WEBVTT

1
00:00:01.314 --> 00:00:14.035
Get started, I'd like to thank everyone for joining us this morning for the webinar regarding, in person monitoring and returning to that couple of housekeeping items before I turn it over to today's presenters.

2
00:00:14.724 --> 00:00:24.355
We do have a large number of folks registered for this event. We had three hundred and twenty six people registered and right now we're we just passed two hundred and forty.

3
00:00:24.355 --> 00:00:38.844
So, we know that we have a lot of folks on and that there would there may be a lot of questions that come in as we go through this with that said, if you will be sure to put your questions regarding the content in the. Q, and a box that would be helpful.

4
00:00:39.954 --> 00:00:53.875
I'll be monitoring those questions as they come in, but we'll wait until the end of this presentation to take a look at answering those questions. We are scheduled until ten. So, if by chance, we run out of time and don't get all those questions answered.

5
00:00:53.875 --> 00:01:07.765
We will be sure to follow up with you. And with that said, I'm going to turn it over to today's presenters. We have Wendy with the deputy division director and Carrie Williams. Our TCM tax state lead, so I'll turn it over to them.

6
00:01:09.204 --> 00:01:23.605
Thank you. Hi. Good morning. Everybody and I wanted to start off by giving a sir Thank you to every single, direct care professional support, coordinator and state employee out there that's on the call or not on the call.

7
00:01:24.060 --> 00:01:37.224
You've all been intricate in our efforts to deal with this pandemic and have been working non, stop throughout the whole process. And your efforts have been extraordinary and all that.

8
00:01:37.224 --> 00:01:44.394
We have done today to get through. These really unprecedented time is attribute to your commitment. Your dedication.

9

00:01:44.394 --> 00:01:53.185
And the love for the people that we all support, and we certainly could not have accomplished all of that has been accomplished without you as a part of our team.

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00:01:54.569 --> 00:02:03.924
So, looking back, who would've thought that on March, sixteen th, when the governor instituted to stay at home order, we would be here now almost six months later.

11
00:02:04.495 --> 00:02:10.044
We've learned a lot about the virus and about how to protect ourselves and those we care about from it.

12
00:02:10.590 --> 00:02:18.474
But what we know for certain is that there will continue to be changed information and new best practices are constantly evolving,

13
00:02:18.745 --> 00:02:25.914
and we need to learn how to build dynamic programs and systems that can adapt to the changes as they as they come forward.

14
00:02:26.699 --> 00:02:40.495
So the question becomes, how do we move ahead? The virus will be with this for quite some time. And so now, we know we have to face the challenge and learn how to live with it. We can't hide from it and we certainly can avoid it.

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00:02:40.495 --> 00:02:43.375
I think that has been proven time and time again.

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00:02:45.384 --> 00:02:54.115
We have thought for years to move from what used to be a very medical model to one that is focused on the individual family and community.

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00:02:54.750 --> 00:03:06.085
So, it feels really contradictory and uncomfortable now to talk about our network as a part of the healthcare system. But what we know is how people live.

18
00:03:06.960 --> 00:03:20.335
Food security by having enough food to eat meaningful work, paid, unpaid and having connections with family and friends has a direct effect on a person's physical, mental and emotional health.

19
00:03:20.875 --> 00:03:30.324
And that is where we come in. This is where you come in. We are an extension of the physical health system, and you're all essential parts of it.

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00:03:30.474 --> 00:03:42.384
So we have to look at ourselves as a central parts of that system. We have been fortunate so far and controlling the spread of the virus in our provider network.

21
00:03:42.594 --> 00:03:55.645
Although every death is tragic, we've had only seven death today, resulting from the Chrome virus. Realistically we know that there's gonna be more to come. Our goal needs to be that when we have a bad outcome.

22
00:03:55.949 --> 00:04:08.634
So, we can look in the rear view mirror and say, I did everything that I could we checked on people to be sure that they were saved and getting good care. We know our providers were implementing best practices to mitigate risk.

23
00:04:09.055 --> 00:04:18.685
We talked with each other families and individuals when we have concerns about the path, we can't prevent the bad outcomes that we can certainly do our best to try.

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00:04:21.055 --> 00:04:23.694
And so with that, I'd like to move.

25
00:04:24.954 --> 00:04:30.235
Into what some of those efforts are,

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00:04:30.805 --> 00:04:43.314
and just being prepared around our monitoring efforts our service providers are required to have written operational guidelines to help them and their staff know how to mitigate risk and to respond to an out.

27
00:04:43.314 --> 00:04:43.615
Right.

28
00:04:44.035 --> 00:04:47.665
That's not currently a requirement for TCM agencies,

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00:04:48.235 --> 00:04:55.975
although I'm confident that you all probably have guidance in one form or another either a standalone document documents,

30
00:04:55.975 --> 00:05:03.865
or a part of a policy procedure that you've developed to guide your staff and helping them to be prepared to return to the field,

31
00:05:04.285 --> 00:05:13.944
so the list here on the screen is just it's a list of components that should be considered as you prepare for the workforce to return to the field.

32
00:05:14.334 --> 00:05:17.995
It's not all inclusive and you may have many things to add to it already.

33
00:05:18.420 --> 00:05:22.975
So be sure that you have a process in place for your support coordinators,

34
00:05:23.279 --> 00:05:32.754
to be doing screening cell screening of themselves before they go out into the field and preparing and making sure that they have adequate access to PE,

35
00:05:33.295 --> 00:05:34.735
do you have a plan for remote?

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00:05:34.735 --> 00:05:47.035
Only counties, and we're gonna talk about that a little bit more to come, but some providers, some PCM providers might choose to share monitoring responsibilities.

37
00:05:47.365 --> 00:05:49.944
If they've got staff of a compromised health.

38
00:05:50.605 --> 00:06:02.125
So some might be doing the documentation visit and the remote visit, the virtual visit, a tour of the home while others go out into the field. So what is your plan?

39
00:06:02.125 --> 00:06:14.935
How are you planning to deal with that conducting virtual visits? Just a plan for what? The expectation is that you're going to be seeing all that

you need to see and making sure that all of your monitoring components are conducted.

40
00:06:15.654 --> 00:06:19.824
I'm conducting an in home visit, risk, mitigation strategies.

41
00:06:20.214 --> 00:06:22.824
If you're going out and traveling into accounting,

42
00:06:23.189 --> 00:06:27.839
if you're having to go out into account that has remote,

43
00:06:27.834 --> 00:06:28.884
only access,

44
00:06:30.024 --> 00:06:36.024
make sure that you are taking a cooler with you that you have your snacks and drink for a lunch with you.

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00:06:36.024 --> 00:06:44.514
So, you don't have to stop at convenience stores or whatever to get to get a drink or your lunch, make sure your car is filled up with gas.

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00:06:45.264 --> 00:06:51.654
So you're just making as minimal stops in the community as possible exposure notifications.

47
00:06:51.654 --> 00:06:52.285
So,

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00:06:52.435 --> 00:06:58.345
if you meet with a staff or an individual that you find out has an exposure,

49
00:06:58.555 --> 00:07:01.194
or if you become Coby positive,

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00:07:01.194 --> 00:07:08.454
and you may have exposed people be sure that you're notifying your administration and staff on how to that that that has occurred,

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00:07:08.574 --> 00:07:10.435

they can take proper action.

52
00:07:10.915 --> 00:07:15.355
And then just staff training on how to be prepared,

53
00:07:15.355 --> 00:07:20.004
and how to complete all of these functions that are expected under the new environment,

54
00:07:20.334 --> 00:07:22.704
stay on top of emerging practices,

55
00:07:23.095 --> 00:07:29.605
and make sure that your guidance is updated as those things change and and emerge.

56
00:07:34.014 --> 00:07:34.285
So,

57
00:07:34.285 --> 00:07:43.134
what we have done at central office to help support service and TCM providers in their planning to return to the community,

58
00:07:43.555 --> 00:07:46.764
is that we have a central office team that reviews,

59
00:07:46.764 --> 00:07:50.454
local county and state data on a daily basis.

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00:07:50.485 --> 00:08:02.125
And then, based on that data in that review, they have developed a list of counties that they have the deemed as remote only that list can be found on the R. D.

61
00:08:02.125 --> 00:08:07.824
website's cover page under county status. There's a county status button there.

62
00:08:08.185 --> 00:08:18.415
And you can monitor see where you're at, you know, that if your county is on that list, that you have a higher prevalence of cases out there in the county.

63
00:08:18.654 --> 00:08:32.664
And so you, your risk mitigation strategies need to be heightened is not to say that you cannot go out into the county. We know that we, as individuals living in those counties are still going to grocery stores.

64
00:08:33.205 --> 00:08:45.565
And still going to get our medications at the pharmacy. Most of us are probably hitting a drive through restaurant, rather than going in and sitting down. But all of those are points of contact for exposure.

65
00:08:45.565 --> 00:08:50.424
So we are not immune from the exposure. We just have to work.

66
00:08:51.325 --> 00:08:55.825
Around ways to really mitigate that risk, because we're going about our businesses in the county.

67
00:08:56.340 --> 00:08:56.909
So,

68
00:08:59.215 --> 00:09:02.215
the factors that we take into consideration,

69
00:09:02.455 --> 00:09:05.815
when determining if the county goes on the remote,

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00:09:05.815 --> 00:09:11.605
only status is the total number of cases and the county we're looking at the one day,

71
00:09:11.605 --> 00:09:16.705
seven day and fourteen day case increases as well as the percentage increases.

72
00:09:16.705 --> 00:09:27.924
So, we're looking to see if they're going up, or if they're coming down and we're able to project out based on one day, seven day and fourteen days, the total rate for one hundred thousand, the population.

73
00:09:27.924 --> 00:09:28.134
So,

74

00:09:28.134 --> 00:09:31.495
that equalizes the,

75
00:09:32.634 --> 00:09:35.575
the prevalence based on the population of the county,

76
00:09:35.879 --> 00:09:39.384
the rate per one hundred thousand in the last fourteen days,

77
00:09:39.865 --> 00:09:49.075
and the percent of cases in the last fourteen days hospital capacity as a consideration in,

78
00:09:49.345 --> 00:09:49.585
you know,

79
00:09:49.585 --> 00:09:50.424
across the state.

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00:09:50.424 --> 00:09:54.595
But our rural areas we know are are more at risk for that real surge.

81
00:09:55.014 --> 00:09:59.815
And then local information, sometimes we're getting local information.

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00:09:59.815 --> 00:10:11.154
We have fusion calls throughout the week where there are representatives from all departments, and even local entities and healthcare systems that are on those calls.

83
00:10:11.154 --> 00:10:21.445
And so, some of the local information that we know, but we also depend on on our providers out there to let us know if they're hearing about things that are going on locally.

84
00:10:21.865 --> 00:10:30.355
So you don't need to worry about, you know, recording to us what these trends are for one day, seven day or fourteen day trends.

85
00:10:30.355 --> 00:10:45.024
But what we need to know is, was a preschool shut down because there was an outbreak of the corona virus, or was there. Are some change within the school that in a response to the Toronto virus or something?

86
00:10:45.054 --> 00:10:58.465
Those are things that we might not know about an example of something that we learned that influenced our decision to put accounting on a remote only status was a church revival that happened.

87
00:10:58.884 --> 00:11:12.384
Lots of singing. Lots of people gathered. And we know that singing really propels the spray and drop list and sure enough a week or two weeks later we had a significant outbreak and in that county.

88
00:11:12.384 --> 00:11:20.154
So those are the local kinds of things. So, we could really use your help with staying on top of and when you come to know those things.

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00:11:20.490 --> 00:11:35.485
You can send that information to D, mail at dot Mo dot. Gov. And we will be sure that gets routed to the proper person to consider that with all the other data. Now.

90
00:11:35.514 --> 00:11:35.934
Soon.

91
00:11:35.965 --> 00:11:46.644
Our division director is the one that has the authority to say this is the remote only county and so we're asking everybody if you have concerns,

92
00:11:47.784 --> 00:12:02.125
if you're not in a remote only county talk with your TCM tax talk with someone at the regional center call central office just to kind of talk to your concerns about your status and what you can do to help mitigate any risk.

93
00:12:02.820 --> 00:12:03.509
Certainly.

94
00:12:03.504 --> 00:12:13.735
If there are any state or local health or city ordinances that have been put in place that are more restrictive than what has guidance on those,

95
00:12:14.544 --> 00:12:20.424
those ordinances and rules superceed what the department has put in place.

96
00:12:21.264 --> 00:12:33.355
So, you will always take that into consideration and with that, I'm gonna hit handed over to carry to talk about our schedule in person visit.

97
00:12:36.205 --> 00:12:43.225
Good morning everyone so moving toward the in person visits and how do we go about scheduling?

98
00:12:44.125 --> 00:12:58.495
We know that typically seeing the individual as well as monitoring seeing their physical environment is is critical and it is so important for support coordinators to be laying eyes on

99
00:12:58.495 --> 00:12:59.365
individual.

100
00:13:00.029 --> 00:13:00.570
So,

101
00:13:00.565 --> 00:13:04.735
as part of that planning to support coordinator will call them home,

102
00:13:05.125 --> 00:13:09.654
they're going to review the Pre planning tool and we will look at that and just a bit,

103
00:13:09.654 --> 00:13:15.625
but reviewed those questions to determine how the visits to occur.

104
00:13:16.855 --> 00:13:31.524
And that planning will include things like, planning around inclement weather. I know that's been a question and the field, you know, we're in the middle of summer, experiencing some days of a really hot weather. So, how do we deal with that?

105
00:13:31.975 --> 00:13:44.034
And we know that again. It's all in the planning can we schedule a different day? Can we schedule those visits for very early in the morning, or maybe later of an evening?

106
00:13:44.784 --> 00:13:54.565

It's, you know, it's not that we're not going to make the visit because it's too hot today when we had it scheduled, but really? That critical piece of planning around.

107
00:13:54.565 --> 00:14:00.595
How can we make this happen for the individual so that we can have that in person monitoring?

108
00:14:01.284 --> 00:14:01.825
Of course,

109
00:14:01.825 --> 00:14:16.225
we know that planning is individualized it varies for each individual and the planning team will identify and address any concerns any issues that come up for that individual to determine how to move

110
00:14:16.254 --> 00:14:17.605
forward for them.

111
00:14:21.774 --> 00:14:35.394
So now we're gonna actually look at the Pre planning tool. This is appendix a guide for Pre planning. And this updated version was posted just late yesterday.

112
00:14:35.394 --> 00:14:47.904
So, hopefully, you have seen that it did go out and a D notification, and it was posted with the guidance document, the return to, in person monitoring, which is what we're reviewing today.

113
00:14:48.654 --> 00:15:01.554
The Pre planning tool was also posted with the planning monitoring and review guidance document located on the website. Both of these guidance documents do reference this tool.

114
00:15:01.554 --> 00:15:05.485
So it is located in in both of those locations.

115
00:15:06.894 --> 00:15:17.754
So when we look at this Pre planning to all these questions were put together and you, you will see here, there are three questions, starts with three questions on the tool.

116
00:15:18.205 --> 00:15:32.995

And the questions are to assist the support coordinator to determine when those case management services can be safely delivered in person. So, this is a tool that should be used prior to each and every visit.

117
00:15:34.195 --> 00:15:47.095
And it is utilized for any setting where TCM services are provided. So this does include the family home. This is one of the revisions that was made to the tool. I know we had some questions.

118
00:15:47.095 --> 00:15:58.044
Is it only staff that we're focused on here? What about those individuals living in their natural homes or family homes? So you will see when we're looking at these three screening questions.

119
00:15:58.465 --> 00:16:06.264
It applies to individual served also looking at staff, family members, and any room mates that would be in the home as well.

120
00:16:07.975 --> 00:16:21.174
So these three questions are really to determine the exposure status and that individual's home. So, is there anyone in that home that is positive for coban?

121
00:16:21.445 --> 00:16:31.794
Is there anyone within the home who is awaiting a carbon test? Or is there anyone in the home who is currently experiencing those symptoms?

122
00:16:32.215 --> 00:16:42.504
And if you look at the appendix a, that guide and tool for for Pre planning, it does include symptoms that you can go down through and review.

123
00:16:42.715 --> 00:16:47.995
And if anyone is experiencing any of those symptoms in the visit should not be scheduled.

124
00:16:49.705 --> 00:16:58.825
So, is the support coordinators going through? They're going to screen they're gonna answer those three questions and if the support coordinator answers yes.

125
00:16:58.825 --> 00:17:11.125
To any of the questions above and then that visit may be postponed until fourteen days post diagnosis and twenty four hours symptoms to free.

126
00:17:11.394 --> 00:17:21.414
However, if there is a concern for health safety or welfare, if anyone within the home, then that, in person visit is required.

127
00:17:23.815 --> 00:17:38.035
If we look at that, that guide continues and so if we look at that, there are some additional questions. If any of the three are answered as a yes. Just some additional information gathering.

128
00:17:39.055 --> 00:17:47.694
So, has the individual did they contact their primary care physician to report this? Are they currently utilizing station M. D.

129
00:17:48.000 --> 00:17:57.595
are they seeking testing and do they receive assistance in order to complete any of these activities if they need that assistance?

130
00:17:57.625 --> 00:18:07.974
That's where the support coordinator, then what facilitate support and what assess the individual to identify someone who could help them.

131
00:18:09.894 --> 00:18:18.414
There are also some questions for specifically for the staff family member and roommate if any of those questions are answered as yes.

132
00:18:19.345 --> 00:18:29.484
So if it's a staff family, number in the home are they currently working where they sent home where they are. They currently getting tested.

133
00:18:30.174 --> 00:18:37.015
And if it is a staff member who is in that service setting, who else have they been in contact with?

134
00:18:39.805 --> 00:18:41.964
We then move on there are questions,

135
00:18:41.964 --> 00:18:45.204
then four through nine within the checklist,

136
00:18:45.595 --> 00:18:48.535
and these additional questions would be,

137

00:18:48.894 --> 00:18:55.494
if the support coordinators screening by that question one through three if all the answers for questions,

138
00:18:55.494 --> 00:18:57.174
one through three are no,

139
00:18:57.809 --> 00:19:01.795
then the support coordinator has some additional questions there,

140
00:19:01.795 --> 00:19:05.545
that will just assist them with the planning for that visit.

141
00:19:05.545 --> 00:19:17.815
It's not about additional questions to screen out doing the in person, but it's simply to assist them was. Now, how am I gonna move forward to make this in person visit happen?

142
00:19:18.055 --> 00:19:31.644
So questions, like, okay, where are we going to meet for that visit? Whereas a safe place for the individual, and I to meet for our visit. So, maybe out on the patio, a front porch, maybe through a window.

143
00:19:32.154 --> 00:19:46.315
But whereas that location, and then questions for planning, such as will the individual wear a mask while they follow that the distance seeing in terms of the six feet, will they follow that guidance?

144
00:19:46.644 --> 00:19:52.914
And if not again, what are we gonna put into place then to mitigate that risk there?

145
00:19:52.914 --> 00:20:02.154
So, maybe I'm looking at monitoring through a screen where the support coordinator is at least six feet away and they're wearing that face covering.

146
00:20:03.355 --> 00:20:15.444
There's also a place where concerns, you know, can be noted in terms of the open air visits that are brought up, or indicated by the person family and, or the staff, and how that is being resolved.

147
00:20:15.444 --> 00:20:26.065

So again, not a reason not to make the visit, but yes, we know they're concerns. And this is what we're putting into place now, moving forward to address those concerns.

148
00:20:26.875 --> 00:20:41.005
And then also, for consideration required paperwork, is that something that the support coordinator can receive and can review electronically or is that something as part of that monitoring visit?

149
00:20:41.035 --> 00:20:50.484
Are they going to be physically picking up hard copies of that paperwork? And if so, how is that? Gonna work, how are they gonna collect that information?

150
00:20:53.484 --> 00:21:04.164
And so that is our Pre planning checklist and Wendy, I don't know if you wanted to say anything in terms of revising the tool. Yeah.

151
00:21:04.164 --> 00:21:12.924
Terry saying we've had several questions about the ability to modify the tool, or add things to it.

152
00:21:13.255 --> 00:21:28.194
And so, Here's what I would say is that if you want to add things to the tool, especially the bottom portion of the tool that are gonna help, you be prepared for that is it certainly go ahead and do it the criteria at the top.

153
00:21:28.285 --> 00:21:36.505
That is being used to to determine whether to do a visit, or what kind of visit to do that. We can't change.

154
00:21:36.505 --> 00:21:49.434
We need to know that we are implementing our case management, monitoring service, consistently statewide so we all have to use the same criteria in order to provide that monitoring.

155
00:21:49.434 --> 00:22:03.085
So that top portion can't be changed. But if you want to add some items to the bottom, you can one thing to consider is that if you do that, is that this is not designed to be an official record.

156
00:22:03.569 --> 00:22:07.555
So this isn't going to serve as documentation.

157
00:22:08.099 --> 00:22:14.095
For the visit, or for anything it is just to help you prepare for that visit.

158
00:22:14.125 --> 00:22:23.724
So, as you modify it, or if you add things to it, you need to ask yourself what, what are you gonna do or what do you need to do with the answers to these questions?

159
00:22:24.115 --> 00:22:35.845
Should they it shouldn't be something that's really documented in the the support coordinator monitoring log or is it really just for planning purposes and you put it on this tool?

160
00:22:36.055 --> 00:22:49.404
So, I just say to keep that in mind and be mindful that you're not using this, this tool or this document as a source of official as an official record, because that's not its intent.

161
00:22:51.115 --> 00:22:53.005
So, as we.

162
00:22:56.365 --> 00:22:59.755
Go from the planning phase is need to move back.

163
00:23:04.045 --> 00:23:18.174
And to actually conducting the visit, we have, we have some different for about four different types of visits that are going to be options that you select when you, when you do your recording of of the type of visit.

164
00:23:18.174 --> 00:23:33.055
So right now, we know we have a phone only visit for people who don't have access to a video camera, or there is a virtual visit for people who do have the technology for having a video does it?

165
00:23:33.355 --> 00:23:44.545
And then what? We're calling an open air in person, open air visit, and then an in home visit. So, in an open air visit, there's basically two types.

166
00:23:44.964 --> 00:23:52.134
There's inside outside and so the individual stays inside the house. The support coordinator is outside the house.

167
00:23:52.464 --> 00:24:01.075
You might be talking through a screen you could be talking through a close window or close patio door with the person on the phone.

168
00:24:02.785 --> 00:24:17.484
You might be in a multi story building an apartment on an upper floor that you can't talk through a window where there's no out, you know, exterior door access. So then you need to plan with that provider about how can you conduct that visit?

169
00:24:17.875 --> 00:24:31.164
Maybe there's a way to hang a clear shower curtain over the door of the apartment so that the support coordinator can be on one side and visually see the individual and even parts of new apartment.

170
00:24:31.585 --> 00:24:35.634
And do that in person visit I know that we have had.

171
00:24:37.380 --> 00:24:51.535
People talk about and have concerns about staff ratios and so people are we know the providers are struggling to recruit staff and to maintain staff and that they're working long hours.

172
00:24:51.565 --> 00:24:59.845
And, you know, sometimes their staff are are sick and not. Well, so staffing ratios could be of a concern.

173
00:24:59.845 --> 00:25:09.535
So, if this would be definitely be a time to do an inside outside visit, because it can maintain the staffing ratios and keep people safe inside.

174
00:25:09.535 --> 00:25:22.644
Especially if the individual is concerned to be maybe an allotment risks that you can't have a staff, then following someone through the neighborhood, and trying to return them home if you have staffing concerns inside.

175
00:25:23.335 --> 00:25:27.805
And then sometimes people have brought up concerns about HIPPA issues.

176
00:25:28.194 --> 00:25:28.464
So,

177

00:25:28.464 --> 00:25:29.545
if you're outside,

178
00:25:29.575 --> 00:25:33.984
talking with the staff or an individual through a door at a six foot distance,

179
00:25:34.375 --> 00:25:36.984
and you have neighbors and close proximity,

180
00:25:36.984 --> 00:25:41.724
you have to be mindful of the conversations that you're having and not reach any,

181
00:25:42.085 --> 00:25:42.654
any hip,

182
00:25:42.654 --> 00:25:43.255
a rules.

183
00:25:43.255 --> 00:25:51.744
And so, if that is a concern that to be a time to use the phone to have the conversation over the phone and.

184
00:25:53.250 --> 00:26:07.615
Save and then be able to see people visually, either through an open or closed window or door. The outside outside visit is we're both parties both the support coordinator, and the individual are outside maybe on the deck.

185
00:26:07.615 --> 00:26:19.255
Maybe in the backyard, maybe on patio out front things to consider. In both cases you're gonna want to have and you're gonna be wearing a face covering.

186
00:26:19.494 --> 00:26:22.974
You might consider based on the type of of individuals.

187
00:26:27.234 --> 00:26:28.134
Support needs,

188
00:26:28.164 --> 00:26:28.404
you know,

189
00:26:28.404 --> 00:26:34.615
what kinda might need if you're doing an outside outside visit things to consider there,

190
00:26:34.615 --> 00:26:35.005
too,

191
00:26:35.005 --> 00:26:40.859
is their ability to social distance their cooperation,

192
00:26:40.855 --> 00:26:49.285
or ability to where a face covering if those are of issue and concern and maybe an outside outside visit isn't the best option,

193
00:26:49.285 --> 00:26:55.884
and you should do the inside outside visit instead of both of you being outside.

194
00:26:56.244 --> 00:27:07.345
So again, these are things that you just have to work through. I know what's going on with the individual how they are reacting to the social distancing and wearing face covering.

195
00:27:08.365 --> 00:27:23.095
This is what makes it impossible for the division to really dictate how those visits need to be handled and in every situation do this because each situation is gonna be unique based on the individual based on the home

196
00:27:23.454 --> 00:27:28.315
and how you're able to actually see the person in whatever kind of home that they're living in,

197
00:27:28.734 --> 00:27:29.845
and either case,

198
00:27:29.845 --> 00:27:34.375
whether you're doing an in person visit where the individual is staying inside the home,

199
00:27:34.740 --> 00:27:37.315
or whether they're joining you outside the home,

200
00:27:37.734 --> 00:27:48.234
you're gonna have to complete the rest of your monitoring through a virtual visit in order to see the home and all the other pieces of monitoring the,

201
00:27:48.565 --> 00:27:54.144
that you would do if it were seven months ago and you were visiting people in their home.

202
00:27:54.539 --> 00:28:05.605
So you're gonna need to be able to do that virtual visit and we have set out guidance, effective September one, all service providers have to have the ability to do a virtual visit.

203
00:28:05.994 --> 00:28:19.914
It doesn't matter if it is with a smartphone or a tablet, or if they've got laptops in the home and have cameras on them, you know, whatever mechanism that they have is, is fine.

204
00:28:19.914 --> 00:28:31.315
And now it's a good time actually, to build that capacity. Because you can purchase those items and turn them in, on the terrace act funding that would be covered under the care act funding.

205
00:28:31.585 --> 00:28:43.974
I also know that if you are a March provider that those that technology can be acquired for medical reasons, that to help with the telehealth medical visit.

206
00:28:44.335 --> 00:28:57.595
But if one of those items that you're getting is the tablet or whatever, so that they can do the virtual visit with the doctor is gonna work for this purpose as well. Because it is the communication between the individual and the support coordinator.

207
00:28:57.595 --> 00:29:06.025
So it is to facilitate the individual's visit with with their support coordinator. So, that would also be an acceptable use of that.

208
00:29:07.045 --> 00:29:20.184
What you're needing to do is again tour the home, make sure that it's in good repair. I asked and talk with the don't be offended. If I'm cause I'm going to ask you to show me the bathroom floor.

209
00:29:20.184 --> 00:29:34.105
Maybe around the toilet, you're looking for cleanliness you're looking for, you know, the indications that the home is being well maintained and is tidy and clean and it's a good environment for the individual.

210
00:29:34.105 --> 00:29:36.265
So it's not to offend anybody.

211
00:29:36.535 --> 00:29:51.355
It is just simply a part of the support coordinators job and we need people to just kinda to understand that and I'm not be offended or put off by that conducting an in home visit. Now.

212
00:29:52.555 --> 00:30:04.255
Not everybody is ready for this, but we do have again, some parts of our state where they are doing in home visits all of their limited lifetime. I talked with them.

213
00:30:04.585 --> 00:30:09.174
They were just really stepping inside the front door into the,

214
00:30:09.174 --> 00:30:11.095
for your area or whatever,

215
00:30:11.454 --> 00:30:20.755
and wearing full and talking with people in person that way they can see more of the house and conduct the visit and see more of the house that way.

216
00:30:20.755 --> 00:30:29.845
But they may still need to do a virtual visit to see everything that they need to say to see. So this is not mandated at this time.

217
00:30:29.845 --> 00:30:32.964
We're not saying that if you're in a county,

218
00:30:32.964 --> 00:30:33.805
that's not remote,

219
00:30:33.805 --> 00:30:35.664
only that you have to do an in home visit,

220

00:30:35.934 --> 00:30:42.744
this needs to be done in cooperation with the provider,

221
00:30:42.744 --> 00:30:43.644
or the family,

222
00:30:43.644 --> 00:30:44.305
whoever,

223
00:30:44.515 --> 00:30:44.785
you know,

224
00:30:44.785 --> 00:30:45.625
is in the home.

225
00:30:45.625 --> 00:30:59.785
So, it really needs to be a partnership that you guys have to agree that you're comfortable with it and that it saves. So we're, we're wanting to take this flow and letting everybody get comfortable with how to progress back into what will be our new normal.

226
00:31:00.085 --> 00:31:14.875
So, you should be looking at if you're in a really low prevalence county that you have full available and consider a low touch approach that meaning that you go into the home and you're really not touching anything.

227
00:31:15.174 --> 00:31:16.914
So, a good example is.

228
00:31:17.724 --> 00:31:30.265
Our licensing and certification unit, they are going in in some homes if if it's in cooperation with the provider, if they make that arrangement.

229
00:31:30.265 --> 00:31:40.644
But when they go into the home to do that part of their certification visit, they aren't touching their in full, but they're not touching anything. So, they need to test the fire alarm.

230
00:31:40.914 --> 00:31:48.055
The, the staff is is hitting the button to test the fire alarm or opening a door or doing whatever they need to do.

231

00:31:48.055 --> 00:31:56.005
So, they're going in physically to be present and to to user eyes ears and knows, but not to touch anything.

232
00:31:56.005 --> 00:32:08.545
The staff is doing that, so consider all those things as good risk mitigation efforts if, and when we get to the point that this becomes a reasonable thing to do, and people are ready to take that stuff.

233
00:32:10.494 --> 00:32:21.744
And lastly, we have the health and safety visit and so if anybody has a concern over the health and safety of somebody in the home.

234
00:32:22.825 --> 00:32:32.394
A virtual visit is not gonna be enough we're gonna have to get in the home and go and see the person in person.

235
00:32:32.454 --> 00:32:32.964
So,

236
00:32:33.565 --> 00:32:34.404
I said in the home,

237
00:32:34.434 --> 00:32:37.345
if if you can do is reasonably based on,

238
00:32:37.345 --> 00:32:48.894
what is being what is the concern if it is the individual abuse and neglect of the individual and you can go and physically see the person through a glass door or a window or whatever,

239
00:32:49.134 --> 00:32:49.825
and see,

240
00:32:49.855 --> 00:32:50.305
you know,

241
00:32:50.335 --> 00:32:55.765
look for bruises or injuries and those kinds of things talk to the person that's acceptable.

242
00:32:56.065 --> 00:33:08.634

If it is the current concern over parts of the house, that you can't see from a window or door, then you're gonna have to do an in home visit and check that out our investigators.

243
00:33:08.634 --> 00:33:17.454
If it is required for them to to be able to see a part of the house or talk to someone they are going in homes,

244
00:33:17.484 --> 00:33:27.295
if it's necessary in order to complete their investigation and likewise so will other of our monitoring functions our quality monitoring functions as well,

245
00:33:27.565 --> 00:33:32.065
we'll go in homes if need be in order to complete the task that they need to do.

246
00:33:32.095 --> 00:33:45.325
But our primary thing is we have to protect and ensure that health safety and welfare of the individuals we're seeing. So, we need to be prepared to do whatever we need to do in order to make that happen.

247
00:33:45.654 --> 00:33:48.234
And if that means actually going in the home.

248
00:33:48.684 --> 00:34:02.815
Or or going to do an in person visit in a remote only county then then that's what we need to do. There are safe ways to do an in person visit in a remote only county.

249
00:34:03.119 --> 00:34:16.675
If you're doing it through a closed window for closed patio door, or stormed door and talking with people on the phone, there's no way for that buyers to get through glass, you are safe.

250
00:34:16.704 --> 00:34:31.525
The individual in the house is safe. So there's a way to do those visits that can be done and protect everybody's interest. And so, again, depending upon what the concern is, you're gonna have to problem solve on a case by case basis.

251
00:34:31.824 --> 00:34:39.204
How you go about doing that. I see.

252

00:34:42.864 --> 00:34:51.715
And now, as we get into talking about documentation, I'm gonna let Carrie talk about that a little more depth. Yeah.

253
00:34:51.715 --> 00:35:03.804
So, in terms of the documentation, the standard monitoring requirements are unchanged, we continue to follow the division directive three point, zero, two zero.

254
00:35:04.585 --> 00:35:18.684
And so, that includes things like the requirements for contact with the individual requirements for monitoring of the environment. So, monitoring to ensure that environment is safe.

255
00:35:19.074 --> 00:35:27.025
It's clean. The home is in good repair and the documentation that comes from the service provider.

256
00:35:27.054 --> 00:35:27.565
So,

257
00:35:27.565 --> 00:35:28.344
for example,

258
00:35:28.344 --> 00:35:32.275
still reviewing that monthly nurses summary,

259
00:35:32.275 --> 00:35:33.954
that provider method reports,

260
00:35:34.284 --> 00:35:39.175
all of those things that you were reviewing and monitoring prior to call bed,

261
00:35:39.954 --> 00:35:43.014
you're continuing to monitor and review those things.

262
00:35:43.195 --> 00:35:46.675
It just looks a little bit different in terms of how you're doing that.

263
00:35:48.204 --> 00:36:00.505
There's a new field that has been added into and this is for the support coordinator to enter the type of contact for each monitoring visit.

264
00:36:00.505 --> 00:36:09.385
They make the support coordinator will select the type of visits and this is under a field called communication.

265
00:36:09.750 --> 00:36:14.695
And if the support coordinator goes out there,

266
00:36:14.695 --> 00:36:16.824
completing their monitoring visit,

267
00:36:17.130 --> 00:36:20.034
and I don't identify any findings,

268
00:36:20.635 --> 00:36:29.755
then the support coordinator is going to enter that under in and enter it as a positive outcome.

269
00:36:30.324 --> 00:36:44.335
And the reason that this is important is because central office then can monitor this transition as support coordinators are moving towards the in person monitoring can pull that information,

270
00:36:44.335 --> 00:36:51.144
pull that data and monitor to see how we're making that transition also,

271
00:36:51.144 --> 00:36:59.815
in terms of the IQ database currently working on an update in that database,

272
00:37:00.324 --> 00:37:05.155
so that the support coordinator can actually select more than one option.

273
00:37:05.605 --> 00:37:16.824
So, as an example, the let's say the support coordinator they go out, they complete their monitoring visit and they're doing and and person open air.

274
00:37:17.130 --> 00:37:32.005
But at the same time, they're also doing the monitoring that's remote with video, because they're doing that physical look that the review and monitoring of the home. So they're doing the, the remote with video.

275
00:37:32.309 --> 00:37:41.994
And so, then in that situation, they could click on a box or select both of those options. So that should be coming in the future.

276
00:37:43.704 --> 00:37:45.625
The documentation requirements,

277
00:37:45.625 --> 00:38:00.594
in terms of log no documentation and billing requirements again that is unchanged as well as that requirement that the support coordinator must complete their monitoring and review monthly or quarterly

278
00:38:00.594 --> 00:38:01.344
summary.

279
00:38:01.795 --> 00:38:14.635
So, you know, depending on that service that's being monitoring. If it's residential. That's being monitored then, of course, that summary would be completed on a monthly basis. So, again, those are all documentation requirements.

280
00:38:15.025 --> 00:38:28.315
We're in place prior to covet and so those things will continue for documentation that the support coordinator is completing for the in person open air.

281
00:38:28.650 --> 00:38:36.565
Just a reminder that, that means the support coordinator is visually seeing that person. They visually are seeing.

282
00:38:36.565 --> 00:38:44.184
They're having that contact, but they are also speaking with that individual and or that individual staff.

283
00:38:51.025 --> 00:39:00.414
Okay, and I think that's it on documentation requirements. Wendy, thank you Carrie. I just wanna backtrack for just a minute to the health and safety visit.

284
00:39:00.445 --> 00:39:08.844
One point that I forgot to talk about is to explain that the reason that we're doing and and identifying remote,

285

00:39:08.844 --> 00:39:23.635
only counties is not because you can't go out into the county safely and do your monitoring visit and that you need to avoid you need to shelter in place that is not the reason it is our

286
00:39:23.635 --> 00:39:36.985
effort to try to help reduce the footprint and those counties that are trying to bring an outbreak under control and so essential employees in those counties are still going to work and doing their job.

287
00:39:36.985 --> 00:39:39.684
But what we're saying is in those remote only counties,

288
00:39:40.409 --> 00:39:44.425
we're kind of getting permission to do remote only visit,

289
00:39:44.485 --> 00:39:47.485
except in the cases of a concern for health safety,

290
00:39:47.485 --> 00:39:49.014
or welfare of the individual,

291
00:39:49.315 --> 00:39:50.934
and an effort to help the county,

292
00:39:50.934 --> 00:39:53.364
bring that outbreak under control.

293
00:39:53.670 --> 00:40:06.235
And so it's really just to reduce that footprint if I wanted to to talk about that because it it does sound counter intuitive sometimes about going out to do a visit if you're in a remote only county.

294
00:40:06.235 --> 00:40:15.594
So, I, I hope that helps people to understand why we're doing that. One of the things that I wanted to talk about, in terms of documentation.

295
00:40:16.644 --> 00:40:26.364
Is that what we are gonna want you to be observing and making notes on in your logs in is observation of the providers,

296
00:40:26.364 --> 00:40:27.804
implementation of,

297
00:40:28.045 --> 00:40:33.235
of their practices around risk mitigation practices around covet,

298
00:40:33.235 --> 00:40:40.434
or how they're responding to an outbreak that if there are positive people in the home that they're implementing,

299
00:40:40.434 --> 00:40:44.034
or quarantine or isolation processes now,

300
00:40:44.065 --> 00:40:44.545
again,

301
00:40:44.545 --> 00:40:51.534
this is not gonna look the same for every individual some homes they're gonna have people that feel really sick from it.

302
00:40:51.534 --> 00:41:04.885
And it may be very easy to have them quarantine in their bedroom and and stay in their bedroom other. People are not gonna be compliant with that and we can't shut and lock people in their bedrooms in order to quarantine.

303
00:41:04.885 --> 00:41:18.385
So, quarantine is going to look different or isolation is going to look different in each home, based on how that home is set up. So, again, you're gonna have to know your provider talk with them about what their process is.

304
00:41:18.625 --> 00:41:31.045
How they're how they're making these allowances and how they're implementing that. If you have concerns about it, talk with them about it, talk with your supervisor about it, we can all consult on it.

305
00:41:31.465 --> 00:41:43.585
This is not intended to be and I gotcha. And you're not expected to be the authority or the end all be all expert on what that practice should look like. But does it make sense?

306
00:41:44.364 --> 00:41:59.244
Does it make sense for the individual? Does it make sense for the provider given the home situation? If it is a home that has bedrooms on

two sides of the house, and people can be separated that way and they'll stay separated.

307
00:41:59.244 --> 00:42:10.405
Does that makes sense? If you've got a house for everybody's sharing a bedroom, and there's no way to really quarantine anybody in into a bedroom.

308
00:42:11.244 --> 00:42:21.864
We have had providers that have moved people who were negative into hotel while they maintain and care for people who are code positive in their home.

309
00:42:22.195 --> 00:42:34.855
So every situation is gonna look different and all I, all we're asking is that you be looking for that reasonableness test. Does it make sense?

310
00:42:34.855 --> 00:42:47.034
And if it doesn't, let's have a conversation about it. Because I know for a fact that everybody out there is wanting to do and intending to do the very best thing that they can for the individual.

311
00:42:47.034 --> 00:42:59.965
And it's nothing in this in this world right now is black and white. So, we just need to talk about it, but what we need you to do is document clearly about what you're observing. So, the, that it supports those efforts.

312
00:42:59.965 --> 00:43:07.344
So, just an example of what oh, I had a question pop up, right? In the middle of a screen there.

313
00:43:08.905 --> 00:43:22.405
An example of a good documentation would be, you visited Valley or home the roommate is waiting results of the covet tests and everyone in the home was wearing a mask and they were using disposable table wear for meals.

314
00:43:22.405 --> 00:43:34.614
So those are would be practices. That provider would have put in place in response to an outbreak or a potential outbreak. So documenting that, they're following their practices. That's what we're looking for.

315
00:43:34.914 --> 00:43:49.675

It doesn't do any good for a provider to have those practices in place. If the staff don't follow those practices and all providers, and those management teams need our help as well, but their eyes out there say, hey, yeah, they're doing a good job.

316
00:43:49.675 --> 00:44:04.585
They're following practices that you have established, or you might need to spend some more time and training with these staff and this home. I think they need a refresher. So an example in a non example, of course, would be that.

317
00:44:04.585 --> 00:44:13.585
I talked to Sally. She said, she doesn't like to wear a mask and so she's not so and again, that's a reminder to that.

318
00:44:13.585 --> 00:44:17.844
All support coordinators should be working with the provider agencies,

319
00:44:17.844 --> 00:44:25.795
and the teams to be updating everybody's individual support plan to identify what things they need to be working on,

320
00:44:25.795 --> 00:44:33.474
or what things need to be in place protections and precautions need to be in place to help them mitigate risk with the code if,

321
00:44:33.684 --> 00:44:36.445
if it's not safe for them to wear a mask because.

322
00:44:37.704 --> 00:44:39.954
It may restrict their air flow too much,

323
00:44:39.954 --> 00:44:48.085
and their oxygen drops or that they would just not leave it on then that needs to be documented,

324
00:44:48.144 --> 00:44:48.445
you know,

325
00:44:48.445 --> 00:44:55.735
in their plan that you're working on a goal to help them tolerate wearing a mask or or social distance thing or whatever that case might be.

326

00:45:01.554 --> 00:45:16.465
There you're also going to find that there's gonna be some missing documents that the provider is not gonna have certain things on hand if they're that they can't get to the doctor to do their annual

327
00:45:16.465 --> 00:45:25.704
physicals or dental exams and lab work are the most readily identifiable documents that you could expect to be missing doctor's offices,

328
00:45:25.704 --> 00:45:26.905
close to well,

329
00:45:26.905 --> 00:45:31.855
health visit and some of them may not even be taking well,

330
00:45:31.855 --> 00:45:33.144
health business now.

331
00:45:33.534 --> 00:45:41.425
So those documents are going to be out of date. So, again, we're not here to hold that against the provider.

332
00:45:41.425 --> 00:45:43.045
That was out of their control,

333
00:45:43.284 --> 00:45:44.965
but what you're looking for is,

334
00:45:45.599 --> 00:45:46.019
okay,

335
00:45:46.014 --> 00:45:47.335
what are they doing now,

336
00:45:47.664 --> 00:45:56.454
do they have appointments made is the doctor's office open to well checks does the doctor feel that is maybe they're open,

337
00:45:56.454 --> 00:46:06.414
but because this individual has some serious underlying health conditions they don't feel that it's say for them to come into the office for a physical when.

338
00:46:09.534 --> 00:46:23.934
It's just not worth case taking that risk and possibly exposing them. So, the doctor may say, no, we don't think you should do come in for the physical. So then can they do the physical through telehealth? But the doctor will they agree to do that?

339
00:46:24.264 --> 00:46:38.724
Or station? M, D. will do telehealth physical so you can always fall back to station. M. D. the doctor may say, go ahead and get the lab work drawn because I know that the lab is really doing a good job of controlling and sanitizing and all that.

340
00:46:39.985 --> 00:46:40.554
So,

341
00:46:41.335 --> 00:46:47.815
if you have a consult with your doctor about what is appropriate for the individual,

342
00:46:47.815 --> 00:46:50.755
and when they can get these types of procedures done,

343
00:46:50.755 --> 00:46:53.605
if they were supposed to have a quarterly per dietary visit,

344
00:46:54.385 --> 00:47:00.474
but that's not considered to be advisable at this point document what the doctor said,

345
00:47:00.804 --> 00:47:01.885
we're not asking,

346
00:47:01.885 --> 00:47:08.574
support coordinators and providers to make that decision on their own and independently reach out to their primary care doctor,

347
00:47:08.815 --> 00:47:10.074
make those calls,

348
00:47:10.380 --> 00:47:11.485
ask those questions.

349

00:47:11.485 --> 00:47:17.094
If you can't get a hold of the primary care doctor called station and get their advice.

350
00:47:17.125 --> 00:47:28.974
And and document what efforts were taking, or what information and guidance that has been given to us that that justifies why it's okay that.

351
00:47:30.715 --> 00:47:45.445
That these, these documents are not not current. So, again, Here's a couple examples of of how to write the documentation and a non example of what is just and sufficient documentation.

352
00:47:45.445 --> 00:47:56.905
We're not here to be an I. gotcha. Or to, to call people out or find people that are out of compliance, but really to help them and work towards. Okay.

353
00:47:56.905 --> 00:48:11.065
How do we, how do we get comfortable with getting back in rhythm with this stuff in it?

354
00:48:11.514 --> 00:48:22.135
So what if the support coordinator, they're doing their Pre planning, they're going through those questions on their tool they're attempting to schedule that visit.

355
00:48:22.409 --> 00:48:29.454
And there's a refusal either from the individual from the staff. How is that documented?

356
00:48:30.235 --> 00:48:42.744
The support coordinator needs to make sure that their documenting the reason for that refusal any kinda efforts that they're working on to resolve the issue or to resolve any concerns.

357
00:48:43.255 --> 00:48:56.844
And make sure that they're working, of course, within that planning team to problem solve in terms of how can we move forward and how can we make this happen. So you will see here a couple of examples.

358
00:48:57.295 --> 00:49:03.445
The first example would be unacceptable example for how that would be documented.

359
00:49:03.869 --> 00:49:14.545
So, it states that the house staff refuse the in person monitoring visit and they state individuals are high risks due to underlying health conditions. So, we see that.

360
00:49:14.545 --> 00:49:20.005
They have documented there who is doing that refusing and the why?

361
00:49:20.034 --> 00:49:33.565
It's because the concern is that individuals are at high risk documenting that the county is not remote only because we know if the county were remote, only then that monitoring would look different.

362
00:49:34.675 --> 00:49:43.135
Also then talks about those follow up efforts that the support coordinator is going to put into place to resolve those issues.

363
00:49:43.494 --> 00:49:54.144
So they're going to contact the house manager to discuss safety precautions with community Iran in order then to do an in person visit next month.

364
00:49:54.804 --> 00:50:02.815
Then, of course, as the support coordinator takes those next steps, they will want to document those steps as well.

365
00:50:02.815 --> 00:50:09.835
So once they contact that house manager, they come up with a plan they're gonna want to document that.

366
00:50:09.835 --> 00:50:22.014
Who what when where and why as well, the next tier would be in sufficient documentation and it just states that staff will not bring Betty to the window for monitoring visit will try again next month.

367
00:50:22.434 --> 00:50:33.534
So, that documentation does not outlined. Why what is the concern? Why will they not bring Betty to the window? And then what kind of attempt, how are they working with that team?

368
00:50:33.715 --> 00:50:42.324
What truly is the issue and what kinda steps are they taking to move forward to resolve this? So that they can do that in person monitoring.

369
00:50:48.445 --> 00:50:50.454
I think we're ready for the next slide.

370
00:50:57.715 --> 00:51:05.005
So this is shared monitoring responsibilities and when he spoke to this a little bit earlier in the presentation,

371
00:51:05.425 --> 00:51:09.445
that there might be times under our current conditions,

372
00:51:09.474 --> 00:51:11.155
where support coordinators,

373
00:51:11.155 --> 00:51:18.954
more than one support coordinator would be completing monitoring activities for a particular individual.

374
00:51:19.434 --> 00:51:24.144
So, support coordinators can share those monitoring responsibilities.

375
00:51:24.534 --> 00:51:25.195
However,

376
00:51:25.195 --> 00:51:36.355
what we have to keep in mind is that each support coordinator must clearly document or specific monitoring activities in order to ensure there is no duplication of course,

377
00:51:36.355 --> 00:51:40.375
cannot have that duplication of the TCM billable activity.

378
00:51:40.375 --> 00:51:43.465
So that's really what you need to be looking for.

379
00:51:43.860 --> 00:51:44.489
So,

380
00:51:44.485 --> 00:51:59.335
as you can see below there are examples here and this example outlines when two different support coordinators would be completing monitoring TCM billable monitoring activities for the

381
00:51:59.335 --> 00:52:00.414
same individual.

382
00:52:00.414 --> 00:52:09.655
What might that look like? So you can see in this example, there is a support coordinator one and there's a support coordinate or two.

383
00:52:10.315 --> 00:52:20.934
So, support coordinator one let's say they are the support coordinator who is assigned to that individual. They may be looking at documentation.

384
00:52:20.934 --> 00:52:21.144
So,

385
00:52:21.144 --> 00:52:22.644
they may be doing things,

386
00:52:22.644 --> 00:52:22.824
like,

387
00:52:22.824 --> 00:52:24.744
reviewing the progress notes,

388
00:52:25.224 --> 00:52:25.945
reviewing,

389
00:52:25.945 --> 00:52:29.184
any kind of the medical kinds of documentation,

390
00:52:29.875 --> 00:52:36.775
and maybe doing that virtual to or through the video monitoring to monitor the health and safety,

391
00:52:36.775 --> 00:52:37.105
you know,

392
00:52:37.105 --> 00:52:41.514
truly looking at that environment and the documenting that.

393
00:52:41.514 --> 00:52:55.344

Yes. If it looked clean, it looked well maintained, you know, they, they didn't observe anything like, as they look through the front door. There's a huge hole in the living room floor, a look clean and it looked well maintain also documenting.

394
00:52:55.344 --> 00:53:05.394
What else did they physically see as they were going through? And completing that virtual tour? And this example, they saw the refrigerator a pantry.

395
00:53:05.815 --> 00:53:14.664
So, it looks like the individual does have adequate food and they did observe that it that there was on hand and it appeared adequate.

396
00:53:16.014 --> 00:53:28.164
And this example, the second support coordinator then might be the support coordinator. That they're they're the support coordinator who can actually physically go in and lay eyes on that person.

397
00:53:28.494 --> 00:53:35.364
And this example, the first support coordinator couldn't do that. Maybe they were in that remote, only county.

398
00:53:35.605 --> 00:53:46.704
And so, the agencies bringing in that second support coordinator to be the second, the support coordinator, who will lay eyes on that individual through that in person monitoring.

399
00:53:47.514 --> 00:53:55.315
So, with this example, that second support coordinator is actually going to visit with the individual at their home.

400
00:53:56.005 --> 00:54:09.505
And all members of the home estates that, that they look healthy, it talks about that they talked with the individual. So there's that, you know, they, they actually lay days on they observe the individual and they had that interaction.

401
00:54:09.505 --> 00:54:23.514
They talked with Sally it documents where they had that interaction where they had that monitoring that open air in person, open air monitoring. So, they actually talked with Sally met with her on the back deck.

402
00:54:24.474 --> 00:54:29.425

All party parties were face coverings and they did remain socially distant.

403
00:54:30.025 --> 00:54:38.215
And then it talks about Sally's demeanor I mean, they, they visually saw her they interacted with Sally. So, what was her demeanor?

404
00:54:38.695 --> 00:54:51.565
What specifically did that support coordinator talk about with Sally and what did they observe? What did Sally tell them? Were there any visible signs of injury, et cetera?

405
00:54:51.565 --> 00:55:03.355
So that just gives you one example of how, if you do have two support coordinators that are completing those monitoring activities, how that building might look.

406
00:55:03.355 --> 00:55:14.034
And again, what's important is just to ensure that there's no duplication. It doesn't look like two different people are doing exactly the same thing. Same day. Same time.

407
00:55:14.875 --> 00:55:27.684
Really distinguish specifically how that TCM. Billable activity is different. They're truly doing different activities and the next slide in.

408
00:55:27.804 --> 00:55:42.594
This is the TCM tech review process and just wanted to speak to with all the, the guidance that's out there. What does that process? Look like and how will that be impacted by the guidance?

409
00:55:44.275 --> 00:55:57.565
We had already talked about earlier that from a support coordinators perspective. They're gonna monitor what they were previously monitoring prior to cobit. So it's following that guidance and division directive three point zero to zero.

410
00:55:58.074 --> 00:56:06.144
Which is our individual support plan, monitoring and review directive tax will also be following that guidance.

411
00:56:06.719 --> 00:56:18.295

So that will include a review to ensure the frequency of monitoring occurs and we know that that frequency is based on the service. So, should they be making that contact monthly?

412
00:56:18.295 --> 00:56:29.335
Of course, if it's residential, we know that's monthly or is that a quarterly contact? Also? The tax will be looking to ensure the documentation requirements are met.

413
00:56:29.699 --> 00:56:30.090
So,

414
00:56:30.085 --> 00:56:30.385
again,

415
00:56:30.385 --> 00:56:30.894
nothing,

416
00:56:30.925 --> 00:56:32.664
nothing new or different there,

417
00:56:33.324 --> 00:56:45.445
the logging building requirements that they continue to be met and that requirement for completing monitoring and review monthly quarterly summary.

418
00:56:45.894 --> 00:56:50.364
That's in place per that division director. Three point zero, two, zero.

419
00:56:52.045 --> 00:56:59.905
Tax will review to ensure that the type of visit is documented and now, as we talked about, it has been added into.

420
00:57:01.284 --> 00:57:14.784
So when they enter that into one of the fields will be to select to that communication. And also the method that method of contact.

421
00:57:14.815 --> 00:57:25.465
It was also part of the monitoring and review monthly quarterly summary. So the support coordinator was always a requirement to indicate on that documentation.

422
00:57:25.704 --> 00:57:37.644

What's the method of contact with a phone, or was it face to face and was just simply expanded that in the world that we're in now with remode and with video we've expanded those options.

423
00:57:38.070 --> 00:57:52.614
So taps will be looking to ensure that is documented. However, what they will not be doing is entering findings into for the type of visit, which the support coordinator documents.

424
00:57:53.304 --> 00:57:54.744
So, for example.

425
00:57:55.079 --> 00:58:06.594
If the TCM TAC is out and they're completing an annual review, they are reviewing for a particular individual over a particular period of time for that annual review.

426
00:58:06.925 --> 00:58:14.755
They are not going to try to determine on August twelve watch what visit should have occurred.

427
00:58:14.755 --> 00:58:26.094
Shouldn't have been an in person open air shouldn't have been an in person and home tax will not be trying to determine to that level and they will not be entering that into.

428
00:58:27.925 --> 00:58:41.184
That is as as we know it changes by the moment. It is very individualized. And that is the planning team to work out, because we do know that that changes. So they will simply be looking to see yeah.

429
00:58:41.184 --> 00:58:52.344
It's documented that method of contact or communication. But they would not be entering findings to, to try to determine on any particular day. What visit should have occurred?

430
00:58:55.074 --> 00:59:08.605
Carrie, I would like to add that what we will be doing at the central office level is reviewing reports, hold from the around, the types of visits that are conducting.

431
00:59:08.605 --> 00:59:12.775
So that we can kind of monitor how the transition is going to, in person visits.

432
00:59:12.775 --> 00:59:27.235
And how the transition is going to virtual visits and so, and then working with agencies or TCM agencies, or the tax about how we help some people over the hump.

433
00:59:27.235 --> 00:59:30.204
If we're if we're having difficulty and making that transition.

434
00:59:30.534 --> 00:59:45.414
So those kinds of there will be reports pulled from so that we can monitor that transition if you're wondering why we have to go through and monitor write all that stuff or internal desktop into I can see if the tasks aren't reporting on it

435
00:59:45.414 --> 00:59:45.655
is,

436
00:59:45.715 --> 00:59:49.105
is for monitoring from central office,

437
00:59:49.469 --> 00:59:50.664
so thank you.

438
00:59:55.105 --> 01:00:03.114
And I now we're just ready for any questions that might have come up over the course. I see that. We do have some questions in the chatbox.

439
01:00:09.480 --> 01:00:24.324
Hi, good. If you want me to just go through those or did you have them any lined out? We were scheduled from nine to ten. I guess that depends on how long folks want to hang on the line. Don't have fun with that.

440
01:00:24.324 --> 01:00:34.344
We do have quite a few questions that came in. I'm not sure that even if we stay on that, we'll be able to get through all of them. So I'm happy to go through and pull a few of those out.

441
01:00:34.375 --> 01:00:46.704
Or if you feel like, there are some, that you are better answered as we do a quick review and while we're live. I'm good either way. Well, an interest of everybody's time.

442
01:00:47.934 --> 01:01:02.244

We can can we just answer the questions and post them with the webinar. Absolutely. So, what we can do is I know I've had a couple of folks ask if this recording will be available, we'll be able to have the recording and the transcript, which is a new feature for us.

443
01:01:02.574 --> 01:01:17.545
I'm available later today and posted no. Later than tomorrow. So don't be surprised that those become available before the Q and a document is, but will also push out an email blast, letting, you know, when it's due in a document is available as well.

444
01:01:20.730 --> 01:01:35.304
Thank you very, very much to all those who have joined the call. We look forward to your questions and just learning from you and working with you through the process as we find our way forward. So thank you. Be safe.