

CBAS HCB Settings Stakeholder Input Log

As of 5/19/15

Date Submitted	Subject	Comment/Question	Submission Type		Submission Method			
			Comment	Question	Email	Meeting	Phone	Mail
02/24/2015	Access (CMS Item #1)	1e - our center invites the community, example school children. 1k - we encourage our participants with center tasks like cleaning the table, setting the table for lunch, setting aside folders.	1			1		
02/24/2015	Access (CMS Item #1)	11 - have centers considered a height adjustable table for those participants on big and tall power wheelchairs?		1		1		
02/24/2015	Privacy/Dignity (CMS Item #3)	3e - although we do not have anyone on restraints, a postural support needs MD certification so it is not considered as a restraint but as a support. 3f - IPC needs to mention the behavioral approach specific to the individual with behavioral problem	1			1		
02/24/2015	Stakeholder Process	When does each center need to complete this document by?		1		1		
02/24/2015	Choice (CMS Item #5)	5e is a very important one; it seems how much the center gets involved with additional HCBS requests or changes varies greatly;	1			1		
02/24/2015	Setting Selection (CMS Item #2)	2b ".....to the extent that the individual is able to participate in such activities and still qualify for CBAS via their health challenges, they will be given the opportunity to participate in such settings."	1			1		
02/24/2015	Access (CMS Item #1)	#1 We have private pay as well as VA participants in our facilities,so I see our activities and thrapies are in a community setting seem very relevant. 1.i Demand response transportation is available and mobility training is offered to our participants.	1			1		
02/24/2015	Access (CMS Item #1)	OT and the activites director work together regarding each person. Cooking, Sewing, cutting,etc.	1			1		
02/24/2015	Access (CMS Item #1)	1a population with that ratio. so answer is yes and no. We coordinate with the caregiver. The most important area is access to transportation. Service at our center is available all day, although could change later so we do not limit the day to 4 hours. If we do the answer is no, we can not accomodate the need of the caregiver 1C- Yes - we try to provide culturaly sensitive activities - 1d- for our population grouping them is more apporpriate. This is participants with Alzheimer's and dementia. smaller groups and infrastructure design is important. so Yes we have low fencing as higher fencing reflects instituatization. however, we have issues with elopement. we have guards at the exit doors all the time.	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	4e - yes, we also do training, in-service	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	I am wondering since alcohol was a question is smoking allowable?? We have smoking policy in the patios. although they require one on one supervision	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	They choose where they want to sit Only individuals with special diet they sit with a one on one supervision- high risk. name badges identify their diet as well so staff may recognize the special diet. We should have more structured meal servings.	1			1		

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02/24/2015	Access (CMS Item #1)	We still need to meet the 4 hour requirement right? We need to protect a vulnerable population. How do we do that when we are expected to have the client's access areas that may not be safe, as for dementia clients, etc. We provide outside entertainment for our client's 4xmonth. Often the MSW deals with clients continuing to go to church, or go shopping, etc, with their family/caregiver.	1			1		
02/24/2015	Managed Care Plans	Alliance has done a physical access assessment at our facility	1			1		
02/24/2015	Autonomy (CMS Item #4)	We have an area for client's that may elope from the facility.	1			1		
02/24/2015	Autonomy (CMS Item #4)	What do they mean by "non-work" activities?		1		1		
02/24/2015	Choice (CMS Item #5)	The only activity we do every day is Bingo on fear of death to staff. This is a part of patient's rights within reason. There is a conflict often between the client that wants the socialization and the Dr/family which wants the therapy/health maintenance.	1					
02/24/2015	Other	Can we apply for a new CBAS license?		1		1		
02/24/2015	Access (CMS Item #1)	Where does the caregiver assessment come into this? For example, does the schedule question also take into account the schedule of the caregiver?		1		1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	For 4a, can we have access codes to prevent dementia participants mixed with non-dementia from going out and wandering? and are we allowed to have locked gates which opens up to car passages?		1		1		
02/24/2015	Choice (CMS Item #5)	what preferences are they referring to? i think before we can say if it is being done we need to better define what they mean by preferences I agree that this needs to be improved as we look at person centered care planning as we don't really see member specific preferences on the IPCs. do they mean like IHSS. I think this is an area in which could use improvement as some centers do really well and other centers do not assist much with these types of requests.	1			1		
02/24/2015	Stakeholder Process	I think this is a great start and look forward to continuing this process	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	I don't see these specific needs addressed in the IPCs for members, some centers are really good others really struggle with this many with behavioral health issues use smoking as a coping method for their BH issues and if you take that away will see increased agitation	1			1		
02/24/2015	Choice (CMS Item #5)	We do provide an individual plan of care. This also speaks to person-centered care, which will be further addressed when the person-centered care is developed I think a lot of this section can be addressed as we develop the structure of the person-centered care that's required for the waiver. instead of the word "afford"-- support could be used too?	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	There are wander guards on exit doors	1			1		

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02/24/2015	Initiative/Autonomy (CMS Item #4)	We choose a particular "home table" for our participants, based on what the social workers think would work best for them. They certainly can move around and choose other tables or participants with whom to interact. It's an interesting question. We have discussed this in depth at our center. It is almost impossible for us to afford much choice in meals, other than what is medically required. We have our meals delivered and cannot make many changes to meet personal preferences.	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	Another interesting question. This comes up for us around smoking. As we consider ourselves a health facility, we do not allow smoking. We, unfortunately, do not have any contained outdoor space.	1			1		
03/17/2015	Person-Centered Care Plan Development	At Eskaton ADHC, we involve family members or caregivers during the assessment process, especially those who have significant cognitive impairment. this is our way of knowing more about the participant and how we will address his/her care while at the center. At the team meeting, we invite the family/caregiver and participant as we discuss the Plan of Care. their input is important and we give emphasis to what they say.	1			1		
03/17/2015	Other	On the Quality workgroup, it seems to me that it would be very important to have representation from the Health Plans because they have to report these (I think) to the State and CMS.	1			1		
03/17/2015	Person-Centered Care Plan Development	What I am hearing is so broad that we will never be able to come up with a workable compromise. we have to consider the role of CBAS in the overall health care process instead of assuming that the CBAS center is the coordinator of all the cares available to the participant.	1			1		
03/17/2015	Person-Centered Care Plan Development	Please consider the fact that when we are talking about caregivers in the context of our population that we serve in Los Angeles area, we are dealing with caregivers paid by IHSS who are mostly family members and generally the payments are considered as a financial aid rather than a caregivers who are fully committed to the care required.	1			1		
03/17/2015	Managed Care Plan Coordination	What is the process of requesting unmet needs (ie. home equipments) from insurance companies?		1		1		
03/17/2015	Person-Centered Care Plan Development	I strongly believe that the professional health care providers in general and ADHC/CBAS providers particularly should always have patient/participant centered care approach, and the way of their thinking/philosophy and approach should not be changed r/t outside policy or regulation changes.	1			1		
03/17/2015	Person-Centered Care Plan Development	As we build trust with people and help them to feel better in ways that they are comfortable with, it becomes easier for them to consider new things..per what Lydia is saying about this topic	1			1		

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03/17/2015	Person-Centered Care Plan Development	As Brian was just describing, I think the key aspect is not to take things for granted; to listen carefully to participants, their families and other care providers, and respond to them as individuals over time, not making assumptions. As people gain health they often regain ability and function and can be more engaged.	1			1		
03/17/2015	Person-Centered Care Plan Development	The word non-compliant itself is not person-centered. It indicates that the staff is making a decision for the participant. It's not collaborative. What does the participant want, how can the staff work with the participant to help understand their needs and what they're communicating? The beauty of ADHC is that the center has a social worker and a psychological consultant who can work with the participant and the family member to help negotiate and to elicit the hesitancy of the participant and the desires of the family	1			1		
03/17/2015	Person-Centered Care Plan Development	We were directed to send our comments or questions to you. I have a comment. The speakers stated that "Person Centered Care" is a new concept. We've been doing Person Centered Care at our facility all along. I've been doing Person Centered Care since I first began my career as a Social Worker 15 yrs. ago. Our training and education was geared in that direction and we always start where the client is. We also include family, caregivers, and collaborate with all persons involved with the case. This is not a new concept. I was expecting to hear about the revised IPC or new regulations or requirements on how we document what we do.	1		1			
03/19/2015	Person-Centered Care Plan Development	I attended your webinar on Person Centered Planning (PCP) in CBAS. I worked in the field of developmental disability, the DDS/Regional Center system for 17 years in a management capacity. PCP was flushed out in this system over 15 years ago. It is concept that is well-borrowed in the field of aging. Here are 3 take-aways from the discussion on the Webinar: Conflict and Disagreement between Program Participants and Family/Circle of Support The group on the webinar was struggling to come up with examples of conflict or disagreement between the person served and their family members/support team. Often this is a case of Health & Safety vs. Dignity in Risk. An elderly person with vision loss wants to retain their driver's license while the support team clearly views this as a health hazard, not only to the person but to others. An older person with diabetes want to continue their routine stops at the donut shop as they have for the past 40 years. The support team realizes this is not a healthy choice and could cause the person harm. We have to help the person make an educated choice. If there is no conservator, they can continue making an unhealthy choice – but we have to carefully document that we helped them to make an informed choice through the health education process. Practical Behavior Management As a matter of policy and practice, insurance/managed care companies may in the future threaten to drop the person from the insurance policy if they do not follow the indicated health practices for their given condition or circumstances. This is practical, reality-based behavior management. This might	1		1			

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		<p>promote more personal responsibility in health management. If we have done our due diligence to inspire, motivate and educate the person to make behavior change toward better health, but they ignore the advice and drive up utilization costs through negative behavior and poor health practices, there must be some natural consequences to help change/improve the behavior. We have to ask the question – should the government (and tax payer) continue to support a person with health insurance that is not willing to support themselves with healthy choices. It is an interesting dynamic that needs to be discussed further as we become more invested in behavioral health and advance the ACA.</p> <p>Using PCP in CBAS vs. the more global approach from the Care Coordinator/Case Manager at the Managed Care Plan In the DDS/Regional Center system, the “Service Coordinator” at the regional center is responsible to coordinate services for the person. The day program is responsible to set health/activity goals while the person is at the program. So while the domains covered by the regional center Service Coordinator are all-encompassing – Living, Health, Social, etc. etc. The day program domains might be more narrow and the day program goals feed into the overall goal plan at the regional center. Likewise, the CBAS goals developed in PCP would feed into a more global life goal plan developed by the Managed Care Coordinator/Case Manager and the Managed Care Plan. It is important that the goals are consistent and supportive to the person across environments. If the CBAS program is assisting a person with diabetes management including behavior change, but the family/caregiver has no investment in such support at home, the diabetes management program will likely fail or not be nearly as affective. CBAS should do its part, yet the responsibility to hold all this together is at the Managed Care plan level – they have the global over-site.</p>						
03/17/2015	Person-Centered Care Plan Development	<p>1.The participant’s preferences and choices in regards to their own physical, cognitive and emotional health desires will be elicited during the assessment process. During this process the participant will be encouraged to discuss what they would like to achieve while attending the center. The professional staff member conducting the assessment will collaborate with the participant to clarify those preferences, which will later be used to develop the participant’s individualized plan of care.</p> <p>The strategy to address those preferences, choices and abilities will be to develop the plan of care utilizing the information collected during the assessment process. This information will be used in all aspects of the plan, including the interventions, goals and problem statements.</p> <p>2.The participant shall be an integral and equal member of the multidisciplinary team, which includes “a physician, nurse, social worker, occupational therapist and physical therapist...” (54211(a)). The required members of the multidisciplinary team will develop the participant’s individual plan of care utilizing information gathered from the assessment process, which includes the participant’s identified health care choices, preferences and abilities. The center shall hold a multidisciplinary team meeting which includes all members of the team involved in the participant’s plan of care and assessment, the participant shall be included in this meeting as he or she is also a</p>	1		1			

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		<p>member of the interdisciplinary team. The written plan of care shall be discussed with all members of the team at that time, and all members, including the participant, shall be encouraged to provide input to the plan of care prior to its finalization. The participant will indicate his or her agreement with the plan of care by signing the plan with the other required signatures.</p> <p>During the assessment process, the participant will be asked if he or she would like to have anyone else (family, friends, professionals) involved in the care planning process. These identified persons will be included and involved in the assessment and care planning process to the extent of the participant's wishes. These persons will also be required to sign the IPC.</p> <p>3. During the assessment process, the participant's diagnosis, current health status and abilities will be discussed with the participant. During the elicitation of the participant's own preferences, choices and abilities the discipline assessing the participant will offer the participant multiple treatment choices and work collaboratively with the participant to decide which treatments are the most appropriate and will be the most effective in order to support the participant and team's identified goals.</p> <p>4. One of the major components of treatment in the CBAS program includes monitoring of participant's condition (physical, cognitive and emotional health) which occurs daily in most cases. This monitoring includes eliciting the participant's subjective experience of their emotional, physical and cognitive state. This information will be discussed with participant and if the participant and the staff feel the plan of care should be revised either to include a new problem or to adjust an intervention or a goal, this can be done at any time.</p> <p>Besides daily collaboration with the participant about his or her condition and progress, the team also reassesses the participant on a quarterly basis (54215 (a)). Every six-months, a full assessment is completed by all professional disciplines involved in the participant's care, and a new IPC is developed. This is developed in the same manner as stated in #1 above, which includes the participant and his or her identified family, friend or professional as equal members of the team, both during the assessment process and the IPC development process.</p> <p>The ongoing commitment to the participant is provided by utilizing a person-centered approach in all aspects of the care provided. The participant is at the center of the care, not the staff or the physician; care revolves around the participant's needs and desires and the participant is an equal and integral member of the team.</p> <p>Person-centered language is utilized in all documentation and in conversation; the participant is identified by his or her name, not "participant" or as a number. Paternalistic and judgmental language is not used. Training is provided to all staff, center administration and participant annually in various aspects of person-centered care theory and practice.</p>						

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Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
03/26/2015	Stakeholder Process	<p>On behalf of more than 3 million AARP members in California, I am writing with some initial comments about the CBAS Transition Plan. The new HCBS rules hold great promise for improving the Medicaid HCBS system in California and giving consumers and their families more choice and control over the services that enable them to continue living in their homes and communities as they age. The already-drafted state transition plan (which the CBAS transition plan is using as a template) is commendable because it puts forward a solid outline of how California plans to come into compliance with the new HCBS rule. It also goes further than other states in insuring that the consumer is included as part of the stakeholder process. We also appreciate the state transition plan's development of a consumer assessment tool.</p> <p>We recognize that we are in the initial stages of creating the CBAS transition plan, but there are a number of areas where we believe the plan can be improved to insure that it functions as intended:</p> <ul style="list-style-type: none"> • The state should insure that it surveys an ample number of facilities and consumers to ensure a representative sample size. • In some other states, response rates on the self-assessment surveys were low. Is the state planning for this, and will there be a process for re-sending them and following up with non-responsive facilities? • AARP especially looks forward to providing input on the consumer assessment tool and is interested in participating in that workgroup when it is up-and-running. <p>Thank you for the opportunity to comment on the state's CBAS Transition Plan. We look forward to working with CDA to ensure that these rules are implemented in a manner that addresses the needs and desires of CBAS consumers.</p>	1		1			
04/23/2015	Managed Care Plans	Anthem Blue Cross- we regularly inservice all departments on the basics of CBAS, have developed a referral process,	1			1		
04/23/2015	Assessment Tool	How about a short video presentation uploaded on Youtube so that families can watch at their convenience?	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	I believe that because we are a facility based center some of the HCB regulations may be a challenge for the day to day procedure by the staff.	1			1		
04/23/2015	Assessment Tool	Asking facility staff what type of activities are being offered in the facility. As to outside community, recources are being invited into the facility.	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	Need to ensure that meetings are in participants/caregivers first language	1			1		
04/23/2015	Managed Care Plans	MCPs need to get physicians informed as to what services CBAS provides and how that helps participants whole health plan.	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	It is a one stop shop that provides a multi disciplinary approach to care.	1			1		
04/23/2015	Assessment Tool	Incorporate in caregiver support groups.	1			1		

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04/23/2015	Assessment Tool	<p>Are the Families or Caretakers able to understand the complexity of these changes, let alone the participants themselves?</p> <p>Since transitioning to CBAS from ADHC, many of those in the community, particularly traditional referral sources like hospital discharge units/SNF/ICF, are unaware of the changes. How will these service providers, as well as the community as a whole, be made aware of these changes?</p>	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	How will the changes to CBAS with HCB, impact Title 22 regulations? Staffing requirements in particular, plus this idea of "bundling".		1		1		
04/23/2015	Assessment Tool	<p>CBAS supports individuals living at home in their own community.</p> <p>Individual centers are the most likely to be able to engage caregivers and participants in providing input.</p> <p>Though webinars may work well for us, I doubt they would be very effective for our non-English speaking participants and families. A more high-touch process with people they already know would be needed, I think.</p> <p>Small groups of participants at the centers would probably enjoy discussing a set of questions (distilled-down, as was suggested).</p> <p>Love the idea of involving staff in providing their ideas and input!</p> <p>☺</p>	1			1		
04/23/2015	Managed Care Plans	<p>At Elderday, we have met with our plan and requested that they educate their providers, especially discharge planners and physician groups.</p> <p>Statewide education about CBAS services and benefits is very important. It certainly isn't a well-known service.</p> <p>They have been quite enthusiastic in following through with their providers.</p>	1			1		
04/23/2015	Other	Silly question, is Medi-Cal still paying for CBAS services to the health plans after the transition?		1		1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	Were there issues with CBAs centers regarding restricting participants from moving around or having visitors?		1		1		
04/23/2015	Resources	<p>Is there any plan to reduce paper work? One of our health plans starting to give us 1 year approval instead of 6 month.</p> <p>Is this one of the plans for CBAS for all health plans?</p> <p>Will there be a standard rate for all centers or is it up to the plans? The \$68.64 rate is killing many centers.</p>		1		1		
04/23/2015	Resources	We need money for staff to implement these great ideas.	1			1		

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04/23/2015	Assessment Tool	The VA also uses the tool of a skilled facility tool as well. So a more focused tool would help improve. Not just something else to do. We do evaluation of the program for the Area Agency on Aging that are answered by participants and families.	1			1		
04/23/2015	Assessment Tool	Will the beneficiary tool be used for all populations served under the HCB waiver?		1		1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	Yes, because flexibility was designed into the regs to meet the needs of individual communities. If we looked at what ensures that regs are humane, at the highest level, Lydia's point about being able to request flexibility is a core means to do so. Families say that the 4 hour requirement is very institutional. Looking at the 4 hour requirement could be an example -- how they ensure that they are utilizing the service, while gaining flexibility.	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	How about taking a positive focus, and model best practices, by asking for stories of how these values are being demonstrated in programs today? (I.e., stories of what is going well.)	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	Perhaps the reviewers could spend some time in an ADHC learning about the model prior to initiating the reviews.	1			1		
04/23/2015	Assessment Tool	(Re how state bulletins could be used) -- guidance versus policy requirements.	1			1		
04/23/2015	Assessment Tool	I would give the survey to the program 6 months before, so the program has time to complete the self assessment, and implement improvements if needed. And I would give it to all providers, so they can get oriented to the standards and think about their programs. (Per Debbie, this is assuming a reasonable tool.)	1			1		
04/23/2015	Assessment Tool	How would the questions described for the consumer self assessment be effective at discerning the role the organization plays versus other aspects of the individual's life; for example, they may not have visitors, but that doesn't mean they are prevented from having visitors?	1			1		

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04/23/2015	CBAS/ADHC HCB Settings Assessment	<p>Yes, you might place something that describes ADHC, since it's the platform on which CBAS is built.</p> <p>CBAS is not necessarily a 5 day a week or 7 day a week program; it can be tailored to maximize independence.</p> <p>Additionally, we provide ongoing rehabilitation, but often to people who have retired from their working lives.</p> <p>I believe that this model meets the spirit and intent beautifully, when provided as it is intended to be provided: in a person-centered manner.</p> <p>We integrate participants into the community by ensuring that they are able to take part in things outside of ADHC, per their needs; by bringing in volunteers; by sharing the news of the world and community -- these are ways this comes to life in our programs.</p> <p>The regulations are designed for this purpose, so I agree with the latest speaker -- we need to look even for the ways in which oversight impacts the individual.</p> <p>To ensure dignity and independence...</p> <p>We say that we are already doing it -- as we are!</p> <p>We develop our care plans today based entirely on the person</p> <p>I think we need to prove that this is a problem; not assume that it is.</p>	1			1		
04/23/2015	Choice (CMS Item #5)	Re: access to food at all times. We serve a snack and lunch but do not have time to cater to individual food requests beyond those times. Participants do have access to food if they bring their own, but we only serve the two set meals. Is this a problem?		1		1		
04/23/2015	Choice (CMS Item #5)	In some rural areas there is very little choice. May only be one center in a 50 mile radius so only choice is whether or not to attend, not a choice of centers.	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	CBAS provides services similar to SNF services, except a bed to sleep on.	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	CBAS writes a Plan of Care tailored for the participant's need and goal for attending the program.	1			1		
04/23/2015	Assessment Tool	<p>Caregivers may respond more to a questionnaire sent to them, rather than send them letters for their comment. Just a comment.</p> <p>For question # 1 - F2F process by MCP</p> <p>Is the universal assessment tool included in this area?</p>		1		1		
04/23/2015	Choice (CMS Item #5)	When does participant safety override choice?		1		1		

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04/27/2015	CBAS/ADHC HCB Settings Assessment	<p>I did enjoy the training. Thank you to you and the committee for your work.</p> <p>I keep being struck by the differences in definition of "community based settings".</p> <p>Most of our participants have been or are benefiting from the Home and Community Based waiver directed to the needs of the intellectually disabled citizen. In this population, community based does mean not residing in an institution, it also means going outside of a licensed facility into the actual community for implementation of treatment plans (e.g. going to Sizzler to practice the SLP directed feeding program).</p> <p>For 17 years, potential participants have asked how we implement community based settings; our answer has usually been that we provide the services that offer the person the physical and emotional supports that make it possible for the participant to go into the community settings and participate with others. The response we usually receive is, "So you do not provide a community based services program other than leaving home and getting services in this building for the entire 4 hours, every day".</p> <p>Our families have been well trained in the matters of the waiver by other families, the public schools and or the regional centers.</p> <p>I think that Lydia's concerns expressed, although brief, really need to be explored.</p> <p>Is it possible for us to get the definition of what community based settings are, in the totality of usage and expectations? I noted in one section of the outline for the webinar, the Department of Developmental Services was listed. Perhaps they could be a specific resource in terms of their understanding of what is expected; what they understand as what CMS anticipates in its definition of community based settings?</p> <p>Thank you for your consideration of this matter.</p>		1	1			
05/19/2015	Draft CBAS Transition Plan	<p>I also feel that the draft plan looks complete, and reflects the person centered nature of the ADHC model. Can you comment on CDA's vision for creating an additive process for programs, given that the model already reflects much of what CMS wants to verify is present in community based programs?</p>		1		1		
05/19/2015	Draft CBAS Transition Plan	<p>Deb Toews- Anthem Blues Cross- the stat that says 51% mental health- what dx's are included in those stats</p>		1		1		