchase blood pressure monitor or thermometer and monitor remotely? Teach caregiver to perform monitoring tasks
- If you deploy staff for an in-home visit, training for staff is critical:
  - Personal Protective Equipment must be available (gloves, mask and gown, if touching the person, hand sanitizer, RN travel bag )
  - Safety for home visits includes physical environment precautions (social worker and chart check-in)
  - Call ahead to check on symptoms – ptp and household
  - Mandate home visit training for infection control even if RN has done this before in another job – refresh training due to high risk
    - Bag Technique: <https://www.youtube.com/watch?v=Hhi-o5lgKDk>
    - Other infection control techniques from home health

# Resources

The screenshot shows the California Department of Public Health website. At the top left is the logo for the California Department of Public Health. To the right is a search bar with the text "Search this site". Below the search bar are four navigation tabs: "I am looking for", "I am a", "Programs", and "A-Z Index". Below these tabs is a breadcrumb trail: "Home | Programs | Center for Infectious Diseases | Division of Communicable Disease Control | COVID-19". A large blue banner with the text "COVID-19" is positioned below the breadcrumb trail. Underneath the banner is a graphic with a light blue background and a hexagonal pattern. The graphic contains five icons with text: "practice social distancing", "wash hands", "if sick, stay at home", "call your provider", and "cover your cough". To the right of the graphic, the text "COVID-19 UPDATES (Coronavirus Disease 2019)" is displayed, followed by the URL "cdph.ca.gov/covid19". Below the graphic, there is a section titled "Visit CDPH News Releases for daily COVID-19 updates." and a link to "En Español: Para obtener información en español, visite nuestra página del Coronavirus 2019 (COVID-19)". On the right side of the page, there are three links: "Guidance Documents", "COVID-19 Home", and "California COVID-19 Response".

California Department of Public Health

Search this site

I am looking for I am a Programs A-Z Index

Home | Programs | Center for Infectious Diseases | Division of Communicable Disease Control | COVID-19

## COVID-19

practice social distancing

wash hands

if sick, stay at home

call your provider

cover your cough

### COVID-19 UPDATES

(Coronavirus Disease 2019)

[cdph.ca.gov/covid19](https://cdph.ca.gov/covid19)

Visit [CDPH News Releases](#) for daily COVID-19 updates.

**En Español:** Para obtener información en español, visite nuestra página del [Coronavirus 2019 \(COVID-19\)](#).

[Guidance Documents](#)

[COVID-19 Home](#)

[California COVID-19 Response](#)



# Resources – State Government

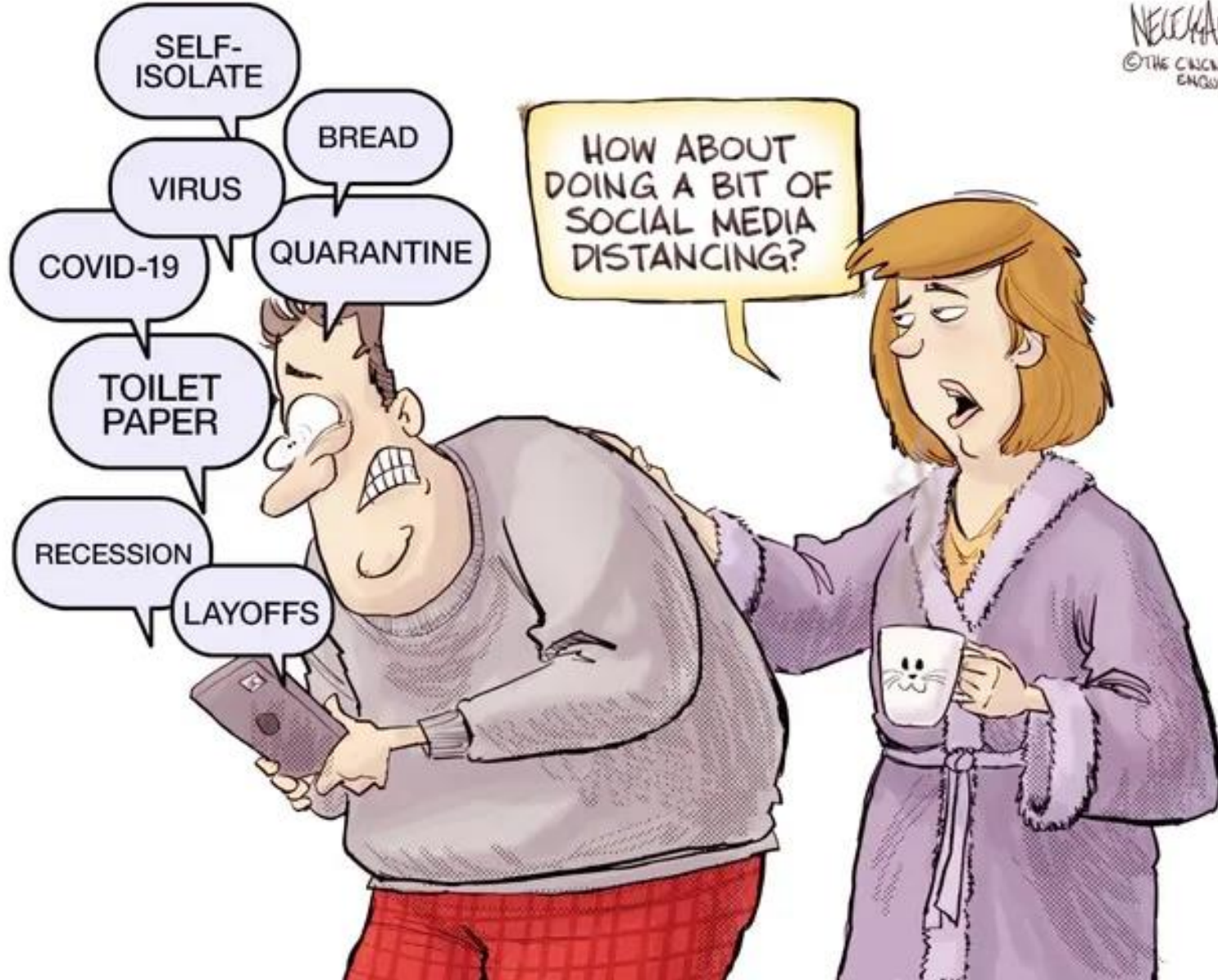
- California COVID-19 Website
- California Department of Public Health (CDPH)
  - Personal Protective Equipment
- California Department of Social Services
- **In-Home Supportive Services (IHSS)** <https://cdss.ca.gov/#covid19>
  - Recipients: (English) (Español) (Chinese) (Armenian)
  - Providers: (English) (Español) (Chinese) (Armenian)
  - Individuals with Access and Functional Needs

# Resources – Federal Government

- Centers for Disease Control (CDC)
- World Health Organization (WHO)
- Johns Hopkins Dashboard
  - COVID-19 Webpage
- **HIPAA guidance (HHS)**
  - <https://www.hhs.gov/sites/default/files/covid-19-hipaa-and-first-responders-508.pdf>
  - <https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html>

# Resources - General

- [CAADS Guidance](#)
- LAO - Federal Actions Affecting [California](#)
- Alzheimer's Association [Guidance](#)



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ENGINEER

# Federal CARES Act

CHRISTIN HEMANN

# Stimulus Bill #3: President Signed 3/28/20

**Total amount of the stimulus loan fund = \$349 billion.**

Federally-guaranteed (meaning there is no interest on the loan), and tax-free. All loan payments are deferred for one year.

Priority to businesses located in under-served and rural markets, small businesses that serve veterans, women, and socially & economically disadvantaged individuals.

Forgivable during what is called a “covered period” between February 15, 2020 and June 30, 2020.

All operating costs, including employee payroll, employee health care, mortgage, rent, utilities, and debt payments are allowed.

To expedite the loan process, all that is required is a “good faith certification” that your business has been affected by the COVID-19 pandemic.

# Resources for CARES Act

## **US Small Business Administration's Office of Disaster Assistance**

<https://www.sba.gov/disaster/apply-for-disaster-loan/index.html>

**For questions**, contact the SBA disaster assistance customer service center at 1-800-659-2955 or e-mail [disastercustomerservice@sba.gov](mailto:disastercustomerservice@sba.gov)

## **SBA Small Business Classifications**

[https://www.sba.gov/sites/default/files/2019-08/SBA%20Table%20of%20Size%20Standards\\_Effective%20Aug%2019%2C%202019.pdf](https://www.sba.gov/sites/default/files/2019-08/SBA%20Table%20of%20Size%20Standards_Effective%20Aug%2019%2C%202019.pdf)

## **U.S. Chamber of Commerce**

[https://www.uschamber.com/sites/default/files/023595\\_comm\\_corona\\_virus\\_smallbiz\\_loan\\_final\\_revised.pdf](https://www.uschamber.com/sites/default/files/023595_comm_corona_virus_smallbiz_loan_final_revised.pdf)

# State of CA Planning Efforts



**Watch for an announcement of a campaign this week from the Governor's office.**

**Let's do our part to use our community networks to reach out beyond our enrolled participants to spread the word.**

**What ideas do you have?  
Submit in the question box and we will pass along to CDA Director Kim McCoy Wade.**



## **Governor Newsom's Community Check-in Campaign**

**Announcement coming soon!**

# Community Surge Planning

- Be aware the state and local hospitals, and community public health officers are planning for surge capacity as more COVID-19 cases emerge.
- You may be contacted to help out with staff or space.
- Think about it.

# Next Steps

- **April 2, 2020: 10 AM - Training on infection control**
- **Weekly Monday morning guidance webinars**
- **Guidance from CDA**
- **Ongoing communication with state partners and managed care**
- **Clarifying waivers for ADCFP and V.A.**
- **Continue to share best practices and barriers to care**

**We Can Get Through It!**



**And We**

**Will!**

**THANK YOU TO  
ADP AND CBAS  
TEAM MEMBERS,  
AND OUR STATE  
AND MANAGED  
CARE PARTNERS,  
ONE AND ALL!**

**STAY SAFE. WE  
ARE HERE TO  
SUPPORT YOU.**

**Q&A**