

CBAS Stakeholders Workgroup Future and/or Parking Lot Issues

Topic	Detail from Workgroup Discussions	Comments/ References
❖ Form Individual Plan of Care (IPC) Redesign Workgroup	<ul style="list-style-type: none"> ❖ Plan vs. Provider requirements for care plans ❖ Transition to clinical and data collection tool ❖ Need to identify core data elements ❖ Standardize fields for data capture and reporting ❖ Need for defining and including what drives changes to care plan and days of service ❖ Incorporate person-centered care planning ❖ Discuss 12-month TAR IPC option 	STC Lines 29-30, 35-48, 116, 125; SOP 62-64
❖ Form Data Workgroup	<ul style="list-style-type: none"> ❖ Explore health information technology, share data, reduce duplication ❖ Standardize CBAS assessment tools ❖ Modify CBAS Dashboard based on Plan needs public interest, changes to IPC/required reports ❖ Reconsider how to capture capacity/utilization 	STC Lines 67, 82-89
❖ Form Quality Workgroup	<ul style="list-style-type: none"> ❖ Develop quality strategy, crosswalk items in Waiver and make recommendations ❖ Develop quality metrics for person-centered care/continuity of care ❖ Establish clinical and program outcome measures/indicators and methodology ❖ Promote staff training on Best Practices and quality Improvement ❖ Better utilize existing enforcement provisions for Centers not meeting licensing or quality Standards 	STC Lines 18, 79, 91-92, 124-131, 137, 151-157; SOP Lines 70-75
❖ Rates	<ul style="list-style-type: none"> ❖ Create incentives to serve special populations ❖ Establish acuity-based rate ❖ Restore 10% rate cut ❖ Review rate-setting methodology for Plans and Centers, actuarial rates, fee-for-service rates 	STC Lines 96-102

Topic	Detail from Workgroup Discussions	Comments/References
❖ Laws/Regulations	<ul style="list-style-type: none"> ❖ Create flexibility in laws and regulations ❖ Pending legislation-AB 1552 ❖ Regulatory/statutory reform to bring ADHC requirements up-to-date with CBAS ❖ Give CDA authority to oversee CBAS providers for certification and licensing 	
❖ Access	<ul style="list-style-type: none"> ❖ Develop a plan and process for growth for new CBAS-certified centers after August, 2014 ❖ Create flexibility in CBAS Program model to serve special populations (mental health, developmental disabilities, traumatic brain injury, dementia) with varied staffing requirements based on individuals served ❖ Develop strategies to increase utilization where capacity exists 	STC Lines 67, 84-95
❖ Provider/Plan Relationship	<ul style="list-style-type: none"> ❖ Make consistent varying TAR authorization policies among Plans ❖ Test validity of Plan eligibility determinations ❖ Authorize Plan services within required timeframes ❖ Establish pathways for communication between Plans and CBAS centers ❖ Coordinate “care coordination” between CBAS centers and Plans 	STC Lines 29-34, 75; SOP Lines 63-64