

**California Department of Aging (CDA) Community-Based Adult Services (CBAS)
Quality Workgroup Meeting Summary
Wednesday, December 2, 2015
10a.m. to 12:30p.m.**

Attendees (In-Person): 15

Webinar Participants Registered: 18

Agenda Topic	Discussion Highlights
Welcome, Introductions and Overview of Meeting Agenda and Objectives	
Review of October 7th Meeting, CBAS Website, Workgroup Charter	
Overview Draft CBAS Quality Strategy Report Framework	<ul style="list-style-type: none"> • CDA reviewed the draft outline of the CBAS Quality Strategy Report Framework: <ul style="list-style-type: none"> ○ Workgroup members requested that the California Association for Adult Day Services (CAADS) be added to the Framework list of national and state-level entities involved with developing quality measures/activities • CDA overviewed the DHCS Quality Strategy Report and its seven priority areas of focus: <ul style="list-style-type: none"> ○ Improve Patient Safety ○ Deliver Effective, Efficient, Affordable Care ○ Engage Persons & Families in their Health ○ Enhance Communication and Coordination of Care ○ Advance Prevention ○ Foster health Communities ○ Eliminate Health Disparities • Workgroup members identified additional issues of quality relevant to CBAS: <ul style="list-style-type: none"> ○ Access standards and availability of services to address diverse needs ○ Time in van, center’s cultural capability, staff competency in working with special populations such as persons with dementia ○ Need to define/measure quality and access to services (separate elements)

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<p>Managed Care Plan Health Risk Assessments</p> <ul style="list-style-type: none"> • Quality discussion 	<ul style="list-style-type: none"> • Managed care representatives from LA Care (Gretchen Brickson, Anna Edwards), CalOptima (Cathy Osborne), Anthem Blue Cross (Amanda Buccina) and Health Net (Selena Escobar) provided an overview of their organizations' Health Risk Assessment (HRA) process and examples of some of the HRA information asked of subscribers via phone, mail or in person. Caregivers can be contacted with members' consent. (Refer to webinar recording for details of these HRA processes) • Plans stratify members according to "High Risk" and "Low Risk" defined by the State and report HRA information to DHCS • The HRA may result in referral to case management services and the managed care plan's Interdisciplinary Care Team (ICT) and other community services/resources in addition to CBAS • There are challenges in getting HRA information from managed care plan members for a variety of reasons. CBAS providers can be helpful in assisting managed care plans to complete HRAs with their CBAS participants • Workgroup members will continue to discuss Health Risk Assessments at the February meeting and their relationship to quality
<p>Update on Health Services Advisory Group (HSAG) CBAS Focus Study</p>	<ul style="list-style-type: none"> • The CBAS Focus Study is time-limited, needs to be narrow in scope and will play a role in the CBAS quality strategy development • The CBAS Quality Workgroup needs to formulate question(s) to be addressed using available data • It would be helpful to clarify what data is available, e.g., data that managed care plans report to DHCS, data that CBAS providers report to CDA • CDA will meet with HSAG in January/February 2016 to begin to map out the study
<p>Review Draft CBAS Quality Strategy Work Tool</p>	<ul style="list-style-type: none"> • The CBAS Quality Strategy Work Tool reflects the CBAS Certification Standards required by the Health & Safety Code and the CBAS Provisions in 1115

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	<p>Waiver</p> <ul style="list-style-type: none"> • The Work Tool captures the existing mandated activities and additional strategies/activities required for CBAS centers to meet CBAS certification requirements including identifying existing and new measures to evaluate if/how CBAS centers are meeting the certification requirements. • CDA will begin to complete the CBAS Quality Strategy Work Tool for review/discussion at the February meeting • Additional issues to identify/discuss: <ul style="list-style-type: none"> ○ Core measures that are quality focused and meaningful ○ Innovative/best practices and emerging trends ○ Qualitative and quantitative measures ○ Pay-for-performance measures ○ Measures relevant to participants
Identify Overlapping Issues for IPC Revision Workgroup	<ul style="list-style-type: none"> • Revised IPC and standardized forms will move CBAS quality forward
Action Items/Next Steps	<ul style="list-style-type: none"> • Attached are Action Items from the December 2nd meeting

CBAS Quality Workgroup Meeting
December 2, 2015
Action Items

Action Items	Status
1. Post DHCS All Plan Letter (APL 15-023) on CBAS Facility Site Review Tool	<ul style="list-style-type: none"> • To do
2. Continue Health Risk Assessment discussion and its relationship to CBAS quality strategy <ul style="list-style-type: none"> • Explore ways to use/encourage CBAS centers to assist managed care plans in completing Health Risk Assessments for its members who are CBAS participants 	<ul style="list-style-type: none"> • In progress
3. Develop Draft Quality Strategy Report Framework <ul style="list-style-type: none"> • Add “California Association for Adult Day Services (CAADS) to Framework’s list of national and state organizations involved in quality activities • Post on CBAS Workgroup Webpage 	<ul style="list-style-type: none"> • In progress
4. Complete Draft Quality Strategy Work Tool <ul style="list-style-type: none"> • CDA to begin to complete the work tool for discussion at February Meeting 	<ul style="list-style-type: none"> • In progress
5. Obtain DHCS data on % CBAS participants in CalMedi-Connect (CMC) and Managed Long Term Services & Supports (MLTSS)	<ul style="list-style-type: none"> • In progress
6. Update workgroup on California Association for Adult Day Services (CAADS) and National Adult Day Services Association (NADSA) quality activities (as needed)	<ul style="list-style-type: none"> • As needed

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<p>13. Finalize recommendations for EQRO/HSAG Focus Study for CBAS:</p> <ul style="list-style-type: none"> • Discuss/finalize CBAS Focus Study • Identify data elements collected by DHCS to inform CBAS Focus Study issues • Identify data elements that managed care plans are required to collect/report about CBAS participants (HEDIS measures, other) • Utilize existing data elements 	<ul style="list-style-type: none"> • In progress
<p>15. Discuss Core Quality Measures at future meetings.</p>	<ul style="list-style-type: none"> • To do
<p>17. Research what ADHCs in other states are doing related to quality</p>	<ul style="list-style-type: none"> • To do
<p>18. Review Nursing Home Compare website at upcoming meeting:</p> <ul style="list-style-type: none"> • Possible model for identifying CBAS quality standards (Gretchen) • https://www.medicare.gov/nursinghomecompare/About/What-Is-NHC.html • https://data.medicare.gov/data/nursing-home-compare 	<ul style="list-style-type: none"> • To do
<p>18. Determine February 2016 Meeting Date</p> <ul style="list-style-type: none"> • 1st or 2nd week of February • Survey workgroup members to determine best date for majority to attend in person 	<ul style="list-style-type: none"> • To do