



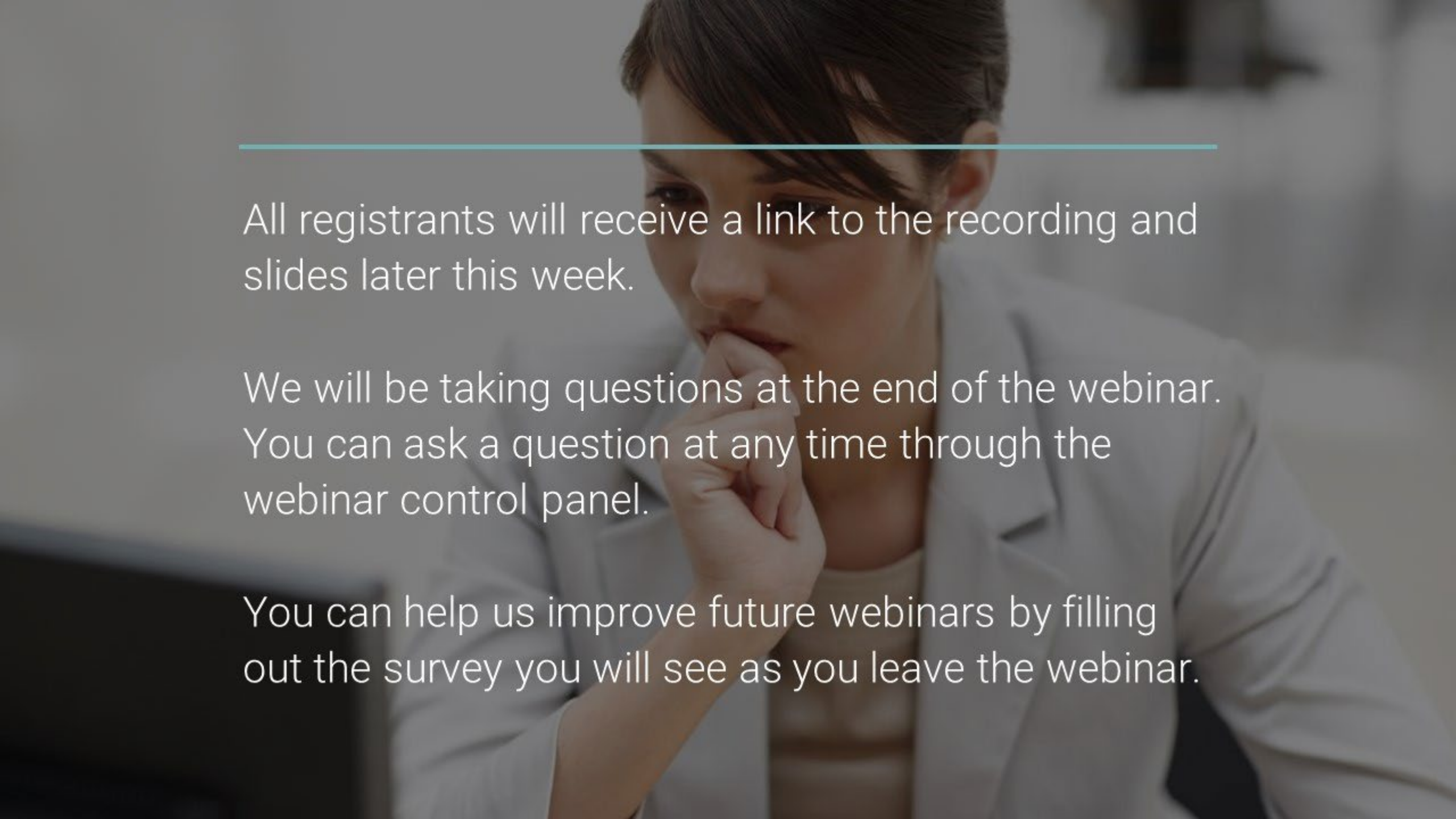
Impact of COVID-19 on State Agencies & CBOs serving the Aging Population

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A woman with dark hair, wearing a white blazer, is shown from the chest up. She has her hand near her mouth in a thoughtful pose. The background is blurred, showing what appears to be an office setting. A thin teal horizontal line is positioned above the first text block.

All registrants will receive a link to the recording and slides later this week.

We will be taking questions at the end of the webinar. You can ask a question at any time through the webinar control panel.

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Our Presenters

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Introduction

- State agencies and CBOs that provide long term services to older adults are facing unprecedented challenge in the COVID-19 pandemic
- Agencies are both suffering from information overload and yet need clear information more than ever.
- Managing a newly remote workforce comes with different challenges and opportunities
- Practical tips for:
 - Managing through a crisis
 - Reducing reactivity in your response process
 - Staying connected to a newly remote workforce

A decorative graphic on the left side of the slide. It consists of a vertical dark brown bar on the far left. To its right, there are four horizontal bars of varying lengths, stacked vertically, in shades of brown and tan, creating a stepped effect.

Agenda

- How states are responding
- Tips for managing a remote workforce
- Practical tips for problem solving and managing in crisis
- Tips for states, CBOs and providers
- Q&A



Poll Question: Who Are You?

State Unit on Aging Staff

Area Agency on Aging Staff

Continuum of Care (CoC) Staff

Other Community Based Organization Staff

Other Provider Staff



How States Are Responding





Official Regulatory Changes

- Disaster declarations – Major Disaster Declarations impact OAA
 - 22 states have Major Disaster Declarations per FEMA website 3/30/2020
 - FL, TX, NC, NJ, IL, MO, MD, SC, KY, MA, CO, OR, CT, GA, DC, KS, AL, LA, IA, CA, WA, NY
- Executive orders
 - Impact state regulatory requirements that can be waived or modified in an emergency
- 1135 waivers
 - Currently 34 states have approved 1135 waivers as of 3/30/2020
 - WY, MN, DE, PA, CT, MD, CO, HI, ID, MA, NY, IA, IN, RI, KS, KY, MI, OR, ND, SD, OK, AL, CA, NH, NM, NJ, AZ, VA, NC, MS, LA, IL, WA, FL
- Appendix K waivers on HCBS waiver programs
 - Currently 10 states have approved Appendix K waivers as of 3/30/2020
 - AK, CO, KY, HI, MN, NM, PA, RI, WA, WV



Older Americans Act and an Approved Major Disaster Declaration

- A state may use Title III-B, C-1, C-2, D, and/or E funds for any disaster relief activities for older individuals or family caregivers served under the OAA, which may include, but are not limited to:
 - providing drive through, take out, or home-delivered meals,
 - providing well-being checks via phone, in-person, or virtual means, and
 - providing homemaker, chore, grocery/pharmacy/supply delivery, or other services.
- In this COVID-19 Major Disaster-declared response for the examples above, the state does not need to submit a transfer or waiver request to ACL.
- The state should be prepared to track COVID-19 related expenditures and number of persons served and units of service provided.



Additional OAA Funding

- Additional OAA funds have been made available through the CARES Act
 - \$200 million for Home and Community Based Services (HCBS) under Title III-B of the Older Americans Act (OAA);
 - \$480 million for nutrition programs under Title III-C of the OAA; and
 - \$100 million for the National Family Caregiver Support Program under Title III-E of the OAA.
- Other funds in the CARES Act include
 - \$50 million for Aging and Disability Resource Centers; and
 - \$85 million for Centers for Independent Living under Title VII, Part C, Chapter I of the Rehabilitation Act.
- States will distribute these funds through their intrastate funding formula



Actions You May Be Seeing

- Changes to Service Provision

- Expanded use of telehealth
- Efforts to consolidate people in settings to provide care (e.g. hotels for homeless people or repurposing unused nursing facilities)

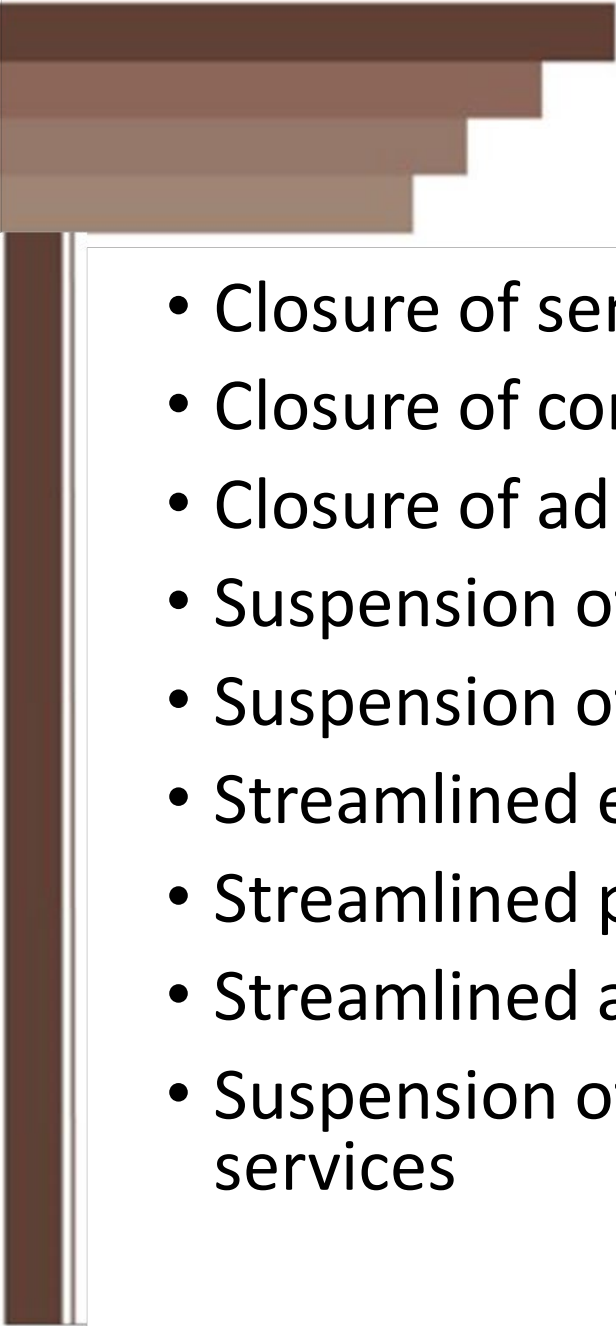
- Temporary Policy Changes

- Suspension or delays of pre-admission screening requirements for nursing facility admission (PASRR)
- Suspension of some prior approval requirements
- Streamlined certification of new providers or certifying existing providers for additional services



More Actions You May Be Seeing

- Temporary Changes to Standard Operating Procedures (SOPs)
 - Monitoring and Oversight
 - Investigations
 - Screening/Eligibility/Enrollment Processes – suspension of face to face assessments
- Local, Regional and State Office Closures
 - Expansion of Tele/Remote working
- Closures of some settings
 - Congregate meal sites, senior centers, and adult day centers



Poll Question: What changes have you seen in your state? (mark all that apply)

- Closure of senior centers
- Closure of congregate meal sites
- Closure of adult day centers
- Suspension of face to face assessments or case management visits
- Suspension of face to face visits for Protective Service
- Streamlined eligibility process
- Streamlined provider certification for new providers
- Streamlined addition of additional services for existing providers
- Suspension of some prior approval requirements for Medicaid services



Managing a Remote Workforce





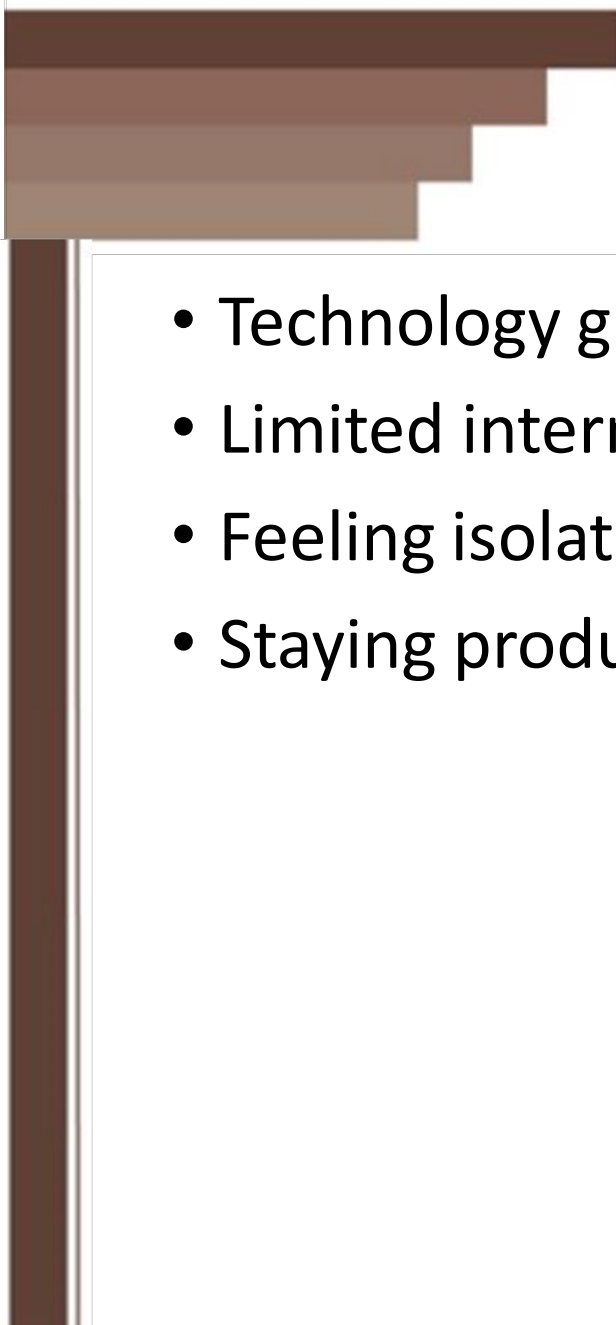
Working From Home

- Telework or Remote Working has been a growing trend so you may have already had some staff working remotely for all or part of their time.
- For others, remote work may be a new experience with little time to adjust
- Whether a new or established practice, there can be challenges to keeping teams engaged in their work and with their teams.
- Both remote workers and their managers need to be sensitive to the presence of children in the home and how they might impact calls.



Managing Remote Staff

- Stay connected – people can get disconnected and isolated very easily without the natural conversation that occurs when you are face to face frequently.
 - Schedule frequent individual calls to check in/coach/support These can be brief.
 - Schedule regular team calls to keep team on the same page
- Deploy connectivity applications like Yammer.
- Use platforms like Teams or Slack, or share documents through SharePoint or Google Docs to collaborate
- Don't forget to model the behavior you are expecting from your teams – especially around video usage.
- All the usual behavior and performance expectations still apply!



Poll Question: What are your biggest remote work challenges? (mark all that apply)

- Technology glitches
- Limited internet access
- Feeling isolated from team
- Staying productive



Responding vs. Reacting





What's the Difference?

- Reacting – more reflexive or instinctual, quicker, little thought to long term impact of action, or unintended consequences. May perceive little choice
- Responding – more measured with consideration of long-term impact or the potential for unintended consequences. Considers the availability of choices

Taking appropriate action may mean taking a step back but is better than creating other, potentially worse problems down the road.



Crafting a Response

Can you clearly state the problem you are working to solve?

How will these actions solve that problem?

Will these actions cause other problems?

What are the potential unintended consequences?

Are there other ways to solve this problem?

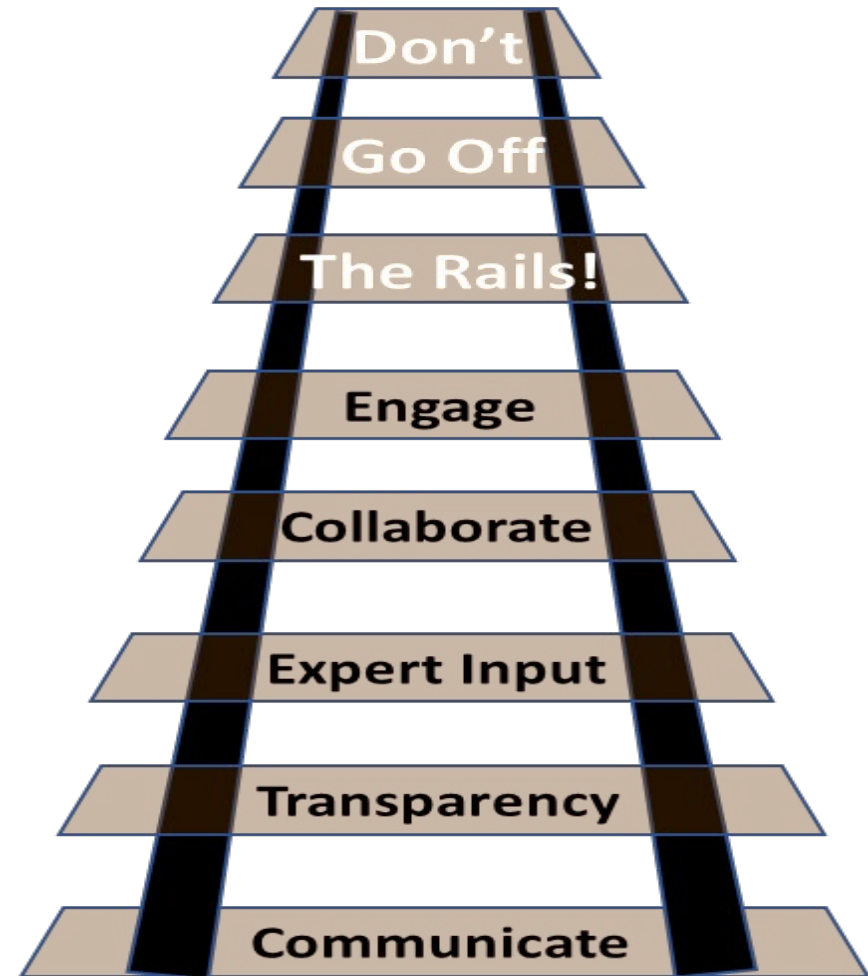


Crisis Management =
Extreme Change Management



Extreme Change Management

- Typical challenges of managing change are magnified in the current crisis:
 - Information is incomplete
 - Uncertainty is high
 - The pace of change is fast.
- This is extreme change management, but it is still change management so go back to basics!





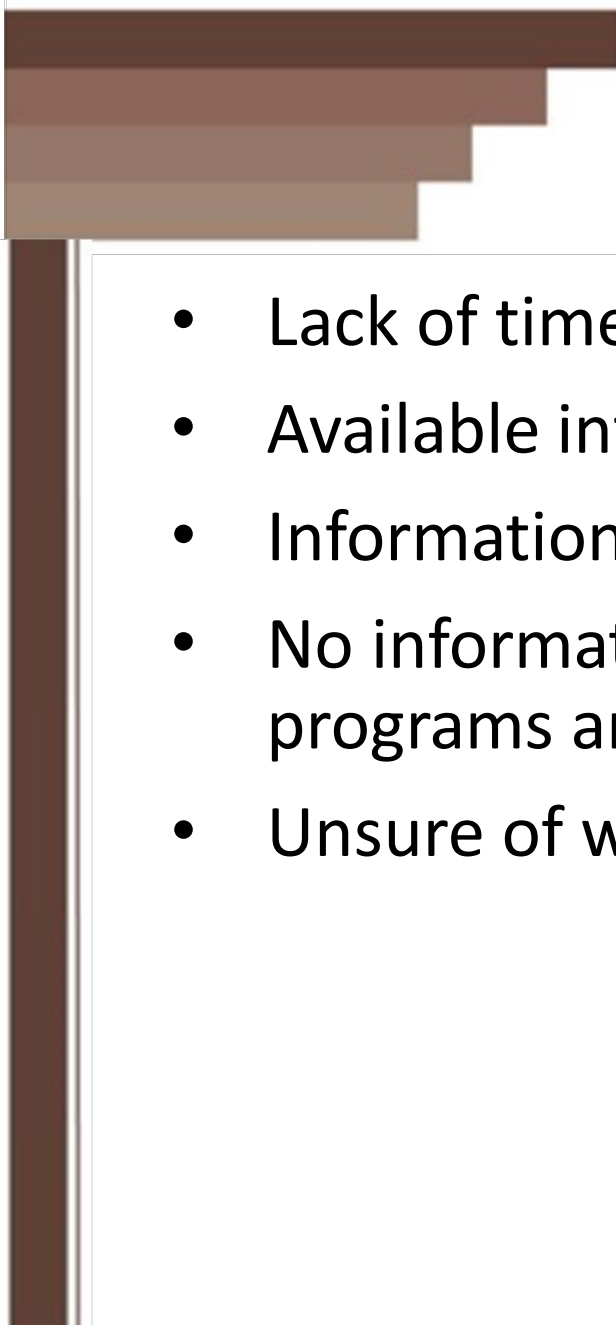
Back to Basics of Change Management

- ✓ **Engage** → You still need to engage with stakeholders: providers, advocates, participants, and other partners. Collaborate on solutions.
- ✓ **Collaborate** → Set clearly defined “lanes” and respect those, but collaboration is how you create the most effective and efficient response.
- ✓ **Expert input** → If you need an expert to help sort out the consequences, find them. Sometimes their greatest contribution is a fresh set of eyes and ears.
- ✓ **Transparency** → All must have access to the same information. Be clear about your goals and challenges. Be clear about what is and isn’t “in your lane”.
- ✓ **Communicate** → You can never over-communicate - especially in a crisis. It can feel like there is information overload in the midst of a crisis, yet even then there are stakeholders desperate for more communication, more information.



Getting the Information You Need

- Use your experts!
 - CDC/CMS/ACL websites
 - National trade associations: ADvancing States, n4a, NAHC, NADSA, NCAL, AHCA
 - State Public Health agencies
 - State Medicaid agencies
 - State trade associations



Poll Question: What is your greatest challenge regarding information in this crisis?

- Lack of time to read available information
- Available information is too difficult to understand
- Information sources can be contradictory
- No information to address concerns for home and community based programs and providers
- Unsure of which guidance applies to my agency



Tips for CBOs Serving Older Adults





Tips for States, CBOs and Providers

- Update your emergency operations plan
- Equip your frontline teams
- Establish plans for alternative services or resources
- Consider the needs of your vulnerable population
- Prepare for home visits
- Check in often
- Train your team and communicate with your providers
- Start collecting data now

Tips for CBOs and Providers

Update your Emergency Operations Plan

Assess all the risks to your operations and develop emergency plans to mitigate these risks. Ensure your plan includes information on the area agency in charge of planning for and responding to disaster (typically, either an Office of Emergency Management or Emergency Management Agency) and how to contact them. Be prepared to provide this agency a list of all homebound and vulnerable adults.

National Guard delivering Meals to Seniors





Tips for States, CBOs and Providers

Equip your frontline teams

- Ensure your Aging and Disability Resource Center (ADRC) and 211 other Information and Referral Specialist have all relevant information to share with the community.
- Provide appropriate training, education, resources to both staff and clients. Many older adults are especially wary about letting home care workers into their homes.
- Provide appropriate personal protective equipment to staff and when necessary to clients. Educate both parties regarding safe use.

Tips for States, CBOs and Providers

Establish plans for alternative services or resources

- Almost all states have shifted funding from community to home based services for clients who may be uncomfortable with or unable to attend a congregant site.
- If providing meals, consider more shelf-stable items and determine if you can serve an expanded population. Have contingency plans in place if provider is impacted by pandemic. Consider leveraging local businesses to assist where possible.
- Consider non-traditional partners who may be able to provide some additional “contacts.” Consider alternative roles (prescreening prior to home visits, telephone reassurance, etc.) for agency staff who are unable to perform normal duties at home.
- **Track all COVID-19 related service changes, authorizations, revision or contacts.**





Tips for States, CBOs and Providers

Consider the needs of your vulnerable populations

- Many states, CBOs and Providers have been training their networks in person centered planning. Spend the time to understand the unique needs of your clients; understand their needs as it relates to sheltering in place, accessing food/nutrition, etc.
- In particular, consider the needs of clients who may have access and functional challenges and those who are most at risk – for example, those who don't have transportation, lack enough appropriate caregivers, need medications or other health services, etc.



Tips for States, CBOs and Providers

Prepare for home visits

- Older adults and people who have chronic conditions or have been immunocompromised are most at risk.
- Train your team and provider network to call ahead before visiting the home; ensure the client is feeling healthy before he visit, and reassure the client of the precautions taken by staff.
 - Service providers and care workers should wear a mask and gloves at every visit if supplies are available. If they arrive at a client site and the client appears to be ill, have the client wear a mask as well.
- Instruct call centers, centralized intake, 211s, and other initial points of contact to screen individuals requesting services for symptoms and to document that information in the care record. This will help make service providers aware of potential risks.



Tips for States, CBOs and Providers

Prepare for home visits

- Any agency that has direct or indirect contact with clients should practice daily health screening to include:
 - measured temperature >100.0F*
 - new or worsening cough
 - new or worsening shortness of breath
 - sore throat
 - myalgia
- This includes office staff who might infect direct care providers, as well as those who prepare/package products for use in the client's home, such as meals or medications.



Tips for States, CBOs and Providers

Check in Often

- Many clients have voluntarily chosen to shelter in place;
- For clients who are required to quarantine in their homes, consider implementing daily welfare calls.
- Reassurance calls are especially important for those who live alone.

Some Questions to Ask

- Do you have sufficient medication? When will you need refills? Can you get refills delivered to home?
- Do you have enough food and other medical supplies (oxygen, incontinence, dialysis, wound care). What is your back-up plan if you run out?
- Do you have enough non-perishable food and personal hygiene products (toilet paper, tissues, soap, etc).
- Do you have sufficient cleaning supplies to help with disinfecting frequently touched surfaces



Tips for States, CBOs and Providers

Train your team and communicate with your providers

- Ensure your entire network is aware of your policies regarding in-home visits, self-health monitoring and staying home, client health monitoring, notifications and escalations, key roles and responsibilities, and more.
- While some team members may have been trained on preventing illness during home visits, others, such as those in Adult Protective Services or those who have secondary contact with vulnerable populations may not.



Tips for States, CBOs and Providers

Start collecting data now

- Track the following related to COVID-19: calls, services requested, people quarantined, service authorizations/ service plan revisions, and hospitalizations.
- Many organizations have also begun to screen and track basic client level COVID-19 to measure the impact on their clients.
- This could become important for funding, in addition to understanding the impact on your community and organization and potentially to help mitigate further community transmission.



Tips for States, CBOs and Providers

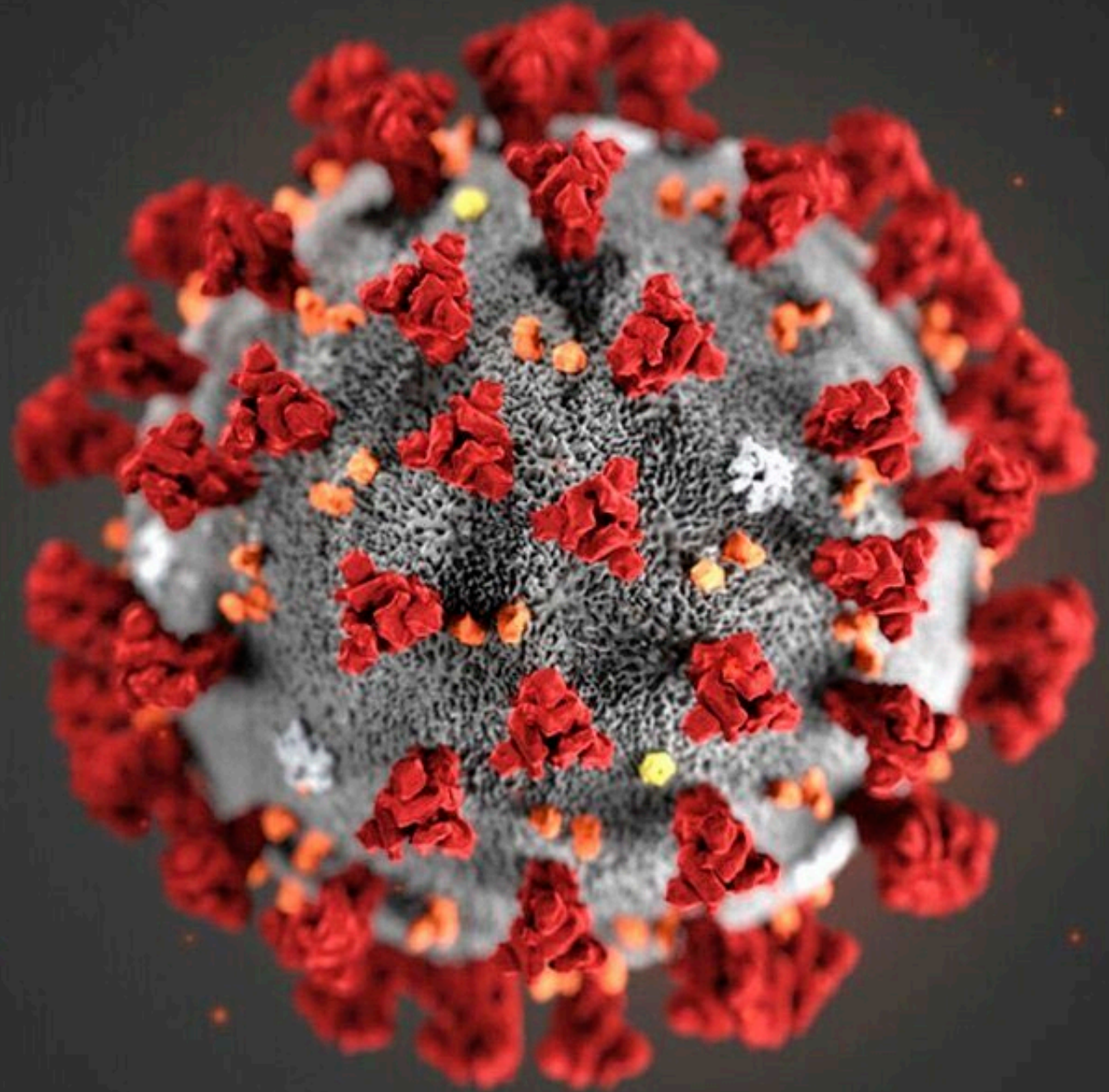
Coordinate with local public health officials.

- This should be a first step in making decisions about responses to the presence of COVID-19 in your community. Public Health officials can help a CBO determine which set of strategies might be most appropriate for the organization's situation.
 - If you begin to see a rise in the instances of clients with COVID-19 or suspected COVID-19; you should notify your public health officials. They will provide further guidance and offer strategies to reduce further transmissions.
 - If your staff has had contact with a client, who subsequently begins reporting symptoms of COVID-19, notify your local public health officials for further guidance.

The WellSky COVID-19 Resource Center

Top experts from across the care continuum bring you practical strategies and insightful interpretation of CMS and CDC guidance on the COVID-19 pandemic.

wellsky.com/COVID19



Questions?

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Thank you!