

**Community-Based Adult Services (CBAS) Providers  
Standards of Participation  
December 2011**

#	Standards	Recommended Actions				Amendments/ Comments/Questions	Meeting Feedback/Discussion
		Delete	Add	Comments/ Questions	No Change		
1	<b>General Provider Requirements</b> An existing Adult Day Health Care (ADHC) center with an active unencumbered license may apply to the Department of Health Care Services (DHCS) or its designee, to become a waiver provider.					Governing Statute: H&S 1575, necessity of license  <b>Comment: Discuss how to add Potential new providers (Need for additional centers based on access concerns.)</b>	
2	Upon meeting the criteria for enrollment, the ADHC center licensee will be designated as a "Community-Based Adult Services (CBAS) provider." This specific waiver provider designation will afford CBAS providers the opportunity to deliver outpatient waiver services to eligible waiver participants in a community setting.						
3	As an 1115 waiver provider, a CBAS provider delivers waiver services in an outpatient home-like setting.						
8	4 CBAS providers: 1) shall meet all applicable licensing and Medical and waiver program standards, as described or referenced in this document;					Governing Statutes: H&S Division 2, Chapter 3.3; and WIC Division 9, Chapter 8.7 <b>This will be addressed to see if any regulations need to be updated/revised.</b>	
	5 2) are subject to these waiver Standards of						

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		Participation (SOPs);						
10	6	3) shall provide services in accordance with the participant's physician-signed Individualized Plan of Care (IPC);					Governing Statute: WIC 14530(a), IPC	
	7	4) shall adhere to the documentation, training, and quality assurance requirements identified in the Centers for Medicare and Medicaid Services (CMS)-approved 1115 waiver; and						
8	8	5) shall demonstrate ongoing compliance as specified in this paragraph.						
3	9	<b>CBAS Provider Legal Status Requirements:</b>						(2-4-14) <u>Legal Status (SOP #9, 10, 11, 12, 13, 14)</u>
6		<ul style="list-style-type: none"> <li>March 1, 2012 - July 1, 2012: A CBAS provider may be a non-profit or for-profit entity.</li> </ul>						A CBAS provider may continue to be a non-profit or for-profit entity. Legal status is related to Access. Need to determine what can be done to support non-profit providers particularly if there is only one CBAS provider in the community.
3	10	<ul style="list-style-type: none"> <li>After July 1, 2012: To remain or commence as an eligible CBAS provider in the Medi-Cal program, a CBAS provider must convert to a non-profit entity unless DHCS determines that the CBAS provider satisfies one of the following three exceptions to non-profit status:</li> </ul>			x		The majority of Committee 4 feel that the requirement to convert to non-profit status should be eliminated, for a variety of reasons. The most important of these reasons is the need to retain access to CBAS services for those who need them. In many regions there are very few CBAS providers and the loss of for-profit providers would severely compound the problem.	
6							The original intent of this element – to	

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							<p>ensure quality CBAS programs – can be better addressed through other means. CBAS centers are regulated by the California Department of Public Health as well as the California Department of Aging. We recommend that centers be offered additional training through these agencies and through CAADS. The continuing focus should be on Best Practices and on opportunities for systematic quality improvement. We recommend utilization of existing enforcement provisions for centers that do not meet licensing or quality standards.</p> <p>In addition, by making CBAS services a Medi-Cal managed care benefit, an additional level of monitoring has been introduced. CBAS centers that serve Medi-Cal managed care members must comply with health plan provider standards. By contract with DHCS, Medi-Cal managed care plans have strict obligations to monitor for and report incidents of fraud, waste and abuse.</p>	
3	11	1. The for-profit CBAS provider offers program specialization that meets the specific health needs of CBAS-						

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6		eligible participants not otherwise met by any other CBAS provider in the participants' geographic area						
3	12	2. The for-profit CBAS provider's operation is necessary to preserve an adequate number of CBAS providers so that CBAS-eligible participants can transition seamlessly from ADHC to CBAS without interruption in services due to wait lists.						
6								
3	13	3. DHCS determines that a provider needs additional time beyond July 1, 2012, for the for-profit provider to complete its conversion to non-profit status.						
6								
3	14	Additionally, after July 1, 2012, DHCS retains the discretion to reexamine whether one of the above-listed exceptions for a for-profit CBAS provider still applies to a CBAS provider, and in doing so, DHCS may withdraw such exception for a for-profit CBAS provider as needed.						
6								
9	15	<b>CBAS Services</b> A CBAS provider shall provide a bundled service package at the ADHC center, pursuant to a participant's IPC, developed by the center's multidisciplinary team.					Governing Statutes: WIC 14529, multidisciplinary team; WIC 14550.5, core services; WIC 14550, required services  Cross reference STC e. CBAS Individual Plan of Care (IPC), item 36.	(2-4-14) <u>Program Model Issues Discussed (SOP #15-25, 48-62)</u> Disallowing payment for any length of stay under four hours is a concern as there are reasons beyond the center's control that someone may need to attend

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								fewer than four hours, such as weather conditions and participant acuity issues. The rule could be changed in regulation or have Program Flexibility authority given to CDA. The goal is to put a process in place that is possible administratively and is clear to providers.
9	16	This service package must provide all of the following services as specified in a participant's IPC for a minimum of a four-hour stay at the center.						
9	17	Any length of stay under four hours will not be reimbursed.						
9	18	The CBAS provider is responsible for documenting at least four hours at the center.						
9	19	The bundled service package shall be reimbursed under one rate of reimbursement.						
9	20	<ul style="list-style-type: none"> <li>Core services: each waiver participant shall receive ALL of these services on each day of attendance at the center:</li> </ul>					Governing Statute: WIC 14550.5, core services	
9	21	<ul style="list-style-type: none"> <li>Professional nursing.</li> <li>Therapeutic activities.</li> <li>Social services and/or personal care services.</li> <li>One meal offered per day.</li> </ul>					Governing Statute: WIC 14550.5, core services  Cross reference STC 95 f. Basic CBAS Benefits, items 49-54.	
9	22	<ul style="list-style-type: none"> <li>Additional services: each waiver participant shall receive any of the following services specified in his/her IPC:</li> </ul>					Governing Statute: WIC 14550, required services	

*← exceptions for acuity or other situations*

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9	23	<ul style="list-style-type: none"> <li>o Physical therapy.</li> <li>o Occupational therapy.</li> <li>o Speech therapy.</li> <li>o Mental health services.</li> <li>o Registered dietitian services.</li> <li>o Transportation to and from the center and the participant's place of residence.</li> </ul>					<p>Governing Statute: WIC 14550, required services</p> <p>Cross reference STC 95 g. Additional CBAS Benefits, items 55-61.</p>	
9	24	<p>1. Legal Authority and Requirements. CBAS providers shall deliver services in licensed ADHC centers in accordance with current Health and Safety (H&amp;S) Codes under Division 2, Chapter 3.3 and shall provide services in accordance with the California Code of Regulations (CCR), Title 22 under Division 5, Chapter 10 and with the CMS-approved waiver document(s).</p>					<p>Governing Statute: H&amp;S Division 2, Chapter 3.3</p>	
9	25	<p>CBAS providers shall be enrolled as Medi-Cal waiver providers and shall meet the standards specified in current Welfare and Institutions (W&amp;I) Codes under Division 9, Chapter 8.7; in the CCR, Title 22 under Division 3, Chapter 5; and as set forth in these SOPs.</p>					<p>Governing Statute: WIC Division 9, Chapter 8.7</p>	
	26	<p>If there is a change in adopted laws or regulations governing licensed ADHC centers or CBAS providers, these SOPs</p>						

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		will be amended and shall become applicable to all current and future CBAS waiver providers.						
7	27	2. Physical Plant and Health and Safety Requirements. To ensure the health and safety of the CBAS participants the physical plant of each center shall conform to the requirements of applicable sections of the CCR, Title 22 as described in part by the following:						(2-4-14) <u>Program Facility (SOP #27-34)</u> Need to collect current licensing regulations regarding Physical Plant and Safety Provisions. These are in the SOPs to summarize ADHC regulations for CMS. We need to determine where there is overlap with Licensing & Certification and remove barriers and constraints. Flexibility is needed. Recommend giving authority to CDA to oversee program and licensing. Not sure if there is a mechanism to address this. For STC purposes, use the ADHC law. Changing the law is outside the STC process.
7	28	a. Physical accommodations – Designed, equipped and maintained to provide for a safe and healthful environment. Each center shall:						
7	29	<ul style="list-style-type: none"> <li>• Comply with state and local building requirements and codes.</li> <li>• Be maintained in conformity with the regulations adopted by the State Fire Marshal.</li> <li>• Have a working, listed telephone number.</li> <li>• Have a working FAX number.</li> </ul>						

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		<ul style="list-style-type: none"> <li>• Have a working Email address.</li> <li>• Have a working heating and cooling system.</li> <li>• Have adequate lighting.</li> <li>• Have appropriate water supply and plumbing.</li> </ul>						
7	30	<p>b. Space Requirements – Demonstrate all of the following, to include but not be limited to:</p> <p>Available space sufficient to accommodate both indoor and outdoor activities and for storage of equipment and supplies.</p> <ul style="list-style-type: none"> <li>• A multipurpose room large enough for all participants to get together for large group activities and for meals.</li> <li>• A secluded area that is set aside for participants who require bed rest and for privacy during medical treatments or social service interventions.</li> <li>• Appropriate office area(s).</li> </ul>						
7	31	<p>c. Maintenance and Housekeeping – Be clean, safe and in good repair at all times; maintenance shall include provisions for cleaning and repair</p>						

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		services.						
7	32	d. Safety – Appropriate protective devices to guard against hazards by means of supervision, instruction and installation.					Governing Statute: H&S 1584	
7	33	e. Supplies – Maintain sufficient supplies for functional operation and for meeting the needs of the participants.						
7	34	f. Solid Waste – Provide for the storage and disposal of solid waste according to the standards set forth in Title 22.						
8	35	3. Organization and Administration – Be organized and staffed to carry out the service and other requirements specified in the waiver. Such organization shall include:					Governing Statute: WIC 14552(g), Standards for certification – organizational and administrative capacity  SOP items 35-37: Cross reference STC i. CBAS Provider Specifications, item 77.	(2-4-14) <u>Organization and Administration (SOP # 35-47)</u> Need a new section on Provider and Plan Contractual Relationship to address sharing of information between Plans and Providers and to promote goals of better understanding and communication. Need an infrastructure to support communication. There is a tension between/among the needs of the Beneficiary, the Plan and the Center. Recommend statewide consistency while maximizing flexibility. Currently, each Plan has its own way of doing things. This is challenging to operationalize, not productive and takes time away from

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								patient care. Recommend incorporating these issues into the IPC workgroup discussion.
8	36	a. An administrator or program director on duty at all times. “On duty” means physically present in the center at all times during the center’s program hours in which participants are present. The CBAS provider shall have a policy for coverage of the administrator/program director during times of his/her absence.					Governing Statutes: H&S 1570.7(k)(m)(o) – Program director definition, policies and procedures; WIC 14553.1, Provisions for staff absences and vacancies	
8	37	b. Sufficient supportive staff to conduct the CBAS daily business in an orderly manner.						
8	38	c. Financial and accounting records that fully disclose the disposition of all funds.						
8	39	d. CBAS staffing that meet the individual professional requirements specified in relevant state laws and regulations and in these SOPs.					Cross reference STC i. CBAS Provider Specifications ii, item 78	
8	40	e. The maintenance of appropriate participant health records and personnel records.					Governing Statute: WIC 14554, Medical records	
8	41	4. Emergency Services – Maintain updated written procedures for dealing with emergency situations. Such procedures shall include, at a					Governing Statute: WIC 14553, Policies and procedures	

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		minimum all of the following:						
8	42	a. Use of the local 911 system.						
8	43	b. Appropriately trained personnel; at a minimum, all direct care staff shall be trained in first aid and certified in basic life support.						
8	44	c. Written permission from all CBAS participants for transfer to and treatment by local hospitals or other treatment facilities as needed.						
8	45	5. Grievance Procedures and Processing of Incident Reports. a. Written grievance process whereby participants and family/caregivers can report and receive feedback regarding CBAS services.					Governing statute: WIC 14553, Policies and procedures	
8	46	b. All incidents shall be documented in writing that includes the nature of the incident and its resolution. Such documentation shall be available to appropriate DHCS staff at all times.						
8	47	6. Civil Rights and Confidentiality – Adhere to all laws and regulations regarding civil rights and confidentiality of both participants and CBAS staff. CBAS providers are subject to Federal and State laws regarding discrimination and abuse and the reporting of such.						

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9	48	7. CBAS Waiver Services. As a provider of waiver services, a CBAS provider shall employ or contract for a variety of providers and render services as described in these SOPs.					Governing statute: WIC 14552(d), Standards for participation – required personnel  SOP items 48-60: Cross reference STC i. CBAS Provider Specifications, item 77 & 78.	
9	49	The individuals providing waiver services shall meet all licensing requirements as specified in the California Business and Professions Code, as well as these SOPs, as appropriate to the individual provider.					Cross reference STC i. CBAS Provider Specifications, ii, item 78	
9	50	A CBAS provider's staffing requirements will be based on the average of the previous quarter's average daily attendance (ADA).						
9	51	The ADA can be tied to various shifts within the day or various days of the week so long as the CBAS provider can demonstrate that they are consistent.						(2-4-14) SOP 50: Flexibility in staffing is needed particularly with regard to the requirement that staffing is to be based on the ADA experience from the previous quarter. Should reflect situations such as when a center experiences a substantial drop in ADA. A center may hire personnel then have a drop in ADA or every Friday there is a decrease in ADA. Need clarity in current language to ensure that centers have the staffing in place to meet the minimum standard requirements. (Diane

*staff staggered?*

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								and Celine are to submit proposed language to CDA regarding staffing requirements.)
9	52	For example: Quarter 1, ADA Monday –Thursday is 95-100; Friday is 35-40. With demonstration of a consistent pattern, the CBAS provider may staff for these ADAs in quarter 2.						
9	53	Professional nursing coverage of the center shall include Registered Nurse (RN) staffing at a ratio of one RN for every 40 participants.						
9	54	A half-time Licensed Vocational Nurse (LVN) shall be provided for every increment of 10 in average daily attendance exceeding 40 participants.						
9	55	There shall be at least one RN physically present in the center at all times during the center’s program hours in which participants are present; however for short intervals, not to exceed 60 minutes, an LVN may be physically present with the RN immediately available by phone if needed.						
9	56	The CBAS provider may supplement the RN staff with LVN staff as stated above with at least one RN physically present in the center at all times during the center’s program hours in which						

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		participants are present.						
9	57	The program aide/nurse assistant staffing shall be at a ratio of one program aide/nurse assistant on duty for up to 16 participants present in the building.						
9	58	Any number of participants up to the next 16 shall require an additional program aide/nurse assistant (for example, 17 participants require an additional program aide/nurse assistant).						
9	59	The needs of the participants shall supersede the minimum staffing requirements specified in these SOPs.						
9	60	The CBAS provider shall be responsible for increasing staffing levels if necessary to maintain the health and safety of all participants and to assure that services are provided to all participants according to their IPC.						
8	61	Appropriate documentation in the participant's health record according to current health record standards shall be completed by all CBAS staff providing services.					Recommend looking at reporting requirements and expectations. CBAS centers should send Incident Reports to plans when there is a change in conditions, etc., versus waiting until 6 month report. Health Plans need this information as soon as possible.	
2	62	8. Authorization and Documentation a. CBAS Waiver services shall require prior				x	Governing Statutes: WIC 14526 and 14526.1, Authorization for participation	(2-4-14) <u>Eligibility (SOP 62, 63, 64)</u> Requesting flexibility in completing 6 or

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		authorization and reauthorization.					and Treatment authorization requests	12-month reauthorizations. This issue is related to new Provider/ Plan relationships section. If a Plan doesn't want a 6-month reassessment, then it should be up to their discretion.  Include this issue with the IPC workgroup discussion. Additional issues for IPC discussion include: Treatment authorization policy, reassessment, discontinuity of care, F2F, Plan discretion.
2	63	<ul style="list-style-type: none"> <li>A Treatment Authorization Request (TAR) or other agreed upon prior authorization document shall be prepared by the CBAS provider and submitted to DHCS or the managed care plan for each waiver participant seeking CBAS services. TARs for services for each waiver participant must be supported by the physician-signed IPC.</li> </ul>				x	Governing Statutes: WIC 14526 and 14526.1, Authorization for participation and Treatment authorization requests	
								<i>consider 12 mos IPC discussion</i>
2	64	<ul style="list-style-type: none"> <li>Reauthorization TARs are required every six months and services shall continue to be supported by the physician-signed IPC.</li> </ul>				x	Governing Statute: WIC 14526.1(f), Treatment authorization requests	
10	65	NOTE: The CBAS provider's physician or the participant's primary care physician may sign the						<i>here changes plans?</i>
								(2-4-14) <u>Individualized Plan of Care</u> (SOP #6, 63, 64, 65)

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		participant's IPC. "Primary care physician" may include physician assistant and nurse practitioner within their scope of practice and under the appropriate supervision of the physician.						A separate workgroup is proposed to revise the IPC. Recommendations for this process include: revising the IPC with standardized fields, changing the form to conform to what information might be wanted for the future, integrating principles of Person-Centered Care Planning including what information is to be reported out, determine what information Plans have and need, discuss key points in the implementation of the Care Plan and progress made, determine how the health record is sent to the Plan. (Refer to other sections of the SOP and STC for additional recommendations regarding the IPC.)
8	66	b. Each CBAS provider shall maintain a health record for each waiver participant receiving waiver services that shall be available to appropriate DHCS or Managed Care Plan staff for any scheduled or unscheduled visits.					Governing Statute: WIC 14554, Medical record  Currently very little, if any, sharing of information with the health plans. Changes in health record should be sent to health plans at the time of the change versus waiting until there is a scheduled or unscheduled visit.	
8	67	<ul style="list-style-type: none"> <li>This health record shall include documentation of all services provided, current IPCs, referral requests and outcomes of said referral(s).</li> </ul>					Governing Statute: WIC 14554, Medical record  For example, health plans should receive regular updates on PT and	

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							other services, similar to requirements with SNFs.	
8	68	<ul style="list-style-type: none"> <li>All CBAS documentation shall be maintained in compliance with applicable Federal and State laws and Medi-Cal provider SOPs, and shall be retained by the CBAS provider for three years.</li> </ul>						
8	69	<ul style="list-style-type: none"> <li>The CBAS provider shall also maintain records to document that the requirements of these SOPs have been met.</li> </ul>						
	70	9. Quality Control/Quality Assurance Quality control/quality assurance reviews will be in accordance with the Quality Assurance Plan, as described in the CMS-approved 1115 waiver.						
8	71	10. Training Requirements As a licensed ADHC center and a waiver service provider the CBAS provider shall ensure that all CBAS staff receives training regarding care appropriate for each waiver participant's diagnose and their individual care needs.					Recommend defining training for support staff, etc.	
8	72	Provision of training to CBAS staff is a requirement to be enrolled as a waiver provider and is not separately reimbursed by either Medi-Cal or the						

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		waiver.						
8	73	a. All CBAS providers shall maintain policies and procedures for the provision of supportive health care services to waiver participants, including those participants with special needs.					Governing statute: WIC 14553, Policies and procedures	
8	74	b. Training of CBAS staff shall include an initial orientation for new staff; review of all updated policies and procedures; hands-on instruction for new equipment and procedures; and regular updates on State and Federal requirements, such as abuse reporting and fire safety.					Cross reference STC i. CBAS Provider Specifications, iii, item 79.	
8	75	c. Training shall be conducted and documented on a quarterly basis and shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor(s).						