

WEBVTT

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00:00:01.379 --> 00:00:13.585

Morning everyone, we'll go ahead and get started. I appreciate your patience this morning while we rest of a little bit with it to make things happen. So we do have a large group of folks on here this morning.

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00:00:13.585 --> 00:00:24.234

We have 200 people, so we very much appreciate you showing up and participating with us this morning to be able to get additional information and be able to ask any questions that you may have.

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00:00:25.890 --> 00:00:30.480

As with most of our webinars, we're gonna ask that you submit your questions.

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00:00:30.480 --> 00:00:35.070

Via the chat box and please make sure you send those to all panelists.

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00:00:35.070 --> 00:00:48.030

So that we have an opportunity to make sure that all of our team can weigh in on those and make sure they get answered. And with that, I am going to turn it over to our deputy division director. Wendy was saying.

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00:00:49.075 --> 00:01:03.145

Good morning everybody sorry we are a little late. Getting started. My computer is still is not cooperating, so I've hijack hikers. So I thought can you all?

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00:01:03.174 --> 00:01:06.265

Can I get an idea if you can see the screen?

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00:01:06.599 --> 00:01:10.530

What the slides for the monitoring guidance.

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00:01:11.305 --> 00:01:11.844

Okay,

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00:01:13.555 --> 00:01:18.805

this is what we went over and talked with with the Mac DDS group about,

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00:01:18.805 --> 00:01:30.715

and so I thought we would start with this and then see if that leads into some questions or any examples that you all have come up with and maybe feel like they fall outside of what we've put in place here,

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00:01:30.715 --> 00:01:32.724

and we need to talk about and figure out.

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00:01:32.754 --> 00:01:46.825

So, those that are on the panel with me. Carrie. Jill Sheila feel free to answer questions in the chat. If, you know, the answers to them, otherwise we will watch and discuss them as they come through to.

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00:01:47.275 --> 00:02:01.224

So, when we're talking about 1 of the things that we recognize as maybe some of our terminology was wrong when we were saying, and giving people impressions that we weren't intending to give.

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00:02:01.224 --> 00:02:12.655

So, instead of calling it remote only, which sounds like, you don't have a choice. We're calling or now, referring to it as modified monitoring.

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00:02:13.104 --> 00:02:13.705

So,

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00:02:13.735 --> 00:02:20.275

and what the county and that staff county status if it's remote remote status,

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00:02:20.305 --> 00:02:28.134

what that basically is doing is that it gives you permission to use the remote monitoring.

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00:02:28.469 --> 00:02:30.925

Option instead of going there in person,

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00:02:30.925 --> 00:02:35.034

and the reason that we are even going that route,

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00:02:35.034 --> 00:02:44.395

because we feel that the support coordination monitoring is just critical to the health and safety of the individuals we're serving.

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00:02:44.395 --> 00:02:47.965

And so you guys are on the front lines of that.

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00:02:47.965 --> 00:03:01.615

And to be able to see people face to face is really, really important, but we also are mindful of the health and safety of you all and our support coordinators as well as the people that we're serving in their staff.

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00:03:01.615 --> 00:03:13.794

So, when we go to a modified option for the remote status for academy is with the intent to reduce the footprint within that county, there's gonna be a high.

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00:03:14.069 --> 00:03:27.835

Level of prevalence in that county and so if we can help reduce the footprint by not so many people traveling, if you're traveling, then you're stopping for gas, or you're stopping at a convenient store to get something to drink you're going out to lunch.

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00:03:27.835 --> 00:03:41.034

Those kinds of things, so that all helps in reducing the footprint in the county and the possibility or opportunity to spread, or can contract the virus from any of those locations.

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00:03:42.145 --> 00:03:44.814

So they're again reducing opportunity for exposure.

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00:03:45.180 --> 00:03:51.750

And the other point that I want to make is that.

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00:03:51.750 --> 00:04:01.259

It doesn't change the frequency of the monitoring requirements. So we went when we 1st started this whole.

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00:04:01.259 --> 00:04:09.270

Shenanigans with the pandemic and we went remote only and we really meant remote, only just just do that.

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00:04:09.270 --> 00:04:23.100

We never expected you remember the phrases too weak to stop 2 weeks to stop the spread well, it turned out to be a year or more, right? And we never anticipated that length of time.

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00:04:23.100 --> 00:04:32.158

Where we would be everybody be remote and not be seeing people and that kind of thing. So, now that time has passed.

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00:04:32.603 --> 00:04:47.004

We know more about the virus the vaccine is out, there is an opportunity for people to be protected by the vaccine, or people have contracted the virus. And so they have natural immunity. There's a level of safety and protection.

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00:04:47.004 --> 00:04:58.223

That is that we have now that we didn't have before when this whole thing started and so while we want to give the opportunity for the modified monitoring.

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00:05:00.473 --> 00:05:12.084

We also recognize the importance of seeing people face to face. And so what we're saying, and stipulating in there is that you have to see someone at least every 90 days.

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00:05:12.084 --> 00:05:26.694

And this is pretty much for residential services because in residential services, you have a monthly monitoring requirement face to face monthly monitoring requirements. And we're saying, you can do a remote, you can modify that to a remote.

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00:05:27.028 --> 00:05:40.163

Visit a virtual visit, but at least every 90 days you have to see that person eyeball to eyeball. It doesn't mean you have to be in their home, but it might be an open air in person visit.

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00:05:40.163 --> 00:05:54.684

So, you're talking to them through the door, the window or or that kind of thing. But you are personally seeing them and getting a broader sense for their well, being the condition of their living arrangement and that kind of thing.

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00:05:54.684 --> 00:06:07.973

So the reason we said 90 days to instead of quarterly is because we really mean 90 days it's like a rolling 90 days. So if we say quarterly, you could do a face to face visit in the 1st, month of 1 quarter.

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00:06:08.309 --> 00:06:23.093

And then a visit in the last 3rd, month of the 2nd quarter, and that would be more than 90 days. So it was very intentional to not talk about it in terms of quarters. But in terms of 90 days so just look at.

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00:06:23.399 --> 00:06:36.598

At that, in terms of the last time that you saw them face to face, and even if it is in the height of something, we can see people in an open air situation very safely.

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00:06:36.894 --> 00:06:41.814

You can wear masks you can talk through glass. You can talk at a 6 foot distance.

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00:06:41.814 --> 00:06:54.084

You can call them on the phone and if you're seeing them, if you have door shut and you can't hear well, you can call and talk to them by phone while you're looking through the glass and you're seeing them you can do that safely and completely protected.

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00:06:54.593 --> 00:07:07.853

So, please keep that in mind. It doesn't mean seeing them in person does not mean you have to be in their home and there are also situations where you're going to have to go out and see someone in person.

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00:07:07.853 --> 00:07:14.574

Regardless of the 90 days is if there's an emergency situation, if well checks.

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00:07:15.478 --> 00:07:19.588

Are needed, or there's, there's concerns noted by.

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00:07:20.363 --> 00:07:30.024

A Guardian or a family member, or just from your history and working with this person and the agency the agency is struggling and you have concerns.

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00:07:30.684 --> 00:07:41.514

You need to be making a point to to do those face to face visits more often in any cause any time. You have a cause for concern for an individual's well, being you need to be going.

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00:07:41.994 --> 00:07:44.603

Out there and seeing people in person,

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00:07:45.173 --> 00:07:46.884

you are the really the front line well,

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00:07:46.884 --> 00:07:47.064
the,

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00:07:47.303 --> 00:07:57.834
the direct care staff or the front line for ensuring the safety and wellbeing of the individuals that we serve and you are there also on that front line,

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00:07:57.834 --> 00:07:59.153
making sure that.

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00:07:59.459 --> 00:08:09.774
Um, being an extra set of eyes and ears, also for provider agencies, who don't have, we can't have management staff out there at every moment, either in providing that oversight.

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00:08:09.803 --> 00:08:15.593
So, you also play a critical role in ensuring the health and safety of the people that we serve.

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00:08:17.579 --> 00:08:20.908
The next slide is.

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00:08:22.048 --> 00:08:28.649
Just kind of shows a little bit of a flowchart kind of a decision tree hoping hoping that that helps.

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00:08:29.363 --> 00:08:38.453
Clear things up for the type of visits that you have, when they're monthly, when they're quarterly, or when you have an annual visit.

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00:08:38.453 --> 00:08:46.134
So, if you're already monitoring a service that is a quarterly monitoring, then every quarter.

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00:08:46.469 --> 00:08:56.634
You you have to see them face to face and we're not making the 90 days stipulation there, but every visit must be face to face and it's a quarterly visit.

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00:08:56.634 --> 00:09:10.614
So you have some flexibility there that if there is a surge in this county at the time, that you would ordinarily make a visit, you can put

it off for a week or 2 weeks or if you're still within the quarter maybe into the following month.

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00:09:11.094 --> 00:09:12.683

And do that.

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00:09:12.989 --> 00:09:16.019

An annual visit.

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00:09:16.019 --> 00:09:25.558

Because by nature, that's more than 90 days. They have to be face to face as well, the quarterly contact and continue to be.

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00:09:25.558 --> 00:09:33.899

As allowed by the monitoring regulations, but that annual face to face the visit, regardless of the status.

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00:09:33.899 --> 00:09:38.849

In the county, at that time needs to be face to face.

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00:09:39.928 --> 00:09:45.149

So, hopefully, that little decision tree helps to kind of walk through.

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00:09:45.149 --> 00:09:50.729

And answer some questions, or help to think through some of your questions.

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00:09:50.729 --> 00:10:04.649

So so, okay, now I'm going to questions in the chat. Do you know if this also applies to our end? This monitoring is only for support coordinators.

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00:10:04.649 --> 00:10:11.908

At this, at this point, they're the monitoring requirements for nurses has not changed.

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00:10:12.953 --> 00:10:27.774

So, the guidance is out there for the community, our ends continues to apply when the guidance came out. We had many who were at near or past a 365 day annual face to face or 90 day face to face with hundreds.

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00:10:29.428 --> 00:10:42.719

Of individuals serve, we're doing our best to see them all that some will fall out of the 90 days. This 1st round, due to the logistics and scheduling. How long did we have to get these initial.

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00:10:42.719 --> 00:10:47.339

Initials completed, we will be given an will we be given an allowance?

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00:10:47.339 --> 00:10:56.969

For that this initial round, we will all be reasonable. You're right. If all of your folks right now are falling outside of.

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00:10:56.969 --> 00:11:03.688

The bounds what I would expect, and you really think you cannot get them done.

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00:11:04.163 --> 00:11:15.864

In this 1st, month, go around, you need to prioritize, then think about your caseload who is at high risk, highest risk, make those folks a priority.

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00:11:15.864 --> 00:11:22.793

If you have a provider that you're concerned about, make those homes a priority, and then work your way down from that.

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00:11:22.793 --> 00:11:36.024

And if you have to bump someone into the following month, then you need to at least be able to show that that you've documented and you've prioritized and evaluated risk of individuals.

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00:11:36.024 --> 00:11:39.563

And this is what you need to do in order to see everybody.

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00:11:39.928 --> 00:11:51.688

Let's see. So, for someone who needs quarterly face to face, we don't have to follow the 90 day guideline. Just follow their pattern for monitoring January February yes.

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00:11:51.688 --> 00:12:03.688

That is accurate. Those folks are also living at home with their families and so is just a different level of risk and expectation there.

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00:12:03.688 --> 00:12:12.479

So, if the home has coded and is quarantine, you still need to complete the face to face visit. If the 90 days are up.

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00:12:12.479 --> 00:12:15.778

If the home is quarantined.

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00:12:15.778 --> 00:12:23.068

You did not you did not need to do you can use that as.

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00:12:23.068 --> 00:12:36.928

adjustification to bump your visit, but you could also if the individuals in the home are not so sick in bed written, you could do the in person.

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00:12:37.583 --> 00:12:40.524

Open air face to face visit if you want.

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00:12:40.524 --> 00:12:54.053

So, this is where you're going to have some discretion you just need to talk about and justify say the whole home was quarantined, the staff were spread and didn't want to add to the.

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00:12:55.644 --> 00:13:08.244

The stress of the staff trying to get people to the door to do this and so you bumped look for when they're going to be out of quarantine and reschedule your visit for 14 days later, or whatever that case may be.

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00:13:08.244 --> 00:13:17.543

And I know that it could go on for a bit because it can stand, extend with 1 person, getting it. And then another person getting it. But your key to everything is documentation.

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00:13:17.783 --> 00:13:24.714

Explain why you're making the decisions that you're making document how you are evaluating risk.

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00:13:24.714 --> 00:13:39.024

And how you are accounting for the risk, and just document your justification, everybody is reasonable and knows that they're going to be things that come up that we don't imagine or no, and we can't.

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00:13:39.328 --> 00:13:51.778

Account for every possible scenario in the guidance. So it is is just what it says it's guidance, but if you have something that falls so outside of the norm, and you know that this is.

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00:13:51.778 --> 00:13:52.469

Um,

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00:13:52.583 --> 00:13:53.964

the decision you need to make,

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00:13:53.964 --> 00:14:08.813

and you need to bump that meetings and document it and justify it and you will be fine at home and the next question and to clarify someone who gets a face to face at their

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00:14:08.813 --> 00:14:14.994

group home on the 15th of September I need to see them in person again by December 14th.

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00:14:14.994 --> 00:14:21.774

That is 90 days. Yeah. I'm not we're not going to worry about a day if it's a day here day there. So if.

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00:14:22.589 --> 00:14:28.769

You know, the 15th falls on a Sunday and you see him on Friday or you see him on Monday.

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00:14:28.769 --> 00:14:32.489

I mean, or or not getting.

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00:14:32.489 --> 00:14:41.428

That crazy with it, but you should be real tight within that 90 days framework. You got a lot of wiggle room in there to.

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00:14:41.428 --> 00:14:46.168

To go out and see him a little bit early. So.

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00:14:46.168 --> 00:14:58.798

It's been stated before that we can do the meeting virtually by phone and then arrange to see them face to face in the safe way. Is this still correct? Yes.

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00:14:58.798 --> 00:15:13.078

But I would say if you're going to see them, or in the Safeway, which would be the open air through the door or whatever, you can talk with them on the phone while you're there doing that open air visit.

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00:15:14.548 --> 00:15:25.499

We should be we should have all of our providers now with virtual capability. And if we don't, you need to be reaching out to your TCM tack or your.

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00:15:25.913 --> 00:15:32.033

Provider relations rep. in your area. So they can work with that provider TCM tackle that provider relations.

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00:15:32.033 --> 00:15:41.453

No, but that provider relations staff will work with that provider to get the remote technology in place.

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00:15:41.484 --> 00:15:53.274

They all providers had a deadline of back in last fall at some point to figure out how they were going to allow for virtual visits. So that that needs to be in place.

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00:15:53.274 --> 00:16:01.553

So, if you've got providers who aren't abiding by that, please let your team. Know. So that we can get that resolved.

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00:16:03.178 --> 00:16:10.589

This 1 annual face to face includes those who do not have services.

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00:16:10.589 --> 00:16:16.619

Yeah, I mean, if you if your monitoring regime is.

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00:16:17.183 --> 00:16:22.854

For a face to face annual face to face visit, then you need to stick with that face to face visit.

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00:16:22.854 --> 00:16:37.433

So it's based on the monitoring requirements and which is tied to a service but or tied to how they're receiving case management only or whatever. But just follow the monitoring guidance.

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00:16:37.433 --> 00:16:48.203

Don't worry about the service. If you're monitoring requirement is for an annual face to face visit, then that applies regardless of their case management only or receiving a service.

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00:16:48.479 --> 00:16:57.719

When someone gets self service, and, and they have without without they would go home.

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00:16:57.719 --> 00:17:06.808

They would go home 2 months. Okay. Let me start that over when someone gets service and they have without they would go.

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00:17:06.808 --> 00:17:14.398

To home every 2 months to and today have the 3rd month how should this look with these guidelines?

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00:17:15.959 --> 00:17:22.318

Well, as they have, as I recall is a quarterly face to face visit.

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00:17:22.318 --> 00:17:27.959

And so if you go to the day, have program.

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00:17:27.959 --> 00:17:31.769

To see them for that quarterly visit.

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00:17:31.769 --> 00:17:44.608

Um, that would count as your face to face visit for your residential services as well. But you would need to, at then monitor the.

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00:17:44.608 --> 00:17:53.578

The condition of the home, and all the other things at the home that you would need to do and if you could do that through a virtual visit, that would be fine.

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00:17:53.578 --> 00:18:04.138

But you still need to do the monitoring of the home that you need to do that, but that face to face a visit, you can kill 2 birds with 1 stone in that case.

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00:18:05.699 --> 00:18:16.469

So, just to clarify on other waiver services, then residential, if we had quarterly face to face in April, then virtual in July.

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00:18:16.469 --> 00:18:23.429

We can't wait until October next quarterly to complete the face to face visit.

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00:18:23.429 --> 00:18:29.699

Okay, let me count on month. So if we have so just to clarify.

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00:18:29.699 --> 00:18:42.624

But waiver services, resident we have quarterly face to face in April, then a virtual visit in July April May June, July we can't wait until October next quarterly to complete the face to face visit.

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00:18:42.624 --> 00:18:50.453

Yes, I would ask that you make that visit that face to face visit sooner than later.

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00:18:51.808 --> 00:18:56.189

We have individuals who receive quarterly services.

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00:18:56.189 --> 00:19:02.669

This service is currently on hold and not being provided as the facility they live.

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00:19:02.669 --> 00:19:15.659

And is on lockdown due to cobit, and they are, and they are not allowing visitors. How do we handle this? If they're in an cell or in a group home again, you can, you can bump.

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00:19:15.659 --> 00:19:25.523

That visit a couple weeks, tell her off quarantine or if they're not that sick, they're up and about. Maybe they've got mild cases.

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00:19:25.824 --> 00:19:32.574

You can go and do a face to face visit, open air and the residential provider needs to accommodate that.

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00:19:36.419 --> 00:19:46.229

What about this? 1 time? Didn't something earlier? I'm not exactly sure. I think it's the 90 days if he did. I think you explained that with, or that day.

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00:19:46.229 --> 00:19:49.378

So, whenever you say, as long as it's in a tight window.

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00:19:49.763 --> 00:19:55.584

I believe, oh, I'm looking at the comment that says, but before that day, just not after that day.

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00:19:55.584 --> 00:20:07.163

So, within the 90 days, like I said, if you're if your 90 day falls on a Saturday or Sunday, and you go to visit them on Monday, nobody's going to give you for that. That's fine.

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00:20:07.499 --> 00:20:20.519

We're not going to I mean, you're, you're within that really tight window now it shouldn't be a week or 2 weeks after that. If you're a day or 2 on either side because something comes up.

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00:20:20.519 --> 00:20:32.429

Then then you're good. So I hope that answers that all right next question also with the people who receive autism project or case management only and their annual.

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00:20:32.429 --> 00:20:37.618

Occurred during remote status, do we have to see them open air?

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00:20:37.618 --> 00:20:43.828

Face to face before their next annual no, it is. The next annual.

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00:20:43.828 --> 00:20:48.778

Needs to be a face to face visit so it's whatever the next visit.

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00:20:48.778 --> 00:20:53.189

Is that comes up on on your cycle?

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00:20:54.449 --> 00:21:02.038

If providers are comfortable, are we able to go to our provider's office to complete PR reviews? Yes.

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00:21:03.479 --> 00:21:15.388

Is the provider wants you to do an outside visit? Do you need to also see the home via video call that month or can you include a look around the home and the video.

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00:21:16.344 --> 00:21:25.403

My video modified monitoring the following month. No, you need to do the monitoring of the home in that month.

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00:21:25.433 --> 00:21:32.064

But what I would ask is that you also think about, if you've got if your.

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00:21:33.179 --> 00:21:39.808

If the home has multiple support coordinators that that monitor that home.

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00:21:39.808 --> 00:21:54.509

What's to say it's a home of 6 people and there's 3 different support coordinators that visit people in that home? Not all 3 of you have to do that that video tour and providers would appreciate if you would.

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00:21:54.509 --> 00:22:07.259

Collaborate with the other 2, the 3 of you come together and say, hey, I'll do the video of the environment and then you can all document that that that person did the.

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00:22:07.259 --> 00:22:17.638

Environmental review, you need to document it in that record so that your record is complete even if you didn't do it, but just be clear that you did it and it's.

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00:22:18.324 --> 00:22:32.064

In this manner, and this other support coordinator, provided it, here's what they found and that will be fine. And providers will really appreciate it because it can it can take some time to walk you through the home and you should be thorough.

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00:22:32.064 --> 00:22:35.094

And and I repeatedly talked to providers about.

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00:22:35.759 --> 00:22:40.679

Don't be offended when support coordinators asked to see in the covers, or.

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00:22:40.679 --> 00:22:46.558

Show you, the, the floor around the stool, or, you know.

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00:22:46.558 --> 00:22:55.169

They are just doing their job to make sure that that is a clean and safe environment. So.

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00:22:55.169 --> 00:23:08.094

Be thorough as you would be able to see those things a lot more readily if you were there in the home or damage to the wall, or how is the is the furniture looking in good repair and clean and that kind of thing?

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00:23:09.144 --> 00:23:15.473

But we have repeatedly asked providers, not to take it personally and don't be offended. This is just your job and you're doing your job.

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00:23:15.808 --> 00:23:21.298

Autism project individuals need to be seen each quarter.

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00:23:23.038 --> 00:23:27.898

I'm going to shoot that question to Jill or Carrie.

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00:23:27.898 --> 00:23:32.278

I'm not that in tune with what those requirements are.

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00:23:32.278 --> 00:23:44.219

This Monday, this is Carrie and the requirement for the autism projects it's quarterly contact, but the face to face requirement is just the annually.

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00:23:45.328 --> 00:23:54.628

Okay, thank you. Carrie no cell or group home a nursing home.

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00:23:54.628 --> 00:24:02.308

What okay, that was just a statement. I don't think I'm understanding no cell or group home our CF nursing home.

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00:24:02.308 --> 00:24:05.669

Elizabeth, can you.

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00:24:05.669 --> 00:24:10.679

Expand, can you get in chat and expand on that? A little bit more? I'm not.

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00:24:10.679 --> 00:24:17.548

I'm sure it was in response to something I said, and I don't know what that was now.

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00:24:17.548 --> 00:24:23.459

I was asking if we can wait for face to face the next monitoring month in October.

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00:24:24.628 --> 00:24:28.648

If you have completed your visit.

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00:24:28.648 --> 00:24:36.328

Under the proper protocol, the visit before we put this 90 days in order.

170

00:24:36.328 --> 00:24:45.118

Then, just in the next 90 days, from the time that this goes into effect, you need you need to see them in person in that 90 days.

171

00:24:49.644 --> 00:24:55.403

Could you repeat what you said about PR reviews? I missed the question and the answer. Sure.

172

00:24:55.644 --> 00:25:09.923

The question was if the provider is okay with the PR coordinator, going to the business office to do the review, is that okay? And the answer is yes.

173

00:25:10.229 --> 00:25:14.788

That will be fine.

174

00:25:14.788 --> 00:25:28.828

Okay, this is from Elizabeth. Thank you Elizabeth says yes, that was in reference to the question about a placement, being on locked down and not allowing visitors, even socially distanced.

175

00:25:28.828 --> 00:25:33.449

If you are getting a provider that is refusing.

176

00:25:33.449 --> 00:25:36.989

To accommodate an open air visits.

177

00:25:38.009 --> 00:25:44.969

You need to reach out to your PR or your TCM wrap or your PR.

178

00:26:12.598 --> 00:26:15.689

I would ask you.

179

00:26:16.739 --> 00:26:24.989

Why, you know, you're not, they're not like, are they short staffed and they just can't accommodate getting people.

180

00:26:25.403 --> 00:26:40.193

And supporting people to be there at the door window, so that they can have the visit understand a little bit about the parameters and why they're making this refusal. So that we can work with them. Just try to try to work it out with the provider.

181

00:26:40.193 --> 00:26:54.173

And say look, this is a requirement of the service we need to be able to see this so try to work it out with them. If they just continue to refuse and reach out to your for help.

182

00:26:55.163 --> 00:26:59.213

Are you going to send out the decision tree or PowerPoint?

183

00:26:59.608 --> 00:27:11.548

The decision tree is located in the guidance document that tested on the website the updated 1, I can share that link again, but if you go to our code page, it's like this.

184

00:27:11.548 --> 00:27:17.459

3rd or 4th, 1 down as far as this presentation? Yes, this presentation and the recording.

185

00:27:17.459 --> 00:27:23.699

Um, and the transcripts will be posted on our previous webinar page so you'll be able to find it there.

186

00:27:24.564 --> 00:27:36.023

Thanks if the provider and or family is okay with us, entering the home for monitoring, are we able to do so or just open air you are able to do?

187

00:27:36.023 --> 00:27:40.104

So, like I said, this, the remote status is.

188

00:27:40.439 --> 00:27:49.828

It is giving you permission to alter the visit type if you need to. But if everybody is comfortable.

189

00:27:49.828 --> 00:28:01.858

With the in the home face to face, continue to do your masking and you're, you know, your social distancing and those basic precautions, but absolutely. You can you can do that.

190

00:28:01.858 --> 00:28:10.888

residential care facility is not

191

00:28:10.888 --> 00:28:19.558

We don't, we don't monitor the RCS. They don't have anything to do with DD. Then we don't.

192

00:28:19.558 --> 00:28:28.019

Our guidance does not apply to to services or types of programs that we don't monitor.

193

00:28:28.019 --> 00:28:32.878

Carrier jail or Sheila.

194

00:28:32.878 --> 00:28:37.888

Did you have anything else to add there?

195

00:28:39.239 --> 00:28:47.308

No, I agree with that. Wendy. If there's no funded services there, the question may be coming from.

196

00:28:47.308 --> 00:28:54.808

And I'm discussing here about possibly like that annual contact with an individual. I don't know if that's coming into play.

197

00:28:54.808 --> 00:28:58.019

Who may reside in a residential care facility.

198

00:28:58.019 --> 00:29:07.439

Yeah, or I'm thinking back now, you could have someone going to day program that lives in an RCS. Correct. Does have your monitoring.

199

00:29:07.439 --> 00:29:11.189

You're monitoring there what happened at the day program.

200

00:29:11.189 --> 00:29:16.469

So, if they're sick and.

201

00:29:16.469 --> 00:29:21.118

I haven't been to the day program, or the day program is closed.

202

00:29:27.834 --> 00:29:35.364

I'm I'm thinking through that, that's kind of an interesting twist where your inclination is, we want to see people quarterly.

203

00:29:36.594 --> 00:29:49.433

And if there is a case where you're going to you have someone living in an, that the day program is closed or whatever, and you're going to go beyond a quarterly visit with them.

204

00:29:49.433 --> 00:29:54.413

The won't let you in to see them there reach out to your TCM tack.

205

00:29:57.023 --> 00:30:07.523

And discuss options, I think we probably need to understand the particulars the specifics of that situation and work through that, on a case, by case basis.

206

00:30:08.693 --> 00:30:17.304

But generally, I would hope that you would be able to continue to do your monitoring and whatever service that they're receiving. Employment or.

207

00:30:17.638 --> 00:30:25.949

Day program or whatever that might be and not have to visit them at the. But you visit them at the place of service.

208

00:30:28.374 --> 00:30:39.233

And it just to clarify, can open air be considered behind glass and talking on the phone or does it have to be outside in socially distance? Good questions?

209

00:30:40.044 --> 00:30:53.124

No, it can be considered talking through the glass and talking with them on the phone. If you have the screen open, you can talk to them through a window or talk to them through the screen. Both parties do not need to be outside.

210

00:30:55.433 --> 00:31:00.923

And that is the preferred method for a lot of people at the weather is bad also.

211

00:31:01.253 --> 00:31:13.104

But if you've got a person who likes to dart and just take off, then it might be preferred to have them stay inside behind the screen door.

212

00:31:13.439 --> 00:31:20.548

Um, talk to them on the phone behind glasses, find that that is still constitutes an open air visit.

213

00:31:21.114 --> 00:31:33.653

Okay, another question we have seen that a lot with throughout the pandemic and have no authority to make the coordinate a visit with the support coordinator and individual.

214

00:31:33.683 --> 00:31:43.134

This has been a struggle for support coordinators. So carrying Jill and Sheila. I'm going to throw this to you because it it.

215

00:31:43.439 --> 00:31:49.199

Seems as though I'm not sure why we're going to the to monitor.

216

00:31:49.199 --> 00:31:56.548

Because we're not monitoring their living situation we're monitoring to other service.

217

00:31:56.548 --> 00:32:05.308

Can you let us know in the chat? Are you finding that? So the people that are in the RCS or this case management.

218

00:32:05.634 --> 00:32:16.104

Only, can you give us a little more specifics on the situations that you're running into? Are they receiving another service? Like they have, or employment?

219

00:32:16.104 --> 00:32:25.344

And they haven't been working, or they lost their job because of it, or the day programs closed. And so you can't see them at that site or is it case management only.

220

00:32:25.709 --> 00:32:34.739

Okay, Dana says if the individual is not actively receiving the service, but is authorized the con.

221

00:32:34.739 --> 00:32:39.058

The contact guidelines still stand.

222

00:32:40.709 --> 00:32:44.548

Yes.

223

00:32:44.548 --> 00:32:50.219

I had to think about that for a minute. Yes. And what we have asked and I'm going to ask.

224

00:32:50.219 --> 00:32:58.048

Jill Jill Carey and Sheila to correct me if I misspeak here but.

225

00:32:58.048 --> 00:33:08.723

As I recall what we were asking people to do is if they have if there is a day service or employment service, that they were supposed to receive monitoring quarterly.

226

00:33:08.993 --> 00:33:13.644

But they weren't currently receiving the service because it was closed or whatever.

227

00:33:14.034 --> 00:33:27.743

They still document as long as they're authorized for that service, they're working on them to receive the service or get back into the service or whatever that, that monitoring stands. You need to do that you need to document that.

228

00:33:27.743 --> 00:33:40.854

They're not receiving the service now and why and that kind of thing. So those situations would put you in a position of needing to do the monitoring in the I can and that's probably why you're going there.

229

00:33:42.239 --> 00:33:51.598

Yeah, that Wendy and really all that they can do is is document those attempts as well.

230

00:33:52.344 --> 00:34:06.894

Okay, I also think it would be important though, for you as the support coordinator to clearly explain to that RCA provider that you really just need to do an open air visit.

231

00:34:07.199 --> 00:34:19.733

That it isn't necessary for you to actually enter that facility, but it would be acceptable for you to visit with that individual through a closed door. As long as you can see that individual. And that might help.

232

00:34:19.764 --> 00:34:22.793

Because most likely they're just really limiting.

233

00:34:23.398 --> 00:34:26.579

Visitors to the side that the facility.

234

00:34:28.673 --> 00:34:41.753

Yes, very good. And if you continue to have resistance from the RCS, then reach out to to your tack, or your provider relations and and we'll help you with that.

235

00:34:42.233 --> 00:34:55.824

So the next question is, why are we asking about when I thought this was about residential services is someone in an getting their day have in the RCS. Now, this is the face to face.

236

00:34:55.824 --> 00:34:58.974

If you look over the decision tree, the monthly face to face. Really?

237

00:34:58.974 --> 00:35:00.893

Applies to residential services,

238

00:35:01.313 --> 00:35:03.384

but you could have someone living in an,

239

00:35:04.253 --> 00:35:09.503

that is getting going to a waiver day program,

240

00:35:09.534 --> 00:35:14.184

or going to a waiver service getting job coach,

241

00:35:14.213 --> 00:35:15.893

coaching through their employment.

242

00:35:16.793 --> 00:35:31.074

So they can be getting another waived service, but they live in an, and so the quarterly face to face, and the annual face to face with quarterly contact those those options there apply to other services, other than residential.

243

00:35:31.074 --> 00:35:41.304

So, it's about really looking at the type of monitoring that you're required to provide for the service that they're receiving.

244

00:35:44.244 --> 00:35:55.313

I hope that helps if not, please get back in the chat and we'll try it again when the shuts down the individual is not allowed to access services.

245

00:35:55.313 --> 00:36:01.224

So we, as support coordinators are not allowed to make a visit to maintain the quarterly requirements.

246

00:36:04.199 --> 00:36:08.429

And I'm going to say, and then I'm going to let.

247

00:36:08.429 --> 00:36:15.659

Sheila jump in here or Carrie or Jill.

248

00:36:15.659 --> 00:36:27.688

So, the RCS is shut down and they're not receiving the image service, but if they're still authorized for that service, you should still be working with them to.

249

00:36:27.688 --> 00:36:31.108

To receive it or to resume it when.

250

00:36:32.664 --> 00:36:46.014

When when the service opens or whatever was causing them to not receive that service, you would still be working with them to re, initiate that service and get that going.

251

00:36:46.349 --> 00:36:51.958

So, in that respect you are doing you're just doing a check to see if they're.

252

00:36:51.958 --> 00:36:55.708

They're and okay, so Sheila.

253

00:36:57.748 --> 00:37:01.918

If I'm understanding correctly, what you're saying is that.

254

00:37:01.918 --> 00:37:13.824

Because the is, is quarantine, it's not that the day program or the employment provider isn't providing service because of code, risk mitigation.

255

00:37:14.153 --> 00:37:21.264

It's the is allowing their folks don't participate in those services because they're quarantine.

256

00:37:22.253 --> 00:37:36.954

That, you know, they are still in the waiver with that service authorized that has that specific face to face contact visit or face to face contact requirement and monitoring requirements. So those requirements remain in play.

257

00:37:36.954 --> 00:37:39.684

So, even though they're not.

258

00:37:39.958 --> 00:37:48.088

You know, right at that moment, actively participating in the service, we still have to follow that that monitoring requirement.

259

00:37:51.059 --> 00:37:56.039

But again, just look what I'm working with, that I think it will be helpful.

260

00:37:56.039 --> 00:38:08.699

If you just clearly communicate that it is okay for you to have that face to face contact in an open air environment. So either outside or through a closed door closed window.

261

00:38:10.980 --> 00:38:24.175

Thank you another question if the individual is living and residential, but going today, have, do, we need to attempt to visit both home and they have in the quarter.

262

00:38:24.474 --> 00:38:29.005

I tried to visit a day, have and was told that they are not allowing visits still.

263

00:38:29.425 --> 00:38:40.675

So, you can accomplish the face to face visit by the residential face to face visit, but you still need to do the environmental check with the.

264

00:38:42.360 --> 00:38:47.309

Program or you can do the virtual visit with the de program.

265

00:38:48.594 --> 00:39:03.324

You can do an open air visit, you know, like we talked about in the residential setting and do the virtual tour of the program. So those

things can still happen. And those providers should be accommodating that if they're not.

266

00:39:03.659 --> 00:39:16.199

Accommodating the those virtual visits or those open air visits then again, you need to reach out to your TCM tack or provider relations and they will, they will help us that.

267

00:39:20.070 --> 00:39:26.730

Yeah, or other it is, our CS would be once per year unless they receive a service.

268

00:39:26.730 --> 00:39:32.010

Then that service would fall under the guidelines if they were not receiving the service.

269

00:39:32.454 --> 00:39:43.255

Due to sorry that the thing jumps when another comment comes in if they were not receiving the service due to Kobe,

270

00:39:43.255 --> 00:39:47.905

then it would be documented and you would maintain the annual contact.

271

00:39:47.934 --> 00:39:53.934

Same as if someone was living at home and authorized for a service. But not getting it.

272

00:39:54.389 --> 00:40:00.269

I'm going to I'm going to let.

273

00:40:00.269 --> 00:40:04.800

Sheila and Carrie respond to that.

274

00:40:13.554 --> 00:40:25.224

Yeah, I, this is Carrie and that comments, correct? Or the RCA requirement that would be once per year for the face to face unless they were receiving some kind of authorized service.

275

00:40:25.380 --> 00:40:39.989

Then the support coordinator would want to follow the frequency of that that contact, depending on what the authorized says, and just working with the and documenting those attempts.

276

00:40:41.309 --> 00:40:50.880

I think Carrie, though, what they're wanting to clarify is that if that service is still authorized, but it's suspended for some reason.

277

00:40:50.880 --> 00:40:58.710

Do they still need to complete that monitoring according to the guidelines for that specific service?

278

00:40:58.710 --> 00:41:01.920

Yes, that is correct authorized service.

279

00:41:04.440 --> 00:41:13.559

So, in other words, it doesn't matter, even if the RCS is quarantine. So they're not able to go to let's say if they have.

280

00:41:13.559 --> 00:41:18.659

Or the day have is temporarily closed because of covered risk mitigation.

281

00:41:18.659 --> 00:41:27.989

As long as that surface is authorized, we still need to follow that monitoring and face to face requirement for that service.

282

00:41:27.989 --> 00:41:33.059

Yes, they would still be require that quarter.

283

00:41:33.059 --> 00:41:39.929

Face to face.

284

00:41:39.929 --> 00:41:48.150

Yes, and that that makes sense and in my mind as well and what.

285

00:41:48.414 --> 00:41:55.554

I think we said before, because if they're not receiving an authorized service, you need to quarterly be.

286

00:41:55.885 --> 00:42:05.335

If the monitoring for that service is quarterly, you need to quarterly, be documenting why they're not receiving that service service and your efforts to get.

287

00:42:05.670 --> 00:42:12.719

Them in that service or to get it resumed, you know, and if it's because the day program's closed.

288

00:42:12.719 --> 00:42:16.769

And definitely do to cove it and.

289

00:42:16.769 --> 00:42:29.460

You they don't want to go to another day program, or there's not another 1 available, or you checked then that's what you document, but you need to be documenting your efforts towards getting them.

290

00:42:29.460 --> 00:42:36.719

Reengaged or engaged with the service that they're authorized for even if they live in an R.

291

00:42:38.875 --> 00:42:52.135

Okay, we hope you all will stay on and answer questions past 10. if there's still questions as this has been very helpful. Oh, I'm glad to hear this been very helpful. I didn't bring my phone.

292

00:42:52.135 --> 00:43:04.195

I don't know if I've got something or not check on that. You take the next question. Okay. So if I, if I don't have to go to something else at 10, I'm happy to stay on and hopefully our panel can too.

293

00:43:06.030 --> 00:43:17.280

Or we schedule another time, but okay, the next 1 is an example Jane lives with family and her home. She goes to day program and receive.

294

00:43:17.280 --> 00:43:23.219

Send me that I should know what that is.

295

00:43:24.414 --> 00:43:37.585

She has not been, in the day program for 18 months, she should have quarterly contact some type, depending on the need and family preference, but there is no service to monitor.

296

00:43:37.585 --> 00:43:48.175

So Jane would need to be seen at least annually. If Jane is still authorized for day program services, you need to see her.

297

00:43:49.644 --> 00:43:59.065

Quarterly based on the monitoring requirement of the day, have service and be documenting, why she is still not in they have. And what?

298

00:43:59.065 --> 00:44:13.434

And if that they're wanting to get her in day, have, what are your efforts to find another day hab, or substitute another service in place or whatever? So, even if they're not actively engaged in the service.

299

00:44:14.244 --> 00:44:26.905

Because of 1 reason, or another, the program is closed, or they're on a waiting list, or there's not no, no service available in that area.

300

00:44:27.235 --> 00:44:37.855

You need to abide by the monitoring requirements for the authorized service and document your efforts and rationale for why they're not receiving that service.

301

00:44:38.130 --> 00:44:42.690

Does that help? I hope.

302

00:44:51.690 --> 00:44:59.670

I can go a little bit past 10, but if we still have a lot of questions I'm going to ask, I could just set up.

303

00:44:59.670 --> 00:45:14.070

Just another webinar sooner than later, and we can, we can continue on as long as this is helpful and I'm happy to do it. Canada day program refuse to allow us to do an environmental check. No.

304

00:45:14.070 --> 00:45:20.010

They have need to abide by the monitoring requirements.

305

00:45:20.010 --> 00:45:27.090

And if they're not letting you in the building, then you need to be doing it virtually.

306

00:45:27.090 --> 00:45:35.250

And I would be talking with them too, about what is their expectations for.

307

00:45:35.250 --> 00:45:49.945

You having to be able to be in there, because they've got staff that are working in there and it might be again that you you coordinate efforts, because there's going to be several support coordinators who are going into the day program.

308

00:45:49.945 --> 00:45:51.295

So, maybe it is about.

309

00:45:51.630 --> 00:45:59.190

Minimizing the number of you that are going in and 1 of you goes in and does the environmental check and.

310

00:45:59.190 --> 00:46:09.659

And you provide that information to the others. So I would talk with the day program provider and understand what.

311

00:46:09.659 --> 00:46:13.679

Their concern is, how do we mitigate that concern?

312

00:46:13.679 --> 00:46:19.769

So that we can get back into buildings because they're in there and they've got staff in there.

313

00:46:20.905 --> 00:46:32.934

And see, if we just can't work within that structure, but no, they can't. If all you're doing is a virtual visit and tour of the program they, they have to allow that and again shouldn't take it.

314

00:46:32.934 --> 00:46:44.364

Personally, when you ask to see certain areas as they're building. So, they have is only required annually at the site, the service. So as long as we see someone.

315

00:46:44.730 --> 00:46:48.780

Face to face at the cell that quarter.

316

00:46:48.780 --> 00:46:53.639

You still want a quarterly environmental at the day have quarterly.

317

00:46:56.635 --> 00:47:11.125

Think about it in terms of what would you do before code and what what is the requirement before cove the requirement stays the same. So if you had to do a quarterly environmental check at a date program.

318

00:47:11.699 --> 00:47:15.690

Even if you saw them face to face at.

319

00:47:15.690 --> 00:47:24.989

The residential center, then you still have to do that quarterly visit as I recall, and I ask Carrie to.

320

00:47:24.989 --> 00:47:35.400

To jump in, but you gotta consider the monitoring requirements for those 2 things. Separately as I recall, you can do the face to face visit.

321

00:47:35.400 --> 00:47:39.659

At a day program, and it can.

322

00:47:39.659 --> 00:47:45.599

Work as your monthly visit with the person residentially.

323

00:47:45.599 --> 00:47:51.900

If you did the face to face, residentially you still have a quarterly monitoring requirement.

324

00:47:51.900 --> 00:47:56.250

At the day program, you have to meet that quarterly monitoring requirement.

325

00:47:56.250 --> 00:48:01.860

So, Carrie, you might be able to say that more eloquently than I just did.

326

00:48:01.860 --> 00:48:10.619

Yes, specifically Wendy for that day, have require Matt. Of course, it's that the quarterly face to face contact.

327

00:48:10.619 --> 00:48:18.599

And it is annually a minimum of annual lead that they have to have that contact at this side of that. They have service.

328

00:48:21.235 --> 00:48:34.105

And then the quarterly contact, does that have to be seeing the program? Or could they see them at home or talk to them at home is a phone call to them yeah, they could talk to them at home or wherever.

329

00:48:34.105 --> 00:48:36.355

It's just quarterly face to face.

330

00:48:36.599 --> 00:48:43.769

Um, but the site of service for day have that requirement is the annual face to face.

331

00:48:43.769 --> 00:48:49.530

Annual face to face, but the quarterly doesn't require them to see the environment.

332

00:48:49.530 --> 00:48:53.639

Correct. It's just a quarterly face to face with the individual.

333

00:48:53.639 --> 00:49:04.289

Okay, I would hope that you coordinate with other support coordinators though. So at least someone is doing like, an environmental check.

334

00:49:04.289 --> 00:49:07.980

Um.

335

00:49:09.329 --> 00:49:15.960

Periodically since there's no requirement, that's stipulating you have to see that environment.

336

00:49:15.960 --> 00:49:23.099

That's something we need to think about. I think maybe in our monitoring too, because seeing that environment is.

337

00:49:23.099 --> 00:49:30.599

Is important, I guess you would see them, you would see them annually at the site of service. Right? Carrie.

338

00:49:30.599 --> 00:49:35.940

Yes, that's correct. Wendy.

339

00:49:35.940 --> 00:49:41.219

So that annual side of service.

340

00:49:41.219 --> 00:49:45.179

Can't be that you saw them at the residential placement.

341

00:49:45.179 --> 00:49:54.599

Seeing them as the residential placement cannot take the place of seeing them face to face once annually at the day program. Correct?

342

00:49:54.599 --> 00:50:05.429

Yes, that's correct. Okay. So then your annual face to face visit requirement at the day program, you're seeing the environment then. So I'm good.

343

00:50:05.429 --> 00:50:11.219

I'm good with that. I hope we didn't confuse you, but please put it in the chat. If.

344

00:50:11.219 --> 00:50:23.400

If we cause confusion rather than answering a question, how do you monitor services? Not happening just right the service is not happening on the monitoring form. Carrie.

345

00:50:23.400 --> 00:50:28.110

Hunting to you.

346

00:50:28.110 --> 00:50:37.860

So, yes, again, you're, you're going to monitor that service, you know, based on what's outlined for the frequency of the service and requirements around that service.

347

00:50:37.860 --> 00:50:41.190

And, yes, if that service is not happening.

348

00:50:41.190 --> 00:50:46.800

Of course, you're going to document reasons for that you're going to follow up with that service provider.

349

00:50:46.800 --> 00:50:54.059

Um, regarding specifically for that individual and that situation, what is occurring for them.

350

00:50:57.835 --> 00:51:02.994

But, yeah, you'll get a document that authorized service even if it's not occurring.

351

00:51:03.474 --> 00:51:14.094

Because again, if the individual has an authorized service, that is part of the role of that support coordinator is is the follow up to ensure that that's happening for that person.

352

00:51:14.094 --> 00:51:27.025

It's been identified as a need, it's been authorized and so, yeah, it's really about to follow up the communication with that service provider and then documentation as to what's occurring.

353

00:51:27.420 --> 00:51:32.550

Thank you Carrie.

354

00:51:32.550 --> 00:51:43.110

If a day program is open, is it the expectation of the support coordinators to conduct a face to face visit? If the consumer is in attendance.

355

00:51:43.110 --> 00:51:53.010

I apologize. This has already been answered. Don't apologize. That's fine. If a day program is open. Is it the expectation the support for your conduct? A face to face visit?

356

00:51:53.010 --> 00:51:56.579

If the consumer is in attendance.

357

00:51:58.320 --> 00:52:03.510

If this is your annual face to face visit.

358

00:52:03.510 --> 00:52:12.239

Then, yes, you don't want to go more than 365 days past your last face to face visit.

359

00:52:12.239 --> 00:52:25.530

So, it can be an open air visit if, if the provider is not allowing people in to the business, we'll be working on that. But.

360

00:52:25.530 --> 00:52:37.530

Yes, that visit needs to be face to face even if it's open air and not in the building and that face to face between those day program visits shouldn't be more than a year.

361

00:52:37.530 --> 00:52:44.730

I'll take I'll take this 1 regarding the PowerPoint.

362

00:52:44.730 --> 00:52:57.000

And the webinar recording yes, these will be tested on our previous webinar page. It may be tomorrow before the wrap. It takes just a little bit for the transcript to cycle and get with that. But.

363

00:52:57.000 --> 00:53:01.289

They should be there by tomorrow.

364

00:53:02.664 --> 00:53:16.315

All right, per the service monitoring directive, if an individual receives both residential and employment services day, have or support coordinators do not have to visit.

365

00:53:16.650 --> 00:53:21.780

The residential site during the quarterly employment service they have in.

366

00:53:23.760 --> 00:53:30.809

My understanding if I'm understanding that question and I'm going to defer to Carrie, is that yes, if you see them.

367

00:53:30.809 --> 00:53:34.619

Face to face in 1 of these other visits.

368

00:53:34.619 --> 00:53:39.360

That can account for your face to face for residential service. Is that right? Carrie.

369

00:53:39.360 --> 00:53:44.670

Yes, that is correct. So the same rules apply.

370

00:53:44.670 --> 00:53:50.130

You know, the same rule supply as before cove, in terms of.

371

00:53:50.130 --> 00:53:54.809

This counts for that we should be following those same rules.

372

00:53:54.809 --> 00:54:00.869

The monitoring requirements before Kobe did not require quarterly face to face.

373

00:54:00.869 --> 00:54:04.110

8, I'll add their day program.

374

00:54:04.110 --> 00:54:12.150

Right the monitoring requirements before Kobe did not require quarterly face to face.

375

00:54:12.150 --> 00:54:17.849

Right so over here.

376

00:54:17.849 --> 00:54:26.039

On your on the decision tree, if the service requires a quarterly face to face visit.

377

00:54:26.039 --> 00:54:34.800

Then every visit must be face to face if, like, for what you're talking about there a day program, it requires.

378

00:54:34.800 --> 00:54:41.460

An annual face to face that quarterly contact, then you would follow that. 3rd.

379

00:54:41.460 --> 00:54:54.210

Decision tree down there, make sure that you're face to face is not more than 365 days since the last face to face, but then follow through with the quarterly contact.

380

00:54:54.210 --> 00:55:08.699

Following the same rules as required for monitoring before cobit and I think Carrie was explaining there that those can be if you're if they're the person's living at home.

381

00:55:08.699 --> 00:55:11.940

Then that might be a phone call.

382

00:55:11.940 --> 00:55:15.659

To that individual.

383

00:55:15.659 --> 00:55:29.610

If they're living in the residential placement, then you have to follow the annual face to face in the quarterly contacts for the day program service and you still have to follow the monthly face to face for the residential service.

384

00:55:29.610 --> 00:55:34.079

So, the requirement to monitor each service, there does not change.

385

00:55:35.670 --> 00:55:47.784

Let us know if that answered your question if the current monitoring appendix a guidelines do not reference. Actually looking in their cabinets at their food. Is this a code requirement?

386

00:55:47.784 --> 00:55:56.664

Can appendix a be used to monitor used to monitor during cobit? Or do you need a document? Something for coven specific.

387

00:55:57.534 --> 00:56:06.534

My understanding is 1 of the things you look for is just adequate food that, that they've got adequate food. So I'm not.

388

00:56:06.840 --> 00:56:13.920

Carrie, you want to jump in here or Jill or Sheila.

389

00:56:17.244 --> 00:56:18.355

Understood yeah,

390

00:56:18.355 --> 00:56:20.815

so specific to appendix a,

391

00:56:21.264 --> 00:56:33.355

that that guidance for support monitoring it does outline within the guidance that the support coordinator is looking to ensure supports are in place to assist the person with those healthy food choices.

392

00:56:33.355 --> 00:56:35.184

So that's where this would fall.

393

00:56:35.519 --> 00:56:47.820

Okay, thank you. We're not requiring open air visits. So can we expect to support coordinators to enter our sites?

394

00:56:47.820 --> 00:56:52.800

We're not requiring open air visits, so oh.

395

00:56:55.320 --> 00:57:01.800

That will be that will be the decision of the support coordinator. If they want to do an open air.

396

00:57:01.800 --> 00:57:14.519

Face to face visit, because the monitoring a guidance, if the county is on the remote status list, then that means that they have the flexibility to modify.

397

00:57:16.405 --> 00:57:17.905

Their monitoring guidance,

398

00:57:18.204 --> 00:57:23.875

so that would be regardless of if the residential program is allowing people in the home,

399

00:57:23.875 --> 00:57:25.914

or not allowing people in the home,

400

00:57:25.914 --> 00:57:32.905

that support coordinator would still have the opportunity to modify their guide for their monitoring.

401

00:57:33.235 --> 00:57:36.204

If their county is in a remote status.

402

00:57:37.619 --> 00:57:48.150

Where you find the map, the shows counties, remote status I can help with that. Let me share a screen here. Give me just a moment.

403

00:57:48.150 --> 00:57:52.079

Take me just a minute to get there, so.

404

00:57:52.079 --> 00:57:55.380

If you go to the indivision home page.

405

00:57:55.380 --> 00:57:58.800

Click on the 1st panel in the bar.

406

00:57:58.800 --> 00:58:04.230

Right here, when you get to the code, 19 page, it says case management county status.

407

00:58:04.230 --> 00:58:16.710

And there you have it for a nice solid color right now. So, again, also, while I am sharing my screen, let me go back.

408

00:58:17.065 --> 00:58:30.894

And you'll notice that here on that code information page here is the operation provider, specific guidance section. I know. I've shared this with a lot of you on phone calls and an email. We are very aware of how heavy this is.

409

00:58:31.135 --> 00:58:37.434

We have looked at 10 ways to Sunday on how to slice and dice us and make it easier to navigate.

410

00:58:37.974 --> 00:58:50.425

There really isn't 1 strong way that way, the other so know this when we push out guidance updates and those coven information email blast, the most recent update is at the top.

411

00:58:50.605 --> 00:58:55.795

So we do, we do shuffle that list accordingly as new guy comes out.

412

00:58:56.244 --> 00:59:09.655

So, you'll see, the monitoring guidance that we're talking about today is right here the reason why it was bumped down is because under the, you are section, presuming extradited utilization review, came out after that.

413

00:59:09.715 --> 00:59:13.164

So that gives you a little idea of the method to our madness.

414

00:59:14.460 --> 00:59:20.099

And again, I've asked both, hey, if you have a better way to do this, we're all ears.

415

00:59:20.099 --> 00:59:30.329

So far, this has kind of been what seems to work and we've been doing it for a year and a half now. So I think that folks are kind of in the routine with rolling with us on it.

416

00:59:30.329 --> 00:59:35.519

So, and just a quick reminder there is the section for vaccine information.

417

00:59:35.519 --> 00:59:48.690

Testing information, resources and videos, individuals and families. There is a new document that's been posted in this section and is right here covered 19 information and resources.

418

00:59:48.690 --> 01:00:03.059

There is a, at 1230 today to go over that you need information over here. Those of you asking about where the recording would be posted and where you're going to find that presentation.

419

01:00:03.059 --> 01:00:06.090

Here you'll see previous webinars.

420

01:00:06.090 --> 01:00:11.010

2021 are these are the upcoming.

421

01:00:11.010 --> 01:00:19.380

Over here's previous, so you'll find recorded webinar on any transcript and or presentation.

422

01:00:19.380 --> 01:00:24.869

So, I'm going to stop sharing. It is almost it's 10 of 7. I believe.

423

01:00:24.869 --> 01:00:31.530

There is 1 last question here that I think we can take and wrap up.

424

01:00:31.530 --> 01:00:38.820

Okay, the participant requires regular monthly monitoring, which must be documented in the.

425

01:00:38.820 --> 01:00:42.630

I'm not sure.

426

01:00:42.630 --> 01:00:48.239

I think that may be just a statement in response to 1 of the prior questions.

427

01:00:48.239 --> 01:00:52.170

Carrie Sheila or Jill. Do you.

428

01:00:52.170 --> 01:00:59.519

Pull something from that that we want to emphasize or do you understand it differently than I do.

429

01:01:04.170 --> 01:01:07.380

Yes, I think it may just be a statement as well. Wendy.

430

01:01:07.380 --> 01:01:19.769

Okay. All right so it is 10 8 and we're through our questions. Thank you so much for hanging in there and asking the questions we appreciate that.

431

01:01:20.364 --> 01:01:31.315

Please, if you have other questions, don't hesitate to reach out to your TCM tack or your provider relations staff, they are there to help you.

432

01:01:31.315 --> 01:01:40.195

And if they don't have the answer for 1 reason or another, they know how to get the answer. If we're needing to do another 1 of these at some point in the future.

433

01:01:42.659 --> 01:01:46.860

Ok, and they say that Carrie, they said that they will call you.

434

01:01:46.860 --> 01:01:50.130

And complete the question.

435

01:01:51.175 --> 01:02:05.905

We're happy to do it and we know that this is a really difficult and confusing time and there's so many caveats and and with all the questions and the great attendance we know that tells us very clearly that everybody is just really wanting to do the

436

01:02:05.905 --> 01:02:07.644

right thing and do a good job,

437

01:02:07.675 --> 01:02:10.164

and we can't ask for anything more than that.

438

01:02:10.195 --> 01:02:23.094

Thank you. Very, very much for all that you're doing to keep people safe and you stay safe yourself and let us know if there's something else we can do to help. Thank you. Bye bye.