



Florida Association of
Aging Services Providers

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Florida Association of Aging Services Providers

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Foundation For Senior Citizens' Services, Inc. and
Andrea Marsh, Bay County Council on Aging

Message from the President

By Darrell J. Drummond, Council on Aging of St. Lucie, Inc.



Happy New Year! I am excited about this quarterly newsletter. The topic is regarding service delivery. More particularly, delivery during the time of COVID-19. The contributors have endeavored to give insight and innovating practices they have initiated as they adapted their operations to meet the needs of our clients during the pandemic.

We all have experience in delivering the

needed services to our clients and the many obstacles, such as funding and volunteers, which contribute to our ever-changing dynamic of delivery. But given the restrictions brought on as a result of the pandemic, the challenges are even greater.

I asked Jennifer Ross, our agency's Senior Programs Director, to update me on some of the challenges within our organization.

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This Issue's Sponsor



MedArrive

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Below are a few of the steps we are taking to meet our client needs during this period:

- Staff has been and will continue to make contacts with clients, including assessments and semi-annuals, by phone, with minimal visits, to lessen exposure for our highest risk population. This has been a detriment to the clients who are home, self-isolating, increasing social isolation and depression, but an absolute necessity to protect their health, safety and well-being. Folks are understanding as to the why, but lonely, nonetheless. Case Managers (CM) are making some home visits, with PPE, but the visits are short, straight to the point, socially distanced or even on the door step. Required forms are mailed to clients for signature and they are mailing back to their CM's.
- We were fortunate to be able to add the very helpful service of telephone reassurance, which has provided clients and seniors in our community, who are homebound and self/socially isolating, an opportunity to be contacted on a regular basis to "check in" and have a reliable source of social support and a sounding-board in this very trying time.
- Shopping assistance was also added as a positive resource for those clients who would not otherwise be eligible under our programs or for folks in the community who are unable to navigate the online ordering system or apps, or those who could not afford delivery service. It has helped tremendously with allowing folks to continue to stay homebound and not venture out, risking exposure. "COVID Meals", as they were called, have been a great way to ensure that seniors have



nutritious food to put on the table every day, and yet another way for staff to check in on clients routinely during the delivery of meals. Multiple entities provided boxes of fresh produce, prepared foods and shelf stable meals in an effort to ensure our seniors received nutritious food.

- Staff are rotating office hours, working from home, to help with social distancing and safety. The system is working, clients are able to reach case managers on their cell phones, and staff can access our server to enter notes remotely. Everyone has multiple days in the office during the week on a staggered schedule to allow for completion of service authorizations and coordinating services for clients. Everyone in our CM Department has always been a team player, helping out their peers when out of the office.
- High risk APS referrals have slowed down considerably. I am not sure if this is attributed to seniors being homebound with less observation by the community to report suspected abuse/neglect, or if investigators are coming up with new and unique ways to meet clients' needs during the pandemic. We have been able to use less of our program dollars

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dealing with high risk referrals, and have been able to enroll increased numbers of high risk clients from the waitlist. I have been in contact with local API Supervisors frequently during the pandemic in an effort to mitigate crisis for seniors in need. The one major positive about the pandemic, everyone in the field of helping and supporting seniors has really come together and worked very well and very hard to ensure the needs of seniors are being met, from DOE to ADRC to DCF, down to our local community partners and volunteers.

Above all else, although the pandemic has been a complete detriment to our society as a whole, it has also promoted human kindness, unity, and good moral values in our community. We are all working together to make sure that our seniors will get through this pandemic safely.

I want to thank Jennifer for her insight and



dedication to assisting our seniors during this period. Additionally, I want to suggest that she and her staff have been extremely helpful in working with our local Health Department to get our clients and many seniors within our county registered for the vaccinations. Her staff has coordinated the registration, transportation and kept them alerted to the appointments for their second doses.

Please enjoy the Newsletter.

Darrell Drummond

COVID-19 Vaccine Pre-Registration

Vaccines are available in all 67 Florida counties. Appointments are required at most locations and vaccine availability may vary from day to day as doses are distributed from federal supplies. There is a vaccine locator available at floridahealthcovid19.gov/vaccines/vaccinelocator where you may search by county or city.



[CLICK HERE](#) to pre-register for the COVID-19 vaccination in your county. You can also find out more about pre-registration process and eligibility for the COVID-19 vaccine at state sites. As we await additional vaccine supply from the Federal Government, we urge currently eligible Florida residents to save their place in line by pre-registering today.

The Department of Elder Affairs is working closely with all Area Agencies on Aging (AAA) to provide both print and digital resources for added distribution through local providers.



MedArrive Has Arrived

By: Andrea Marsh, Bay County Council on Aging



BAY COUNTY
Council on Aging

What if seniors could combine an in-home doctor visit, like they remember from the past, with the modern technology of telemedicine? If there were a way for skilled healthcare to be provided in a home or other non-traditional setting with the oversight of physicians? This option now exists with MedArrive.

Providing a new alternative to traditional health care, MedArrive provides turnkey access to a broad network of highly skilled EMTs and Paramedics to extend care into the home or other non-traditional settings under the oversight of telemedicine-based physicians. In this day of COVID-19 when seniors are hesitant to make appointments if there are public waiting rooms, MedArrive provides a comfortable and safe alternative. Combining telemedicine with the in-person visit of a skilled EMT or Paramedic, seniors can receive care while in the comfort and safety of their home.

While the traditional in-person doctor visit will always be a vital part of health care, MedArrive's model can provide many benefits in an appropriate situation. It removes the challenge of transportation for a senior to get to a health care provider. Seniors get preventive care without the risk of exposure. By using EMTs and Paramedics, available labor is utilized. It also enables partners to seamlessly enter patients' homes to close care gaps, capture essential



State Department of Health data and fully document patient conditions.

How does this all work? A physician, hospital, or health plan requests a service. MedArrive triages and schedules a visit with the patient. The EMS provider is scheduled and routed to the patient's home. Once at the home the exam, diagnostics, vaccinations, or whatever medical care is necessary is administered. A physician's guidance is provided, via telehealth, if needed. The final step provides updated information from the visit to the physician and payor. Everything happens with seamless communication and follow-up done electronically via text, email or phone. All invoicing and billing are handled.

MedArrive has a national network of EMTs and Paramedics – over 22,000 EMS personnel across the country. Their EMS partners are medically-licensed and certified at all levels to

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meet the needs and demands of patients. Their average response time is 45 minutes nationwide.

What are the benefits? Patients get preventative, convenient care without the risk of exposure. This is especially important during the pandemic. Medical providers are able to see more patients, have more remote visits with highly acute patients, and expand capabilities of remote care by partnering with emergency medical services. This promotes healthier communities through the extension of access to in-person care. Payors also see reduced costs and are more proactive about hospitalizations and readmissions.

MedArrive has significant potential for vaccine distribution, including traceability, coverage visibility and uptake of a national COVID vaccine, as well as any future need for mass vaccine distribution. Their technology can track in real time who is receiving the vaccine, ensuring any necessary second dose administration. Robust and accurate data can then be delivered back to MedArrive's partners.

Overall, payors see reduced costs while, at the same time, patients receive a combination of human touch care paired with telemedicine.

This helps to provide care to underserved populations and to older populations who may not have the means for telemedicine alone. MedArrive's model reduces emergency room utilization while still delivering in-person care. It also provides for the monitoring of chronic conditions such as COPD, Hypertension, Atrial Fibrillation, and Diabetes while documenting vitals, medication accounting, physical history, immunizations, home assessments, and other essential health issues.

It's time to rethink the delivery of care and bring high quality healthcare services into the home with trusted medical personnel servicing with the guidance of a virtual doctor. MedArrive is passionate about creating genuine access to high quality healthcare for more people, especially populations not well served by the current medical systems. It adds humanity to a system which can lack a personal touch by providing in-person care to people when they are vulnerable, worried, or in pain. There is access to the highest level of medical expertise which is amplified by EMTs and Paramedics who are able to act as a doctor's eyes, ears and hands while providing care. This results in less waste, lower costs, better outcomes, better prevention, and greater continuity of care.





Adapting During COVID-19

By: Debbie Kleinberg, North Miami Foundation For Senior Citizens' Services, Inc.

**North Miami Foundation For
Senior Citizens' Services, Inc.**
and other services to support independent living



General
Impact on
Agencies:
COVID-19
has been
affecting
everything
for almost a
year now.

If your agency has been anything like ours, 2020 was a very challenging year and resulted in significant changes. Some services, such as home delivered meals, were in higher demand while other services, such as transportation, congregate meals and other in-home services were substantially reduced if not completely suspended. It was heartbreaking to have to suspend services that clients depend on for socialization at a time when their contact with friends and family was also greatly reduced. Obviously, both clients and staff are eager for the pandemic to be over and for things to return to normal. Yet, we grapple with how to resume services without making clients more vulnerable. As we speak, clients have begun to receive vaccinations but having a vaccine will not assure 100% safety for our clients. Additionally, there may also be clients with medical conditions that prevent them from getting vaccines. The ongoing question will be: how can we provide services that meet client's needs while keeping them safe?

Steps Some Agencies Have Taken: Some

agencies have remained fully staffed at their offices throughout the pandemic, and some were able to operate remotely by transferring phones, modifying applications/databases, scheduling limited office coverage (to allow employees to complete activities that cannot be accomplished remotely), modifying how to record time at work, and communicating as a group through Zoom/WebEx type of on-line meetings. The Department of Elder Affairs allowed agencies to temporarily complete screening/assessments and counseling by phone rather than in-person to keep clients and employees safe.

Some agencies had to furlough employees, while other agencies such as Pasco County Senior Services actually increased staffing and volunteers as a result of ramped-up client counts. Some agencies experienced employees who preferred to work remotely during the pandemic while other agencies had employees who preferred to return to the office. If an agency is currently working remotely, then in order to restart an in-person work environment, each agency is going to have to evaluate their office configuration for any changes needed to make employees feel safe. Some considerations are: Should there be a staggered return to work where employees operate remotely until 10-14 days after their 2nd vaccination? Are hand sanitizers available in each employee's work area? Will masks be required to be worn? At all times? Even in employee's private

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offices? Should there be further separation of employee work areas (plexiglass or sneeze guards)? Can we enhance A/C filtration?

Below are some adjustments already made or being considered by providers:

- General client considerations: Do clients need to have been vaccinated before utilizing group services? If so, what, if any, documentation do clients need to provide of vaccination? How to handle clients who are unable to obtain vaccinations due to other medical conditions?
- Transportation: The North Miami Foundation is in the process of adapting our transportation service to make it safer to reinstitute limited services by installing sneeze guards in each row of seats on our vehicles, using signage to enforce social distancing by displaying which seats should not be utilized. (see picture), installing automated hand sanitizer for use by the clients/driver when entering the bus, and requiring clients/drivers to wear masks at all times. We are also in the process of installing a driver protection barrier. Additionally, we are investigating a HEPA filter for the A/C system. Another option, is a fogger that disinfects the buses but it is costly. Some of these changes will not only benefit our clients during the pandemic, but will also provide a safer environment post pandemic by reducing the risk of cold/flu transmission.
- Adult Day Care: The pandemic caused agencies to suspend Adult Day Care

services. The Council on Aging of West Florida, Inc. was able to successfully reestablish their service by taking steps to limit participation so that clients could maintain social distance while at the center. The Broward County Elderly and Veterans Services Division and the Hillsborough County Aging Services offered in-home respite until adult day care sites could reopen.

- Congregate Meals: Due to the pandemic, in-person dining had to be suspended with agencies, such as Pasco County Senior Services and the Council on Aging of West Florida, Inc., implementing a drive-through meal service or a “grab and go” program in order to meet clients’ nutritional needs. Additionally, some agencies implemented Personal Protective Equipment (PPE) requirements for all staff-client interactions. These included mandatory use of face masks within 6 feet of each other, gloves and masks during meal packing operations. While Pasco County’s Senior Centers remain closed for face-to-face



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congregate meal service (as of the writing of this article), they have already purchased plexiglass sneeze guards for all dining tables and have revised capacity requirements to allow for social distancing in preparation for reopening. They will also be considering further modifications once the COVID-19 vaccine is more widespread depending on the Department of Health guidance/practices.

- **Case Management/Counseling:** Broward County Elderly and Veterans Services Division is providing case management, case aide, therapy/counseling, peer recovery support, and targeted mental health case management via telephone or video interface. Interestingly, attendance for caregiver training and support doubled when that service was moved to being conducted on-line. Due to the increased attendance, it is likely that this will be a permanent change even after the pandemic is over.
- **Home Delivered Meal Service:** Most agencies, like Pasco County and the North Miami Foundation, saw increased demand for home delivered meals during the pandemic. The agencies implemented modifications to keep clients and delivery people safer. Some agencies initiated PPE



requirements for all staff-client interactions, as well as, requirements for safe/socially distanced delivery.



- **Shopping assistance:** Similar to the increased interest in the home delivered meals program, there has also been an increase in requests for shopping assistance since many clients remain afraid to go to supermarkets. Some agencies are using transportation staff to provide this service with requirements similar to the home delivered meals program for safety.
- **Use of automation:** As with any emergency or rapidly changing environment, the use of automation can speed the delivery of important information to clients, caregivers, and/or employees. The Hillsborough County Aging Services worked with their County's Emergency Operations Department to send automated calls to their clients informing them of the delivery of their meals, in-home services, how to get needed assistance, etc. They have also instituted daily virtual activities. These were initially audio only and then expanded to video for some clients.

As we said at the outset, COVID-19 caused 2020 to be a very challenging year for all of us. For many of these challenges, however, service providers have found solutions. Until this pandemic ends, we all can benefit by sharing ideas/approaches on how best to safely provide services to our clients.

What Changes Will Remain?

By: Andrea Marsh, Bay County Council on Aging



The events of the past 12 months have required people to adapt to doing things in a way that is different from anything they have ever known in the past. The hope is that over the next 12 months we will all start seeing some sense of “normalcy” and revert back to many of our pre-Coronavirus ways. But will reverting back to all of our pre-pandemic ways truly be what the future holds? Undoubtedly not. The Coronavirus has changed our lives in ways that we never wanted. However, some changes will likely continue into the future for good, which is not necessarily a bad thing. It will be curious to speculate what things will look like a year from now. Which changes that we have experienced will remain and which will be cast aside?

Telemedicine was available prior to the pandemic. My guess would be that the rise in telemedicine visits has been significant during the pandemic and this practice will continue to be significant in the long run. For seniors who have access to the Internet or a smart phone, this can ease the burden of constant trips to doctors’ offices. Some of these visits can be from the comfort of their home. In his later years, my dad used tell me that he felt like all he did was go to doctors’ appointments. I think he

would have welcomed the telemedicine option.

Think of things such as health and fitness.

There has been a notable shift in “online interactive” fitness models. While older seniors who may not be tech savvy or have access to the internet may not be affected by this shift, younger seniors would be familiar with this change. People can now keep fit in the comfort and safety of their own home, and at a time that is convenient for them. While some of these fitness models require the purchase of expensive equipment, there is much available at little or no cost. You just need to turn on a computer, tablet, smart phone or television. With renewed socialization in the future, a senior could have a few friends over for a fitness session.



Online shopping was available prior to the pandemic but I think this, of all things, has

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really taken off during the past year, especially the delivery of groceries and food. One can order and

do curbside pick-up or get delivery to their home for just about anything. For seniors who do not have use of the internet or a smart phone, a family member can place a grocery order for them from anywhere. Most of these apps allow the creation of a shopping list so future orders can be done in a matter of minutes.

And there is Zoom – During the past year Zoom has become a household name. I remember Zoom as a television show for children in the 1970s. This past year I was reintroduced to the title as a platform for video conferencing. It has become more than a virtual alternative for business meetings but also a way for multiple people to connect at the same time from anywhere. It is a means for socialization for family and friends where there is not only an audio connection but also a visual connection. You can see a smiling face and communicate with loved ones, regardless of where they are.

The habit of social distancing may be a more difficult habit to break as we humans are creatures of habit. Once there has been worldwide distribution of the Coronavirus vaccine, will we still keep our distance while waiting in line to check out at a store?

Americans as a culture tend to require more “personal space”, but 6 feet is a lot of personal space. I very much hope that the future again allows for hugs and handshakes with those who are close to us. Human touch is so important.

I believe the continued and frequent washing of hands will continue for most individuals. I believe the same will be true with using hand sanitizer. Again, we are creatures of habit.



Hopefully, the wearing of masks will become a thing of the past. Although, we may continue to see them being worn on occasion if someone is suffering from cold or flu symptoms and are out in public. Moving forward, however, donning a mask probably won't get a second glance. I visited Japan in the 1990s when my husband had a tour of duty there with the US Navy. I saw a handful of locals wearing masks during my visit. My thought was that they were probably sick and did not want to spread their germs. Fast forward 2+ decades and masks have become fashion statements. Who'd have thought???





Advocacy and the Legislature

Every year the Florida Association of Aging Services Providers (FASP), in collaboration with the Florida Council on Aging (FCOA), undertakes an initiative to support the funding of home and community-based programs for seniors. Specifically, the General Revenue funded programs: Home Care for the Elderly (HCE); Community Care for the Elderly (CCE); Alzheimer's Disease Initiative (ADI); and Local Service Programs (LSP). During this challenging budget year, we requested that these programs be held harmless. This request aligned with the Florida Department of Elder Affairs and Governor DeSantis' proposed budget. Our message to Legislators details who is impacted and how funding cuts will harm those individuals. It also emphasizes the critical services that help seniors remain at home such as: home-delivered meals, home health aides, personal care, adult day care, transportation, case management, chore/homemaker, caregiver support, respite and home accessibility modifications. For more information, please visit FCOA's Advocacy [page](#) which includes the 2021 Brochure and Appropriations Legislative Guide.

In late January, Governor DeSantis released his [2021-2022 proposed budget](#)



which maintained funding for the Alzheimer's Disease Initiative waitlist, the Community Care for the Elderly Program and the Home Care for Elderly Program. It was stated that these programs will continue to provide support for activities of daily living, medical assistance and caregiver support to keep seniors in their homes. A [press release](#) from the Florida Department of Elder Affairs applauded Governor DeSantis' Florida Leads 2021-2022 budget for keeping seniors first.



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Aging Network providers faced many challenges in 2020 and they have stretched their budgets to provide services to the most frail Floridians. There

have been greater demands placed on them from an increased number of people requesting support, while activities and fundraisers that help generate revenue to support services were curtailed. The state's budget has also been under increased stress. According to some reports, state revenues are down by \$4.7 billion and the economy will not be back to "normal levels" until the pandemic is under control.

The economic impacts of the pandemic and resulting unemployment have created a need for additional General Revenue funds for the state Medicaid program due to a substantial increase in Medicaid enrollment. Forecasts and information regarding the budget have been presented to the Senate Appropriations Committee by [Chris Spencer](#), Director of Policy & Budget at Executive Office of the Governor and

[Amy Baker](#), Coordinator of the Office of Economic and Demographic Research.

Another one of the challenges that we face this year is spreading the message to the Senators and Representatives. The Capitol will likely remain closed to visitors and lobbyists which means that they will be inundated with emails and print mail from many advocates. Regular Session convenes on March 2, 2021 and we have sent the Advocacy Brochure to Legislators at both their Capitol and district locations. If you would like to personally reach out to your Senator or Representative as a constituent, tips for effective communication with a Legislator and the 'Find Your Legislator' tool can be found [here](#). Zoom sessions or conference calls may be highly effective this year to communicate our message.



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New Struggles for Grandparent Caregivers

Across the nation, older adults are being warned to socially distance from children and other individuals because of the heightened risk of infection from COVID-19. For some families this is an impossible feat because the grandparent is the primary provider for their grandchildren.



Generations United released the 2020 State of Grandfamilies in America Annual Report entitled [Facing a Pandemic: Families Living Together During COVID-19 and Thriving Beyond](#). The report details the unique needs of grandfamilies and how they have been amplified by the pandemic. Almost half of grandparent caregivers are age 60 and older and at heightened risk for COVID-19. These caregivers are the first line of defense for many children during the pandemic. They have stepped in when parents cannot raise or care for their children for many reasons.

According to the key facts and findings of the report, grandfamilies have faced increased needs during the pandemic including housing, food security, and alternative care plans for the children. A nationwide online survey of kin caregivers revealed:

- 38 percent are unable to pay or worried about paying mortgage or rent;
- 43 percent fear leaving their home for food;
- 32 percent arrive at food pick-up sites after they have run out of food; and
- 30 percent have no caregiving plan for the children if the caregivers die.

In addition to the added stress of limited resources being available to these families, the grandparents also face fewer opportunities for employment. Some employers are reluctant to hire an older person due to the heightened risk or their position may have been eliminated. The grandparent may not have the resources to work remotely which limits employment possibilities.



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