



***Revised Draft Community-Based Adult Services
(CBAS) Home and Community-Based (HCB)
Settings Transition Plan***

(Revised Draft CBAS Transition Plan)

November 23, 2016



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INTRODUCTION

CBAS Home and Community-Based (HCB) Settings Transition Plan Directive

In the amendment to California's Bridge to Reform (BTR) 1115 Demonstration Waiver ("BTR 1115 Waiver") approved November 28, 2014, the Centers for Medicare & Medicaid Services (CMS) directed the State to undertake a stakeholder process to develop a transition plan for bringing CBAS centers into compliance with requirements of the HCB Settings Rule by March 17, 2019. Requirements for the CBAS stakeholder process and plan were specified in Special Terms and Conditions (STC) 95 and 96 of the 1115 BTR Waiver amendment, including the requirement that the plan be incorporated into California's *Statewide Transition Plan (STP)* for HCB Settings and submitted to CMS by September 1, 2015. The *Draft CBAS HCB Settings Transition Plan (Draft CBAS Transition Plan)* was submitted to CMS for approval on August 14, 2015, as an attachment to California's STP.

CMS reviewed California's *STP* and the *Draft CBAS Transition Plan dated August 14, 2015*, and issued a letter dated November 16, 2015, to the California Department of Health Care Services (DHCS) requesting revisions to both plans. Subsequent to a series of technical assistance calls with CMS, DHCS and its partner departments, including the California Department of Aging (CDA), revised the *STP* and the *Draft CBAS Transition Plan* and posted them for public comment beginning Monday, August 29, 2016, and ending Thursday, September 29, 2016. The State will review all submitted public comments and revise both draft plans as appropriate for resubmission to CMS in October 2016.

The *Revised Draft CBAS Transition Plan (August 29, 2016)*, provides a blueprint for the California Department of Aging (CDA) and the Department of Health Care Services (DHCS) in partnership with interested stakeholders, including CBAS providers, participants and their family/caregivers, managed care plans, advocates and community providers to transition CBAS centers into compliance with the requirements of the HCB Settings Rule. The goal of this transition is to ensure that CBAS centers meet the needs, preferences and choices of CBAS participants and their family/caregivers. The *Revised Draft CBAS Transition Plan Summary Milestones (Appendix I)* provides an overview of both the work ahead and already completed. Both the *Draft CBAS Transition Plan* and the *Revised Draft CBAS Transition Plan* including their respective Appendices are posted on the [CDA website](http://www.cda.ca.gov):

https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Key_Documents/



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CBAS 1115 Waiver Provisions Addressing HCB Settings Rule

On December 30, 2015, CMS approved the State’s extension of the 1115 BTR Waiver, now called “California Medi-Cal 2020 Demonstration” (Medi-Cal 2020 Waiver), effective December 30, 2015 through December 31, 2020. This extension resulted in a change in the numbering of the CBAS Special Terms and Conditions (STC) and the addition of CBAS STC 51. CDA has revised the CBAS STC numbers referenced in the *Revised Draft CBAS Transition Plan*.

STC 44(c), previously 95(c) of the 1115 BTR Waiver, indicates that federal requirements to be met by CBAS centers are specified in [42 CFR 441.301\(c\)\(4\), 441.301\(c\)\(4\)\(vi\)](#) and include “other such qualities as the Secretary determines to be appropriate based on the needs of the individual as indicated in their person-centered plan.” These federal requirements are posted at:

[http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Key_Documents/Docs/HCBS_Final_Regulations_Referenced_in_CBAS_Waiver_\(Excerpts\).pdf](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Key_Documents/Docs/HCBS_Final_Regulations_Referenced_in_CBAS_Waiver_(Excerpts).pdf)

STC 45(c), previously 96(c) of the 1115 BTR Waiver, requires that person-centered planning be addressed in the CBAS stakeholder process, to ensure that CBAS centers comply with the requirements of 42 CFR 441.301(c)(1) through (3) including specifying: “1) How the plan will identify each enrollee’s preferences, choices and abilities and the strategies to address those preferences, choices and abilities; 2) How the plan will allow the enrollee to participate fully in any treatment or service planning discussion or meeting, including the opportunity to involve family, friends and professionals of the enrollee’s choosing; 3) How the plan will ensure that the enrollee has informed choices about treatment and service decisions; and 4) How the planning process will be collaborative, recurring and involve an ongoing commitment to the enrollee.”

The conversation with CBAS stakeholders about these directives and person-centered planning has already started. Refer to Section 4 (Person-Centered Planning) for more information about person-centered planning and how CBAS will comply with STCs 44(c) and 45(c).

CBAS Program Overview

CBAS is a Medi-Cal benefit with a long history and roots in California’s adult day health care (ADHC) program, which became a State Plan Benefit in 1978. California’s ADHC program was an optional Medi-Cal State Plan benefit until its elimination on March 31, 2012. CBAS was created under a federal court settlement agreement on the basis that CBAS services can help participants avoid unnecessary institutionalization, and that CBAS-type services are critical to Olmstead compliance and for ensuring that participants are able to remain in the community.



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CBAS began as a benefit under California's Bridge to Reform 1115 Medicaid Demonstration Waiver on April 1, 2012. Similar to ADHC, CBAS is a licensed community-based day health program that provides services to persons age 18 and older with chronic medical, cognitive, or mental health conditions and/or disabilities who are at risk of needing institutional care. CBAS participants must meet specific medical necessity and eligibility criteria specified in the CBAS provisions of the Medi-Cal 2020 Waiver and in state law and regulations. These criteria specify that participants must: 1) meet or exceed the "Nursing Facility Level of Care" (NF-A) criteria established in regulation; 2) have a diagnosed organic, acquired or traumatic brain injury, and /or chronic mental disorder with specified functional needs; 3) have a moderate to severe cognitive disorder such as dementia including Dementia of the Alzheimer's Type; 4) have a mild cognitive disorder such as dementia including Dementia of the Alzheimer's Type with specified functional needs; or 4) have a developmental disability.¹ CBAS program standards require CBAS centers to be sensitive and responsive to participants' complex needs.

The primary objectives of the program are to:

- Restore or maintain optimal capacity for self-care to frail elderly persons or adults with disabilities; and
- Delay or prevent inappropriate or personally undesirable institutionalization.

The CBAS program is an alternative to institutionalization for those individuals who are capable of living at home with the aid of appropriate health, rehabilitative, personal care and social supports. The Program stresses partnership with the participant, the family and/or caregiver, the primary care physician, the managed care plan and other community providers and resources such as In-Home Supportive Services (IHSS) in working toward maintaining the participant's personal independence.

Each center has a multidisciplinary team of health professionals who conduct a comprehensive assessment of each potential participant to determine and plan services needed to meet the individual's specific health and social needs. Services provided at the center include the following: professional nursing services; physical, occupational and speech therapies; mental health services; therapeutic activities; social services; personal care; hot meals and nutritional counseling; and transportation to and from the participant's residence. To be reimbursed for

¹ California Department of Aging, Community-Based Adult Services Eligibility Criteria, http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2012/CBAS_Eligibility_Criteria-Table_05232012.pdf.



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services, CBAS centers must provide a minimum of four hours of therapeutic services per day to CBAS participants. Managed care plans determine the level of service authorization (i.e., days per week authorized) based on the member's assessed needs and medical necessity. Most CBAS centers operate Monday through Friday from approximately 9 a.m. to 3 p.m.; however, there is nothing in the licensing regulations to restrict centers from operating seven days per week.

CBAS is a Medi-Cal managed care benefit, but remains a Medi-Cal fee-for-service benefit for a very small number of individuals who are exempt from Medi-Cal managed care enrollment (approximately 200 as of June 2016). ADHC remains a non-Medi-Cal program for individuals who pay "out-of-pocket" for services in licensed ADHC centers. Third party payers such as long-term care insurance companies, Regional Centers, or the Veterans Administration may also pay for ADHC services.

Under an interagency agreement, the CBAS Program is administered among the Department of Health Care Services (DHCS), the California Department of Public Health (CDPH), and the California Department of Aging (CDA). CDPH licenses ADHC centers and CDA certifies them for participation in the Medi-Cal Program.

It is important to note that as a managed care benefit, some of the HCB Settings requirements are to be met at the managed care plan level (e.g., person-centered planning, informing beneficiaries of service options/choices, coordination of care) or in collaboration with the CBAS centers. CBAS Waiver requirements specify that managed care plans and CBAS providers must coordinate member care and care planning in collaboration with participants, their family/caregivers and community providers, and share the responsibility for delivering quality services. As reflected in STC 48 of the CBAS provisions of the Medi-Cal 2020 Waiver (CBAS Center Provider Oversight, Monitoring, and Reporting), the State is to maintain a plan for oversight and monitoring of CBAS providers to ensure compliance with provider standards, access, and delivery of quality care and services. As reflected in STC 49 (CBAS Quality Assurance and Improvement Strategy) CBAS quality assurance monitoring shall be consistent with the managed care Quality Strategy required by 42 CFR Part 438 Subpart E which is integrated into DHCS' contracts with managed care plans statewide. DHCS is to provide oversight of managed care plans to ensure compliance with their state contractual requirements.

CBAS Center and Participant Facts

As of September 2016, 240 CBAS centers were certified and operating statewide, serving approximately 34,600 participants (33,000 Medi-Cal participants and 1,600 Private Pay



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participants.) CBAS centers operate in a variety of locations, in urban and rural areas, churches, strip malls, standalone buildings, business complexes, senior housing, and more. CBAS centers range in size from a licensed capacity of 20 to 310 persons per day. Individuals served at these centers have complex medical, social, and therapeutic conditions and needs; 52 percent of participants have mental health diagnoses and 34 percent have dementia diagnoses.

Additional CBAS center and participant statistics as can be found on the CBAS Dashboard on the [CDA website](#) at:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS_Dashboard/

Summary – Key Features of CBAS

CBAS is a community-based setting. Centers operate as a part of local communities and meet local needs. Individuals who attend CBAS centers make the informed choice and voluntary decision to participate, and may choose from among various services and supports options, depending on their local communities and the availability of other community-based services that can meet their needs. Under the terms of their contract with DHCS, managed care plans are responsible for informing their members of the home and community-based service options available to address their needs and preferences. CBAS participants are required to sign a participation agreement reflecting their voluntary decision to participate in CBAS. For those individuals who do not have decision-making capacity, their authorized representatives may make choices on their behalf for services and supports to ensure that their needs are met and their rights are protected. Statewide, all CBAS participants may choose to receive IHSS, which is a consumer-directed model of in-home care. Of the CBAS participants who live in their own homes, approximately 65 percent also choose to receive IHSS. With the formal and/or informal help of the IHSS Program and other caregivers, the support of their managed care plan care coordinators, and the assistance of the CBAS center, CBAS participants exercise choice and continue to participate in community life to a degree that is equal to – if not greater than – individuals with similar needs who do not receive Medi-Cal HCB services.

The CBAS model is explicitly designed to promote autonomy and independence and maximize individuals' capacity for self-determination. It supports participants' involvement in treatment planning decisions and engagement in activities of their own choosing consistent with their needs, preferences, interests and abilities. In turn, participants may choose to discontinue their voluntary participation at the CBAS center at any time.



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CBAS centers are licensed and certified settings, located in diverse communities across the state, and offer a unique, multidisciplinary model of care that has long been person-centered. Participants have complex needs and in many cases require protective supervision. CBAS centers develop specialized programming with trained professional staff to meet those needs. While CBAS centers may specialize in serving target groups in their communities such as individuals of similar ethnicity, those with a common language, or those with certain health conditions (e.g. dementia) and related needs, CBAS centers are not allowed to exclude eligible individuals. Most CBAS centers serve a diverse mix of individuals, of varying ages, diagnoses, conditions, functional abilities, ethnicities, and spoken languages.

The vast majority of CBAS centers are located in highly visible leased spaces in their community. No centers in California are located within a hospital or a nursing facility. There are some CBAS centers that are affiliated with a hospital or nursing facility/assisted living company but are located on separate grounds in an accessible and visible community setting. CDA will not consider these centers to be "de facto" institutional settings. There is one CBAS center that is on the grounds of a hospital campus. CDA will review this center and every center, to determine whether in fact they have the characteristics of an institution requiring heightened scrutiny as defined by CMS. Refer to Section 3 for more information about the heightened scrutiny process for HCB Settings presumed to have institutional qualities.

Some CBAS centers use secured perimeters and delayed egress technology, in addition to person-centered programming, to address the personal safety and security needs of persons with dementia, as permitted and strictly governed by state law. These centers tailor programs through specialized person-centered care to maximize participants' autonomy and well-being and provide participants independence at the center that they might not enjoy at any other time. Secured perimeters and delayed egress provisions enable CBAS centers to address individuals' complex care needs, making it possible for them to remain in their own homes and communities, and affording them lives that are more integrated and community-oriented than they might otherwise be if they (and their caregivers) did not have access to a CBAS center. Additionally, the CBAS center has an important role to play through the person-centered planning process in ensuring that individuals with dementia retain access to the broader community, to the degree that they choose and are able. Refer to Section 2 and Appendix III for more information about the state's regulation on the use of secured perimeters and delayed egress technology in the CBAS setting.

While compliance with HCB Settings regulations will only be demonstrated when the State completes its initial onsite review process for all centers as specified in Section 3 below, CBAS –



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as defined in program requirements and demonstrated over its 40-year history – is a model that reflects the spirit and intent of the HCB Settings Rule. CBAS is an integrated, community setting that supports the participants’ right to choose, to be treated with dignity and respect, and to enjoy as much freedom as possible, consistent with their desires and abilities – all while addressing their significant health, functional and social care needs.

As stakeholders shared during the CBAS HCB Settings Stakeholders meetings, California’s CBAS program:

- Was created with the intent to keep people out of nursing facilities, with a strong purpose of community integration;
- Evolved with a local feel; centers meet local need;
- Provides services similar to nursing facilities, minus a bed in which to sleep
- Promotes independence and supports life in the community;
- Offers one-stop shop services;
- Is a managed care benefit – California is in the minority with CBAS’ full integration into managed care; this brings another set of rules for programs to comply with;
- Uses a full interdisciplinary team works in the CBAS setting to provide multiple services, including therapy. This is not the case in other states with adult day health care models;
- Offers choice – of centers, staff at centers, where participants want to go and who will care for them;
- Is not just a five-day program; CBAS services can be tailored to meet individual needs for independence;
- Offers dementia-specific programs that foster more choice and independence – these offer a specialized program, trained staff, and can work with individuals longer and with more quality. In this sense, CBAS actually facilitates more choice and independence.

Stakeholder comments about CBAS reflect the value they place on the model of care and how well they believe it supports the HCB settings requirements. Still, it is incumbent upon the State through its monitoring and oversight responsibilities, with stakeholder oversight that includes participation by CBAS participants and family/caregivers, to ensure that the CBAS model is implemented in compliance with California laws/regulations and federal HCB Settings requirements. Details are provided in Sections 3 and 6.



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SECTION 1: EDUCATION AND OUTREACH

CBAS HCB Stakeholder Process – Meetings

In February 2015, the Department of Health Care Services (DHCS) and the California Department of Aging (CDA) convened the CBAS HCB Settings stakeholder process as directed by CMS and required by STCs 95 and 96 in the 1115 BTR Waiver. Over the course of three meetings lasting three-hours each in February, March, and April 2015, and with individuals participating in-person at CDA and via webinar, stakeholders engaged in thoughtful conversation about the HCB Settings regulations. This conversation included consideration of person-centered planning and the CBAS program in the context of both the State and HCB Settings regulations. Stakeholders completed group exercises to develop greater understanding of the HCB Settings regulations, to assist in considering the level of compliance of the CBAS program and individual centers statewide with the regulations, and to participate in drafting content for the CBAS HCB Settings Transition Plan. The meetings used the *CMS Statewide Transition Toolkit* to focus group discussion, including engaging participants in answering the “Exploratory Questions to Assist States in Assessment of Non-Residential Home and Community-Based Service (HCBS) Settings” Refer to the [CDA website](#) to review the CBAS HCB Settings Stakeholder Activities Work Tool that documents this stakeholder discussion at:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Key_Documents/docs/2015_0317_Work_Tool-CMS_Exploratory_Questions_0224_meeting_comments_FINAL.docx

Following is the CBAS HCB Settings Stakeholder Process calendar that was shared with stakeholders and posted on the CDA website in February 2015:

February 24, 2015

2-5 p.m.

Kick Off Meeting - Completion of CMS Exploratory Questions

March 17, 2015

2-5 p.m.

Plan Development and Person-Centered Planning

April 23, 2015

2-5 p.m.

Plan Development and Completion of Draft Plan Work Tool



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May 19, 2015

2-5 p.m.

Release of *Draft CBAS HCB Settings Transition Plan*

Beginning of 30-day Public Comment Period (May 19 through June 22, 2015)

July 8, 2015

2-5 PM

Review of *Revised Draft CBAS HCB Settings Transition Plan*

For inclusion in *California's Statewide Transition Plan (STP)*

Website

In addition to the three meetings held prior to drafting and releasing the *Draft CBAS Transition Plan (May 19, 2015)* for public comment, DHCS and CDA developed webpages to share key documents to inform stakeholders on the regulations and to capture meeting materials and public comments made throughout the CBAS HCB Settings stakeholder process. CDA made the webpages available beginning in February 2015 and posted resources, links, and meeting materials regularly. Document postings and links on the CBAS HCB Settings Stakeholder Activities webpages include the Final Rule, the CMS Statewide Transition Toolkit, a Flyer and Fact Sheet designed for participants and caregivers, and numerous other materials that offer stakeholders and the general public opportunities for understanding the HCB Settings Rule. The [CDA webpages](#) and materials, which include a log of stakeholder input provided during and between the meetings held February 2015 through May 2015, will remain available throughout the CBAS transition at:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/

Distribution of Meeting Announcements, Public Comment Notices and Informational Materials

On CMS' approval of the CBAS provisions in the 1115 Waiver, effective December 1, 2014, CDA and DHCS began to inform CBAS stakeholders about the new federal HCB Settings requirements and directives in the 1115 Waiver's STCs 95 and 96 (now STCs 44 and 45 in the Medi-Cal 2020 Waiver). CDA launched the CBAS HCB Settings Stakeholder Activities webpage and has distributed CBAS HCB Settings meeting announcements, public comment notices and other HCB Setting information through the following vehicles: 1) [CDA CBAS HCB Settings Stakeholder Activities webpage](#) (http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/); 2) [DHCS Stakeholder Engagement Calendar of](#)



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[Events webpage](http://www.dhcs.ca.gov/provgovpart/Pages/StakeholderEngagement.aspx) (<http://www.dhcs.ca.gov/provgovpart/Pages/StakeholderEngagement.aspx>); 3) [CBAS Updates](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Archived_CBAS_Updates/) newsletters (http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Archived_CBAS_Updates/); 4) [All Center Letters \(ACL\)](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/All_Center_Letters/) (http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/All_Center_Letters/); 5) [CBAS Stakeholder Flyer and Fact Sheet](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Key_Documents/Docs/2015_0417_CBAS_HCB_Flyer_for_Participants__Caregivers_FINAL.pdf) (http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Key_Documents/Docs/2015_0417_CBAS_HCB_Flyer_for_Participants__Caregivers_FINAL.pdf) targeted to CBAS beneficiaries, their families, caregivers and authorized representatives; and 6) General Public Interest Notice – [California Regulatory Notice Register](http://www.oal.ca.gov/notice_register.htm) (non-electronic) (http://www.oal.ca.gov/notice_register.htm).

In preparation for posting the revised *STP* and the *Revised Draft CBAS Transition Plan dated August 29, 2016*, for public comment, DHCS and CDA posted a joint General Public Interest Notice for the California Regulatory Notice Register (non-electronic) to inform the general public about the public comment period beginning August 29, 2016, and ending September 29, 2016.

In addition, CDA distributed a [CBAS Updates](#) newsletter on August 26, 2016, to CBAS providers, managed care plans, legislators, advocates and other interested stakeholders who have subscribed to the *CBAS Updates* newsletter distribution list, requesting their feedback on the *Revised Draft CBAS Transition Plan dated August 29, 2016*. This newsletter included a link to a Flyer and Fact Sheet that CBAS providers could distribute and post at CBAS centers to inform CBAS participants, their families and caregivers about the public comment opportunity for the *Revised Draft CBAS Transition Plan*. The *CBAS Updates* newsletter is available at:

(<http://us3.campaign-archive1.com/?u=39c390ad3e0280db8a3b36c80&id=76a837ef82&e=03b9acaa2c>)

During the public comment period DHCS, in coordination with partner departments including CDA hosted a [webinar](#) for stakeholders on September 27, 2016, to discuss and address any questions about the *STP* and the *Revised Draft CBAS Transition Plan*. Webinar information is posted on the DHCS *STP* webpage at:

<http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx>

CDA received three public comments specific to the *Revised Draft CBAS Transition Plan*. We have documented these comments in Appendix VI and indicated actions taken. Comments submitted to DHCS specific to the *STP* are addressed in the *STP*.



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Disseminating information to CBAS stakeholders will be an ongoing process throughout the development of the *CBAS Transition Plan* and its implementation. Refer to Appendix II to view the documents distributed, the methodology used and the audiences targeted.

Training and Education

Discussions during the stakeholder process made clear that there is a need for statewide provider training and education to promote consistent understanding of, and compliance with, the HCB Settings requirements. DHCS and CDA will partner with CBAS providers, Medi-Cal managed care plans and other stakeholders to develop and implement training and education strategy designed to reach CBAS providers, CBAS participants and their family/caregivers, and managed care plans. The training and educational materials developed may also serve to inform other community providers and the general public. The overarching goal of training and educational efforts is to provide information about the HCB Settings requirements to ensure that CBAS centers meet participant needs. Areas of focus for training and education – identified during stakeholders meetings and in the public comment process – include person-centered planning and care, and participant rights to choice and dignity.

Each year the adult day services industry association (California Association for Adult Day Services [CAADS]) hosts two conferences – one in Southern California in November and one in Northern California in April. CDA participates on the conference planning committee for each of these conferences and helps develop the schedule and content for workshops and plenary speakers. CDA and DHCS participate in the conferences, providing program updates during business meetings and conducting workshops. CDA and DHCS have and will continue to partner with CAADS and managed care plans to conduct workshops for CBAS providers, managed care plans and other conference attendees on HCB Settings requirements and person-centered planning during the November 2015 through November 2018 conferences. Information about these training opportunities has been, and will continue to be, distributed via the *CBAS Updates* and All Center Letters (ACL). Additionally, CDA will develop and post website training modules designed to promote better understanding of the HCB regulations and the CBAS setting among CBAS participants, caregivers and providers.

CDA has trained and will continue to train state staff responsible for the certification, oversight and monitoring of CBAS centers about HCB Settings requirements, including person-centered planning.

The CBAS Stakeholder outreach flyers and fact sheets are one strategy to educate and inform CBAS participants and their family/caregivers about the HCB Settings requirements that has



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been implemented with the assistance of CBAS providers. CDA has incorporated into its onsite monitoring surveys a review of CBAS center postings to ensure that CBAS providers have made outreach flyers and fact sheets available for viewing by participants and caregivers.

The most current Flyer and Fact Sheet was updated and distributed via the [CBAS Updates](#) newsletter on August 26, 2016, to inform stakeholders about the *Revised Draft CBAS Transition Plan* and the public comment period beginning August 29, 2016 and ending September 29, 2016. This newsletter is posted on the CDA website at:

<http://us3.campaign-archive1.com/?u=39c390ad3e0280db8a3b36c80&id=76a837ef82&e=03b9acaa2c>

In addition, CDA survey staff will interview and inform CBAS participants and caregivers about the HCB Settings requirements and determine from participants' and caregivers' perspectives if the center is meeting their needs and preferences and protecting their rights. During the onsite survey and compliance monitoring process, CDA survey staff will use the CBAS Participant Setting Assessment Tool that will be developed with participant and family/caregiver input. Refer to Section 3 for more information about the [Participant Setting Assessment Tool](#).

Stakeholder education and outreach activities will continue through March 17, 2019, to promote stakeholder engagement in, and oversight of, the implementation of the CBAS Transition Plan. CDA provided a [webinar](#) on October 25, 2016, to update CBAS providers and interested stakeholders about the changes CDA is making to the CBAS monitoring and onsite certification renewal survey processes pursuant to the federal HCB Settings and Person-Centered Planning regulations. Webinar information including the slides and recording are posted on the CDA website at:

<http://us3.campaign-archive2.com/?u=39c390ad3e0280db8a3b36c80&id=7aeb51a00f&e=03b9acaa2c>

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS_Training/Default.aspx

The State will continue to keep stakeholders informed and seek stakeholder input throughout the implementation process. Refer to Appendix I to view the Education and Outreach Milestones & Timelines.



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SECTION 2: ASSESSMENT OF STATUTES, REGULATIONS, WAIVER PROVISIONS, POLICIES, AND OTHER REQUIREMENTS

Initial and Comprehensive Reviews

Review of ADHC/CBAS² laws, regulations, waiver provisions, policies, and other requirements to determine whether they align with HCB Settings regulations began with the first CBAS stakeholders meeting on February 24, 2015. At this meeting, stakeholders completed a group exercise during which they discussed and answered CMS' *Exploratory Questions to Assist States in Assessment of Non-Residential Home and Community-Based Service (HCBS) Settings*, considering current CBAS program requirements pertaining to the question areas. Subsequently, DHCS and CDA added statutory and regulatory references that supported/addressed responses given during the meeting and added them to the [CMS Exploratory Questions Work Tool](#) located on the CDA website at:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Key_Documents/docs/2015_0317_Work_Tool-CMS_Exploratory_Questions_0224_meeting_comments_FINAL.docx

Additionally, DHCS and CDA completed a more comprehensive review of ADHC/CBAS laws, regulations, waiver provisions, policies, and other requirements to determine whether they are silent regarding, conflict with, or align with the requirements of the HCB Settings regulations. Results indicate that CBAS program requirements address all requirements of the non-residential HCB Settings regulations and do not conflict. Minimal work may be necessary to clarify and reinforce existing CBAS policies. This can be accomplished through All Center Letters, Medi-Cal Provider Bulletins, and Medi-Cal Manual updates. CBAS program requirements align with the requirements of the HCB Settings regulations. The HCB Settings regulations for non-residential settings will be incorporated into the existing Medi-Cal Manual to support their implementation. Refer to Appendix III for supporting analysis.

CMS has requested more information from the State about CBAS policies that support Federal Requirements #1, 3 and 7. Refer to the information inserted in bold text into Appendix III in the appropriate federal requirement section to view the State's full response. The following are excerpts of CDA's response:

² CBAS requirements include all current ADHC laws and regulations.



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Federal Requirement #1: the following ADHC/CBAS program requirements support this requirement – T-22 §78341, T-22 §54329, T-22 §54211, T-22 §54207, T-22 §78303, STC 45(c).

Federal Requirement #3: CMS is requiring the State and CBAS centers to implement certain protocols, practices, documentation and training for the use of soft restraints to comport with the HCB Setting requirements Section 42 CFR 441.301c)(4)(iii) and (vi)(F) and person-centered service planning and plan requirements at 42 CFR 44.301(c)(1) and (c)(2). CDA will issue an All Center Letter (ACL) to CBAS providers explaining the protocols, practices, documentation and training requirements specified by CMS on the use of soft restraints that are largely addressed in current regulation and the methods by which the State will monitor the CBAS center's adherence to the state and federal requirements.

Federal Requirement #7: this requirement applies to residential settings, not the non-residential CBAS setting. However, the State believes that all HCB settings should permit visitors and has included a question in the Provider Self-Assessment Tool to monitor both residential and non-residential settings for compliance with this requirement.

Secured Perimeters and Delayed Egress

During the review of the ADHC/CBAS laws and regulations, stakeholders and the State paid careful attention to the subject of secured perimeters as defined in state law and used in centers to ensure the safety of individuals at risk of wandering.

The Alzheimer's Association and other advocates have made it clear in their public comments that the availability of CBAS centers with delayed egress is essential for individuals at risk of wandering who would otherwise not have a community-based option and would be required for safety and security reasons to be placed in a skilled nursing facility. Statistics indicate that 60 percent of persons with Alzheimer's disease will wander at some point. Often, a wandering/elopement incident is a precursor to CBAS, as the in-home family caregiver realizes that he/she can no longer adequately monitor their loved one and the loved one needs the additional support that the CBAS center's staff and safety measures provide. Remaining at home is not an option for many individuals with dementia unless there is a CBAS center available to promote their social, emotional and physical wellbeing and to offer respite to family caregivers.



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Secured perimeters and delayed egress devices are permitted only when approved by the local fire marshal, in compliance with state law. Some buildings may qualify for delayed egress devices on some exterior doors but do not qualify for secured perimeters. "Secured perimeters" are rarely used in the community setting, as very few CBAS facilities have the minimum exterior square footage to allow for a secured fence line. More sites qualify for "delayed egress," which is designed for safety to alert staff in dementia care programs, in particular, of an egress door opening. The exit door is not allowed to be locked; it opens after a short delay of 10 - 30 seconds. There are extensive detailed California fire codes defining secured perimeters, delayed egress devices and physical setting requirements. California law and regulations are well balanced to promote free movement while providing for the safety of those individuals with impaired judgment. Delayed egress is a tool that allows staff to gently redirect the person from exiting the building. The ability to have this warning device saves persons with dementia from becoming lost, being injured or dying as a consequence of wandering behaviors involved in the disease process.

CMS is requiring the State to define secured perimeters and delayed egress in the STP, to identify settings that are using this technology and how the State is ensuring that a center's use comports with the HCB Setting regulations requirements. CMS has informed the State that the use of secured perimeters and delayed egress are permissible if this technology is used according to state regulation and is justified in the person-centered plan as being necessary to ensure the participant's health and safety.

CDA has included in Appendix III the CBAS regulations for the use of secured perimeters and delayed egress. Through its monitoring and oversight activities, CDA will identify which CBAS centers use either one or both of these technologies and if these centers are adhering to state and federal requirements, including documenting the need for their use in the person-centered plan. The documentation of need in the CBAS person-centered plan (Individual Plan of Care/IPC) should be based on the assessments of the multidisciplinary team to address an individual's unsafe wandering or exit-seeking behavior. In addition, for clarification, the CBAS multidisciplinary team is the same as the person-centered planning team referred to by CMS. CDA will distribute an All Center Letter (ACL) to CBAS providers about the state and federal requirements for the use of delayed egress and secured perimeter technology in the CBAS setting.



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Further Stakeholder Engagement on Assessment of Laws, Regulations, Waiver, Policies, and Other Requirements

DHCS and CDA worked with stakeholders to identify areas of current ADHC/CBAS program requirements that may need strengthening and develop appropriate guidance as shown in the table below. These discussions will also include opportunities for standardizing certain center protocols and forms (e.g., participation agreement, care planning tools, etc.) that would support consistent implementation of HCB Settings requirements, as stakeholders noted during the February, March, and April 2015 meetings.

Refer to Appendix III to view the Assessment of Statutes, Regulations, Policies and Other Requirements Milestones/Timelines.

SECTION 3: COMPLIANCE DETERMINATION PROCESS FOR HCB SETTINGS

CBAS centers are community-based settings and must conform to the HCB Settings Rule. As a managed care benefit, some of the requirements specified under the HCB Settings regulations, such as person-centered planning, are to be met at the managed care plan level and/or are a shared responsibility between the managed care plans and CBAS centers.

Initial and Ongoing Compliance Determination Process

CDA, in coordination with DHCS, will verify compliance of all CBAS centers with the HCB Settings requirements and begin steps to ensure ongoing compliance through and beyond March 17, 2019. To determine initial levels of compliance, remediate non-compliance, and maintain full and continuous compliance, the State will use existing oversight and monitoring mechanisms required by state law. CDA is the lead state agency for CBAS provider oversight.

By state law, all CBAS providers must reapply for continuing participation in the Medi-Cal program at least once every two years. This certification renewal process begins with an application (e.g., standardized disclosure forms, provider agreements, and various other program documents) and includes a desk review of requested documents, an onsite survey of the center to determine compliance with CBAS program requirements, and statements of deficiency and corrective action plans as indicated. Refer to Appendix IV and the [CDA website](#) for more details about the CBAS Certification Renewal Process at:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Application_Materials/



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CDA survey staff conduct the onsite monitoring and oversight processes at CBAS centers. Staff are comprised of registered nurses and generalist analysts with a variety of qualifications and experience in health and aging services including social workers, gerontologists, occupational therapists and other health and social service specialists.

With input from stakeholders, CDA will add the following to the CBAS provider certification renewal process to create a robust, ongoing oversight and monitoring process to determine compliance with HCB Settings regulations:

1. Provider Self-Assessment Tool to be completed and submitted to CDA by all CBAS providers at the time of the CBAS provider's application for certification renewal;
2. Process for review of the Provider Self-Assessment Tool by the CDA survey team during the in-house "desk review" prior to the CDA onsite survey visit;
3. Participant Setting Assessment Tool to be made available to participants/family/caregivers during the onsite survey and evaluated as part of the survey;
4. Validation processes for HCB Settings compliance incorporated into the onsite survey instrument and process currently used by CDA survey staff, including participant interviews, CBAS center staff interviews, observations, and review of specific health and administrative records.

Provider and Participant Assessment Tools

Provider Self-Assessment Tool

The Provider Self-Assessment Tool developed with stakeholders as part of California's *Statewide Transition Plan* was piloted in CBAS centers in November 2015 and modified as necessary to address CBAS setting and program characteristics. The modified CBAS Provider Self-Assessment Tool will be used during onsite monitoring and oversight surveys for all CBAS centers. The CBAS Provider Self-Assessment Tool includes 23 core questions derived from the Exploratory Questions for Non-Residential Settings provided by CMS that focus on the center's compliance with each of the non-residential HCB Settings requirements. CDA requires CBAS providers to complete the Provider Self-Assessment as part of their center's certification renewal process in preparation for their biennial certification visits. Providers must submit the completed survey to CDA within 45 days of the date of their certification renewal notification letter. Failure to complete this survey could result in their not being re-certified. CBAS center staff who are to complete the Provider Self-Assessment Tool include Program Directors and Administrators who



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are required by state law and regulations to be professionals in the areas of health and social services

CDA's onsite survey validation process mirrors the Provider Self-Assessment. CDA will review and validate the CBAS provider's responses to all 23 questions that apply to the six federal HCB Settings requirements for non-residential settings. Whether the CBAS provider answers "Yes" to a question or "No," CDA staff will evaluate the evidence of compliance during the onsite validation process. If CDA determines that the center is not in compliance with the federal regulations, remedial action through a plan of correction process will be required. The CDA staff will test the veracity of the CBAS provider's responses by validating with the following methods: 1) reviewing the written evidence of compliance submitted by the provider; 2) observing setting and program activities onsite; and 3) interviewing participants and key staff to validate observations and written documentation.

CBAS Participant Setting Assessment Tool

The CBAS Participant Setting Assessment Tool will be developed as part of California's *Statewide Transition Plan* (STP) with input from stakeholders, including CBAS participants and their families/caregivers, and will focus on the CBAS participants' goals and satisfaction with how the center: 1) conducts the person-centered planning process; 2) affords participants choices regarding services and the center staff who provide them; 3) supports freedom of movement through the center; and 4) respects participants' rights to privacy, dignity and respect, and freedom from coercion and restraint.

CDA CBAS survey staff will interview a sample of CBAS participants using the CBAS Participant Setting Assessment Tool during every center's onsite certification renewal survey. The addition of this tool will be understandable to participants with a range of cognitive abilities and literacy levels and ensure that the onsite CBAS center monitoring and oversight survey process includes meaningful consumer/beneficiary participation.

The CBAS survey staff will validate CBAS compliance with HCB Settings requirements using the CBAS Provider Self-Assessment Survey Tool and the CBAS Participant Setting Assessment Survey Tool results, in combination with onsite observation, interviews, and review of administrative and health records.

Refer to Appendix V for more details about the CBAS monitoring and oversight process, the onsite monitoring protocols, and the onsite setting assessment and validation process.



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Provider Deficiencies

Current state law defines oversight and monitoring processes that are designed to allow CBAS providers the opportunity to correct deficient practices. Rarely are providers found to be substantially out-of-compliance with program requirements. When they are found to be so, in nearly all cases they regain compliance through a structured corrective action process.

DHCS and CDA anticipate all CBAS centers either will be in full compliance with the HCB Settings regulations, or can be brought into full compliance, before March 17, 2019. Therefore, the need to transition CBAS participants from non-compliant centers is not anticipated. However, in the event that a CBAS center is unable to come into full compliance with the federal requirements before March 17, 2019, resulting in its decertification and closure, the CBAS center will be required to follow state policies and procedures to transition its CBAS participants in collaboration with its contracted managed care plans. Refer to Section 6 for a description of the orderly closure and participant referral and discharge process required when a CBAS center closes.

Heightened Scrutiny Process for CBAS Centers Presumed Institutional

As described in detail in the STP, CMS requires the State to identify HCB settings that have institutional qualities that trigger a heightened scrutiny process. Settings presumed to be institutional include those that: 1) are in a publicly or privately-owned facility that provides inpatient treatment; 2) are on the grounds of, or immediately adjacent to, a public institution; or 3) have the effect of isolating individuals receiving Medi-Cal funded HCB services.

Settings that may have the effect of isolating HCBS members are settings designed to provide members with multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities. These settings provide little or no interaction with the broader community and use interventions or restrictions that are used in institutional settings.

Settings that have one or more of these institutional characteristics must be approved by CMS to continue to receive Medi-Cal HCBS funding. These settings will be required to submit evidence to the State to demonstrate how they have the qualities of HCB settings, which the State will then review and submit to CMS if the State believes the setting has overcome the institutional presumption. The evidence should focus on the qualities of the setting and how it is integrated in and supports full access to the community. The State must demonstrate to CMS that the setting meets the HCB Settings requirements.



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Specific evidence to be submitted to the State may include:

1. Licensure requirements or other state regulations that clearly distinguish a setting from licensure or regulations of institutions;
2. Provider qualifications for staff employed in the setting that indicate training or certification for HCB services;
3. Procedures that indicate support for activities in the greater community according to the individual's preferences and interests;
4. Description of the setting's proximity to avenues of available public transportation or an explanation of how transportation is provided when desired by the member.

Through the CDA oversight and monitoring process, CDA will review all CBAS centers to determine if they have the characteristics of an institution according to CMS criteria and are therefore presumed to be institutional. Centers having one or more of these institutional characteristics will trigger application of the State's heightened scrutiny process as described above and in the STP.

The State's heightened scrutiny review process for the CBAS program will consist of 1) a review of the evidence provided by the setting; 2) a review of the setting's policies and services; 3) an onsite visit and an assessment of the setting's physical characteristics; 4) a review of policies and procedures governing person-centered plan development and implementation; 5) member interviews and observation; and 6) collection of evidence to submit to CMS for review.

Based on a full review of CBAS center locations and their surrounding communities during calendar year 2016, , CDA has identified one CBAS center that is presumed to have institutional characteristics because of its location on a hospital campus. During onsite reviews to be conducted through calendar year 2018, CDA will evaluate all centers to determine if they have the effect of isolating participants. This will be accomplished during onsite validation process.

As a result of CDA's onsite monitoring and oversight process for determining CBAS center compliance with the HCB Settings requirements, CDA will collect data and report to DHCS the following: 1) CBAS centers that are fully compliant with HCB Settings requirements; 2) CBAS centers that are partially compliant and will require remediation and corrective action; 3) CBAS centers that cannot meet the federal requirements and will be decertified, requiring closure and the transitioning of CBAS participants to another center or other services as available; and 4) CBAS centers that are presumed institutional requiring heightened scrutiny and the outcome of this process.



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To ensure that all stakeholders continue to be informed of initial and ongoing compliance review results, CDA will publish survey reports on a flow basis and provide summaries of statewide compliance annually on the CDA website.

Refer to Appendix I to view the Compliance Determination Milestones/Timelines for both the initial review of CBAS centers for HCB Settings compliance and ongoing compliance beyond March 2019.

SECTION 4: PERSON-CENTERED PLANNING

CMS Directives to California in 1115 Waiver Special Terms and Conditions (STCs)

Through CBAS 1115 Waiver STCs 95(c) and 96(c), CMS directed the State to conduct a stakeholder process to develop a transition plan for ensuring that CBAS centers meet HCB Settings regulations. CMS added the following person-centered plan directives to STC 96(c):

CBAS centers must comply with the requirements of 42 CFR 441.301(c)(1) through (3) for care plans and planning processes, including addressing: 1) How the plan will identify each enrollee's preferences, choices and abilities and the strategies to address those preferences, choices and abilities; 2) How the plan will allow the enrollee to participate fully in any treatment or service planning discussion or meeting, including the opportunity to involve family, friends and professionals of the enrollee's choosing; 3) How the plan will ensure that the enrollee has informed choices about treatment and service decisions; and 4) How the planning process will be collaborative, recurring and involve an ongoing commitment to the enrollee.

CBAS Stakeholder Process and Person-Centered Planning

Person-centered planning (PCP) is defined in the Affordable Care Act as a process directed by the person with long term services and supports needs to identify his/her strengths, goals, preferences, needs and desired outcomes. This process may include a representative who the person has freely chosen, and/or who is authorized to make personal or health care decisions for the person. It may also include family members, legal guardians, friends, caregivers and others the person or his/her representative wishes to include. Even if the person has a legal representative, PCP should involve the individuals receiving services and supports to the maximum extent possible. The role of home and community-based service providers in the PCP process is to enable and assist the individual to identify and access services (paid and unpaid) to meet their needs, and to provide support during the planning process. The person-centered



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planning process results in the development of a strengths-based person-centered service plan that specifies the services and supports to be provided, and by whom, to meet the needs, preferences and choices identified by the individual.³ The State's oversight and monitoring activities and tools will ensure that CBAS centers meet the federal standards for the person centered planning process and include the required elements in the person-centered service plan.

CMS has indicated in its transition plan review tool, "HCBS Basic Element Review Tool for Statewide Transition Plans Version 1.0, that transition plans should not include "substantial extraneous information such as how it is complying with the person-centered planning process and person-centered service plan requirements." Given this direction, DHCS and CDA assure CMS that the CBAS HCB Settings Stakeholder Process included significant educational efforts around person-centered planning and discussion during public meetings, including one meeting on March 17, 2015, that focused entirely on person-centered care.

Stakeholder comments during and after the CBAS HCB Setting Stakeholder Meetings conveyed the view that ADHC/CBAS regulations and the program model comport well with HCB Settings regulations. Current ADHC/CBAS regulations address participant engagement in the care planning process, participant rights to care and services of their preference and choice, face-to-face assessments to determine needs and goals, and the development of an individualized plan of care.

Additionally the California Association for Adult Day Services (CAADS) provider association is taking a lead role in promoting educational efforts to improve person-centered care. CAADS has hired national experts to make presentations and conduct workshops during conferences and provide support to centers working to operationalize new programming that improves the quality of person-centered care in the adult day setting.

To further promote person-centered planning and quality services and outcomes, DHCS and CDA convened stakeholder [IPC Revision and Quality Workgroups](#) in July 2015 to begin consideration of CBAS processes for person-centered planning and quality services and outcomes, and the forms and processes that support them (e.g., the Individual Plan of Care,

³ [Guidance to HHS Agencies for Implementing Principles of Section 2402\(a\) of the Affordable Care Act: Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs](#)

<http://www.acl.gov/Programs/CDAP/OIP/docs/2402-a-Guidance.pdf>



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assessment processes). IPC Revision and Quality Workgroup documents are posted on the CDA website at:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Workgroups/

Over the past year the IPC Revision Workgroup identified revisions to the IPC that will better support person-centered planning and care, including taking into consideration the person-centered planning that is required at the managed care plan level for CBAS participants. CDA is in the process of finalizing the IPC Revision Workgroup's revisions to the CBAS Individual Plan of Care (IPC) to address all of the required elements of the person-centered service plan identified in 42 CFR 441.301(c)(2). The proposed revisions to the CBAS IPC will be posted for public comment before finalizing and implementing. The target date for implementation is January 2017.

CDA has posted person-centered planning [guidance](#) and [background/reference](#) materials on the CDA website. These materials include the Justice in Aging Issue Brief "*A Right to Person Centered Care Planning*" and the *Journal of the American Geriatrics Society's* Person-Centered Care and can be found at:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Key_Documents/

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Activities/Workgroups/Workgroup_Documents/

Refer to Appendix I to view the Person-Centered Planning Milestones & Timelines.

SECTION 5: APPEAL PROCESS

Processes currently in place for CBAS participants, their family/caregivers/authorized representatives and providers to file appeals and grievances offer strong protections and support compliance with HCB Settings regulations.

CBAS Participant Appeal and Grievance Rights

All Medi-Cal beneficiaries have the right to file an appeal and/or grievance under state law when they receive a written notice of action regarding a loss of benefits or a denial or reduction of



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CBAS services. Additionally, all managed care members may file a grievance with their managed care plans at any time that they experience dissatisfaction with the services or quality of care provided to them.

Additionally, CBAS regulations afford participants the right to file grievances at their CBAS centers to address problems they identify in the delivery of their care at the CBAS center and in the center's compliance with HCB Settings Requirements.

CBAS providers are required to inform participants and their family/caregivers/authorized agents about their grievance rights and protections as part of the Participation Agreement they must sign before they begin receiving services at a CBAS center. These rights and protections should be posted for public view in a conspicuous place at the CBAS center in the predominant languages spoken by center participants. The State will enhance existing processes for monitoring CBAS centers to determine if CBAS participants and their family/caregivers/authorized representatives have been informed about and received a copy of their grievance rights and protections, that policies and procedures for filing grievances/complaints are in place, and that grievances and subsequent actions taken are documented and available for review by the State. In addition, the State must ensure that there are no retaliatory actions toward anyone filing a grievance/complaint or appeal.

CBAS Provider Appeal Process

CBAS providers may dispute deficiency findings through the Statement of Deficiency and Plan of Correction process.

In cases where the State brings a case against a provider for substantial non-compliance, the State notifies the provider of termination or non-renewal of certification and the provider has rights to a full evidentiary hearing in front of a state administrative law judge to appeal their case.

The vast majority of disputes are resolved during the corrective action phase. Formal due process structures are in place to resolve the more significant appeals of certification termination or non-renewal.



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SECTION 6: COMPLIANCE MONITORING

Existing Monitoring Processes

Under an interagency agreement with DHCS, CDA is responsible for CBAS provider oversight. Managed care plans have additional responsibilities for credentialing of and contracting with providers to ensure quality service delivery to their members. Communication and collaboration among DHCS, CDA, and managed care plans will continue to develop as the CBAS provisions of the Medi-Cal 2020 Waiver and the HCB Settings regulations are implemented. The compliance discussion here focuses on the CDA certification process.

As discussed in Section 3 – Compliance Determination Process – CDA will determine initial levels of compliance, remediate non-compliance, and assure full and ongoing compliance, using existing oversight and monitoring mechanisms required by state law that will be modified to include review of HCB Settings requirements.

Key features of CBAS oversight include the following:

1. Ensuring that providers maintain an ADHC license in good standing at all times
2. Monitoring for compliance with Medi-Cal certification standards. More detail may be found on the [CDA website](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2013/2013_0830_CBAS_Certification_Standards.pdf).
www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2013/2013_0830_CBAS_Certification_Standards.pdf
3. Conducting certification renewal of each provider at least every two years.

Note: This means that half of all CBAS providers apply for renewal and receive an onsite survey every year.

Certification renewal steps include:

- a. **Application** – including filing standardized disclosure forms, a provider agreement, and staffing sheets
- b. **Desk Review** – including reviewing provider records, compliance history, staffing levels, and cross-comparing application documents
- c. **Onsite Survey** – performed by nurses and analysts, including review of participant health records, observing service delivery and participant and family/caregiver interviews, reviewing center administrative records, general observation of the



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facility and program activities, and interviewing key staff to determine compliance with program standards. Onsite surveys focus on the care planning process – from assessment of the participant and their home by the MDT, to development, implementation and revision of the individual plan of care (IPC), to determine whether desired outcomes and goals are met.

- d. **Remediation of Deficient Practice** – by issuing a Statement of Deficiency report and completing a Plan of Correction process

With input from stakeholders, CDA has incorporated the following elements into the CBAS provider certification renewal process to ensure compliance with the HCB Settings regulations:

1. Provider Self-Assessment Tool to be submitted at time of application for certification renewal and Participant Setting Assessment to be made available to participants and their family/caregivers/authorized agent for their completion during or after the onsite survey.
2. A process for reviewing the Provider Self-Assessment Tool during the in-house “desk review”
3. Validation processes for the Provider Self-Assessment Tool incorporated into the onsite certification survey instrument currently used, including participant interviews observations, and review of specific health and administrative records.
4. Review and follow-up processes for the Participant Setting Assessments obtained during and after the onsite survey.

Settings found to be out of compliance with the new regulations during these routine reviews will be required to submit and have approved a corrective action plan which includes a timeframe for its completion. Centers generally implement corrections within 60 days of submission of their corrective action plans. Failure to complete a plan may jeopardize the provider’s certification and participation in the CBAS program. As mentioned in Section 3 above, providers rarely fail to regain compliance during the corrective action process.

Nonetheless, CDA has [CBAS center closure procedures](#) which CBAS centers must follow if a CBAS center closes, requiring the transitioning of CBAS participants out of the center. Center closure procedures can be found at:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Center_Closure_Materials/

These procedures would apply to CBAS centers that are unable to come into compliance with the HCB Settings requirements by March 17, 2019. The following describes this process:

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CDA will determine if CBAS providers are in compliance with the HCB Settings regulations by March 17, 2019 and on an ongoing basis through the CBAS certification renewal oversight and monitoring process. If CDA identifies that a CBAS center fails to meet one or more of the HCB Settings regulations, CDA will do the following: 1) issue a statement of deficiency report; 2) require a written plan of correction; and 3) determine whether the corrective action remediated the problem(s).

If the center fails to remediate the problems to come into compliance, CDA will initiate an adverse action process to terminate certification. If the certification is terminated or the center otherwise closes, CDA will ensure that the CBAS center complies with orderly closure requirements. This includes participant referral and discharge, coordination with other CBAS centers and the CBAS participants' managed care plans, referring participants to alternative centers, if available, and assisting participants with obtaining other necessary services if they are available.

Initial assessment of all CBAS centers for compliance with HCB Settings Requirements will be completed by December 31, 2018. However, implementation of the Provider Self-Assessment and Participant Setting Assessment Tools will be ongoing to ensure full and continued compliance beyond March 17, 2019. The State is committed to ensuring compliance with HCB Settings requirements on an ongoing basis as part of its certification renewal process, but it should be noted that efforts described in this *Plan* represent significant workload increases for the State and, as expressed in public comments, cost increases to providers associated with complying with new unfunded mandates.



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APPENDICES

Appendix I – CBAS Transition Plan Milestones & Timelines (new)

Appendix II – Distribution of Meeting Announcements, Public Comment Notices and Informational Materials (revised)

Appendix III – Assessment of ADHC/CBAS Laws, Regulations, Waiver Provisions and Other Requirements (revised)

Appendix IV – CBAS Certification Renewal Process (new)

Appendix V – CBAS Setting Assessment Process (new)

Appendix VI – Public Comment Log (Comments submitted during Public Comment Period (August 29, 2016 through September 29, 2016) (new)

**Community-Based Adult Services (CBAS)
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Appendix I: Milestones & Timelines (revised)**

Table 1: Education and Outreach		
Milestone	Target Start Date	Target End Date
A. Participation on Planning Committee for CAADS Annual Conference (to work in collaboration with providers and managed care plans to develop presentations and training workshops)	July 2015	November 2018 ongoing
B. Present at CAADS Annual and Spring Conferences	November 16, 2015	November 2018 ongoing
C. Work with stakeholders to 1) identify education and training needs relevant to HCB Settings requirements of CBAS providers, participants and family/caregivers, managed care plans and the broader stakeholder community; 2) develop and implement education/training strategies to reach target audiences; 3) deliver training via webinars and at CAADS conferences; and 4) post materials on the CDA website.	July 2015	March 17, 2019 ongoing
D. Train State staff on HCB Settings Requirements and CBAS Center Oversight and Monitoring Processes and Tools to determine CBAS center compliance with HCB Setting requirements	December 2015	December 2016 ongoing as needed
E. Educate/Train CBAS providers and managed care plans on HCB Settings requirements, including onsite monitoring and oversight activities and the CBAS Provider Self-Assessment Tool and the Participant Setting Assessment Tool to determine CBAS center compliance with HCB Settings requirements.	September 2016	December 2016 ongoing as needed

**Community-Based Adult Services (CBAS)
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Appendix I: Milestones & Timelines (revised)**

Table 2: Assessment of Statutes, Regulations, Policies and Other Requirements		
Milestone	Target Start Date	Target End Date
A. Work with stakeholders to identify CBAS program requirements that may need clarifying or strengthening to enhance compliance with HCB Settings regulations (to include possible standardization of center protocols and forms)	July 2015	July 31, 2016 completed
B. Develop Medi-Cal Manual revisions, Provider Bulletins, and All Center Letters to support implementation of the HCB Settings regulations	January 2015	December 2016 ongoing as needed
C. Develop standardized center protocols and forms (e.g., participation agreement, revised CBAS Individual Plan of Care (IPC), etc.) to support implementation of the HCB Settings regulations	January 2015	June 30, 2017
D. Distribute an All Center Letter (ACL) describing the CMS requirements for the State and CBAS providers on the use of soft restraints in CBAS centers	September 2016	December 2016
E. Distribute an All Center Letter (ACL) clarifying the statutory requirements for using delayed egress or secure perimeter technology, including documentation requirements.	September 2016	December 2016

**Community-Based Adult Services (CBAS)
Revised Draft Home and Community-Based (HCB) Settings Transition Plan
Appendix I: Milestones & Timelines (revised)**

Table 3: Initial and Ongoing Compliance Determination		
Milestone	Target Start Date	Target End Date
A. Development of CBAS Provider Self-Assessment Tool with Stakeholder Input (coincides with STP tool)	May, 22, 2015	November 2015 completed
B. Pilot Testing of CBAS Provider Self-Assessment Tool	November 2015	December, 2015 completed
C. Modification of Provider Self-Assessment Tool Based on Pilot Results	January 2016	April 2016 completed
D. Development of CBAS Participant Setting Assessment Tool with Stakeholder Input	July 2015	December 2016
E. Modification of CDA Certification Renewal Processes and Tools with Stakeholder Input	September 2015	August 2016 completed
F. Initial Provider Self-Assessment and Participant Setting Assessment Conducted with Certification Renewal	June 2016	June 2018
G. Provider Self-Assessment Validation at Time of Certification Renewal for all CBAS centers during onsite surveys	September 2016	September 2018
H. Conduct Review for Heightened Scrutiny CBAS center(s)	November 2016	March 2017
I. Provider Remediation Plans Submitted and Approved (Plans of Correction)	October 2016	October 2018
J. Termination of Any Non-Conforming CBAS Center(s)	January 2019	February 2019
K. Full Compliance Achieved		March 17, 2019
L. Ongoing Compliance Determination		Ongoing (beyond March 17, 2019)

**Community-Based Adult Services (CBAS)
Revised Draft Home and Community-Based (HCB) Settings Transition Plan
Appendix I: Milestones & Timelines (revised)**

Table 4: Person-Centered Planning		
Milestone	Target Start Date	Target End Date
A. Convene Stakeholder Workgroups to Revise CBAS Individual Plan of Care (IPC) to meet CMS requirements of Person-Centered Planning and to develop a quality strategy for service delivery and participant outcomes	July 2015	June 2016 completed
B. Develop and provide training on implementation of revised IPC	November 2016	January 2017 ongoing as needed

**Community-Based Adult Services (CBAS)
Revised Draft Home and Community-Based (HCB) Settings Transition Plan
Appendix II: Distribution of Meeting Announcements, Public Notices,
and Informational Materials (revised)**

Method	Dates Distributed	Target Audiences
A. Websites		
a. CDA CBAS HCB Settings Stakeholder Activities (continually updated)	Launched February 2015	General Public
b. DHCS Stakeholder Engagement Initiative - Calendar of Events (continually updated)	Launched January 2015	General Public
B. CBAS Updates Newsletters (Electronic – ongoing)		
<i>CBAS Updates</i> are posted on the CDA website and provide information about CBAS HCB Settings requirements and stakeholder activities, CBAS Transition Plan updates, person-centered planning education and training opportunities and more.	November 17, 2014	CBAS Providers; Managed Care Plans; ADHC/CBAS Provider Associations; Senior and Adults with Disabilities Service Providers and Advocacy Organizations; Legislative Staff; Interested Individuals
	November 18, 2014	
	November 19, 2014	
	December 24, 2014	
	February 17, 2015	
	March 9, 2015	
	March 16, 2015	
	April 15, 2015,	
	April 20, 2015	
	May 13, 2015	
	June 1, 2015	
	October 2015	
	November 2015	
	February 2016	
May 2016		
May 20, 2016		
August 26, 2016		
October 7, 2016		
October 17, 2016		
November 11, 2016		
C. All Center Letters (ACLs) (Electronic - ongoing)		
All Center Letters are posted on the CDA website and provide information to CBAS providers and other stakeholders about CBAS policies including HCB	March 27, 2015 (ACL#15-02)	CBAS Providers, Participants, Caregivers, Authorized Representatives; Managed Care Plans; ADHC/CBAS Provider Associations
	April 17, 2015 (ACL# 15-03)	
	May 14, 2015 (ACL# 15-05)	

**Community-Based Adult Services (CBAS)
Revised Draft Home and Community-Based (HCB) Settings Transition Plan
Appendix II: Distribution of Meeting Announcements, Public Notices,
and Informational Materials (revised)**

Settings requirements, CBAS Transition Plan public comment periods, relevant training opportunities and more.	September 24, 2015 (ACL#15-07)	
D. Public Comment Period Notices		
a. General Public Interest Notice- California Regulatory Notice Register (Non-electronic)	May 22, 2015 August 26, 2016	California State Library and State document depository libraries; General Public
b. All Center Letter 15-05 with CBAS Stakeholder Outreach Flyer and Fact Sheet (Electronic & Non-electronic)	May 14, 2015	CBAS Providers, Participants, Caregivers, Authorized Representatives; Managed Care Plans; ADHC/CBAS Provider Associations
c. CBAS Updates Newsletters with CBAS Stakeholder Outreach Flyer and Fact Sheet (Electronic)	May 13-15, 2015 August 26, 2016	CBAS Providers; Managed Care Plans; ADHC/CBAS Provider Associations; Senior and Adults with Disabilities Service Providers and Advocacy Organizations; Legislative Staff; Interested Individuals

Revised Draft CBAS HCB Settings Transition Plan

Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCB Settings Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
1. Being integrated in and supporting full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB Services.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>T-22 §78341 – Basic Services Recreation or Planned Social Activities (c) The activity coordinator's duties shall include at least the following: (4) Involvement of participants in the planning of the program. (6) Utilization of adult day health center's transportation to provide activities in the community as indicated by participant's needs and interests. (d) Each participant shall have time to engage in activities of the participant's own choosing</p> <p>T-22 §54329 – Medical Social Services (5) Provide counseling and referral to available community resources. (6) Promote peer group relationship through problem-centered discussion group and task oriented committees. (7) Serve as liaison with the participant's family and home. (8) Serve as liaison with other community agencies who may be providing services to a participant and work with these agencies to coordinate all services delivered to the participant to meet the participant's needs and avoid duplication.</p>	<p>By definition, CBAS is a community-based setting. Centers operate as a part of local communities and meet local needs. Individuals who attend CBAS centers make the informed choice to participate and choose from among various options depending on their local communities and the availability of other community-based services that can meet their needs. For those individuals that do not have decision-making capacity, their authorized representatives make choices on their behalf that ensure that their needs and rights are protected. Statewide, all CBAS participants may choose to receive In-Home Supportive Services (IHSS), which is a consumer-directed model of in-home care. Approximately 65 percent of all CBAS participants also receive IHSS. CBAS participants live in their own homes. With the formal and/or informal help of the IHSS Program and other caregivers, the support of their managed care plan care coordinators, and the assistance of the CBAS center, CBAS participants – exercise choice and continue to participate in community life to a degree that is equal to – if not greater than – individuals with similar needs who do not receive HCB services.</p> <p>All CBAS participants are assessed by a core</p>		

Revised Draft CBAS HCB Settings Transition Plan

Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCB Settings Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
1. Being integrated in and supporting full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB Services.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>T-22 §54211 – Multidisciplinary Team (b) The multidisciplinary assessment team shall: (1) Determine the medical, psychosocial and functional status of each participant. (2) Develop an individualized plan of care including goals, objectives and services designed to meet the needs of the person. (A) The individualized plan of care shall include: 5. The specific elements of the services which need to be identified with individual objectives, therapeutic goals and duration of treatment. 6. An individualized activity plan designed to meet the needs of the participant for social and therapeutic recreational activities. 7. Participation in specific group activities. 8. A plan to meet transportation needs. 10. A plan for other needed services which the adult day health center will coordinate.</p> <p>T-22 §54207 – Multidisciplinary Team Assessment (a) The assessment shall include: (2) Assessment of the home environment based on a home visit</p>	<p>multidisciplinary team (e.g., RN, Social Worker, Activity Coordinator, Physical and Occupational Therapists) to determine their medical, functional, and psychosocial status and develop an individualized plan of care designed to meet the participants’ needs.</p> <p>Participants receive at least four hours of daily services that are planned, therapeutic, purposeful, and designed to suit individual needs and preferences, encourage self-care and resumption of normal activities, and stimulate social interaction. Additionally, centers must have space to accommodate both indoor and outdoor activities and may provide activities in the community as indicated by participants’ needs and interests.</p> <p>Center social workers provide counseling and referral to available community resources. Based on assessment of the needs, abilities, and wishes of individual participants, referral may be made for vocational assessment of work opportunities in the community and this issue/personal goal would be included in the participant’s care plan.</p> <p>CBAS centers have no authority to control participants’ personal resources. However, if there is a problem or</p>		

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCB Settings Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
<p>1. Being integrated in and supporting full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB Services.</p>	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>within the last 12 months. The assessment shall include:</p> <p>(A) Living arrangements</p> <p>(B) Relationship with family or other person</p> <p>(E) Access to transportation, shopping, church or other needs of the individual</p> <p>T-22 §78303 – Basic Program Services: Assessment</p> <p>(d) A written individualized plan of care shall be developed to meet the needs of each participant and shall include but not be limited to:</p> <p>(5) Individualized objectives, therapeutic goals and duration of each service.</p> <p>(6) An individualized activity plan designed to meet the needs of the participant for social and therapeutic recreational activities</p> <p>(7) Participation in specific group activities.</p> <p>(8) A plan for transportation needs.</p> <p>(9) Therapeutic diet requirements and if indicated, the plan for dietary counselling and education.</p> <p>10. A plan for other needed services which the adult day health center will coordinate.</p>	<p>concern expressed by participants about the lack of control of their personal resources then the social worker and MDT would address it in the care plan.</p> <p>Update in Response to CMS Request for Clarification April 2016:</p> <p>The following ADHC/CBAS program requirements support Federal Requirement #1:</p> <p>T-22 §78341 – Basic Services Recreation or Planned Social Activities</p> <p>T-22 §54329 – Medical Social Services</p> <p>T-22 §54211 – Multidisciplinary Team</p> <p>T-22 §54207 – Multidisciplinary Team Assessment</p> <p>T-22 §78303 – Basic Program Services: Assessment</p> <p>STC 45(c)—Individual Plan of Care (IPC)</p> <p>These program requirements support Federal</p>		

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCB Settings Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
<p>1. Being integrated in and supporting full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB Services.</p>	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>STC 45(c) – Individual Plan of Care (IPC) The IPC is a written plan designed to provide the CBAS beneficiary with appropriate treatment in accordance with the assessed needs of the individual, as determined by the CBAS center and as specified in State law.</p> <p>Development of the IPC is based on principles of Person-Centered Planning, which is an individualized and ongoing process to develop individualized care plans that focus on a person’s abilities and preferences for the delivery of services and supports. Person-Centered Planning includes consideration of the current and unique bio-psycho-social-cultural and medical needs and history of the individual, as well as the person’s functional level, support systems, and continuum of care needs. CBAS center staff, the beneficiary, and his/her support team shall review and update the beneficiary’s IPC at least every six months or when there is a change in circumstance that may require a change in benefits. Such review and updates must include an evaluation of progress toward treatment goals and objectives, and reflect changes in the beneficiary’s status or needs. The IPC shall include at a minimum plan for any other necessary services that the CBAS center will coordinate.</p>	<p>Requirement #1 by 1) planning activities for CBAS participants in the community based on their interests and needs, 2) supporting the development of individualized plans of care through a person-centered planning process to meet participants’ needs, preferences and interests, 3) identifying, referring to and coordinating needed community services in addition to CBAS services including transportation to meet the participants’ needs, 4) completing a home assessment to ensure that the CBAS participant has access to transportation, shopping, church or other services to meet their needs.</p> <p>If a CBAS participant expressed a need or interest in seeking employment in a competitive integrated setting, the CBAS person-centered planning process supports the MDT in identifying the community services and supports to address the CBAS participant’s need or interest in seeking employment.</p> <p>Although CBAS providers are not given authority to control a CBAS participant’s personal resources, the CBAS staff are required to assess the functional status of CBAS participants which includes their</p>		

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCB Settings Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
1. Being integrated in and supporting full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB Services.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
	<p>ability to access resources, manage money, access/use transportation, manage medication, maintain personal hygiene and other activities of daily living and instrumental activities of daily living. If a CBAS participant and/or a participant’s authorized representative identify any needs or concerns regarding their control of personal resources, the CBAS multidisciplinary team (MDT) in collaboration with the CBAS participant and/or authorized representative would identify the appropriate intervention to address these needs.</p>		

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
2. Ensuring individuals' rights to select from among various setting options, including non-disability specific settings.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>STC 95 – CBAS Eligibility & Delivery System Community Based Adult Services” is an outpatient, facility-based program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, care coordination, and transportation to eligible State Plan beneficiaries.</p> <p>WIC §14527 – Voluntary Participation Participation in an adult day health care program shall be voluntary. The participant may end the participation at any time.</p> <p>STC 47(c) – Coordination with CBAS Providers The responsibilities of managed care plans for the CBAS benefit shall be consistent with each individual managed care plan’s contract with DHCS and with these STCs and shall include that plans do the following: (c) Coordination with CBAS Providers: Coordinate member care with CBAS providers to ensure the following: i. CBAS IPCs are consistent with members’ overall care plans and goals developed by the managed care plan.</p> <p>STC 45(c) – Individual Plan of Care (IPC) Development of the IPC is based on principles of Person-Centered Planning, which is an individualized and ongoing process to develop individualized care plans that focus on a person’s abilities</p>			<p>CBAS participation is voluntary.</p> <p>Individuals who attend CBAS centers make the informed choice to participate and choose from among various options depending on their local communities and the availability of other community-based services that can meet their needs. For those individuals that do not have decision-making capacity, their authorized representatives make choices on their behalf that ensure that their needs and rights are protected. Statewide, all CBAS participants may choose to receive In-Home Supportive Services (IHSS), which is a consumer-directed model of in-home care. Approximately 65 percent of all CBAS participants also receive IHSS. CBAS participants live in their own homes. With the formal and/or informal help of the IHSS Program and other caregivers, the support of their managed care plan care coordinators, and the assistance of the CBAS center, CBAS participants – exercise choice and continue to participate in community life to a degree that is equal to – if not greater than – individuals with similar needs who do not receive HCB services.</p>

Revised Draft CBAS HCB Settings Transition Plan

Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
2. Ensuring individuals' rights to select from among various setting options, including non-disability specific settings.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>and preferences for the delivery of services and supports. Person-Centered Planning includes consideration of the current and unique bio-psycho-social-cultural and medical needs and history of the individual, as well as the person’s functional level, support systems, and continuum of care needs. CBAS center staff, the beneficiary, and his/her support team shall review and update the beneficiary’s IPC at least every six months or when there is a change in circumstance that may require a change in benefits. Such review and updates must include an evaluation of progress toward treatment goals and objectives, and reflect changes in the beneficiary’s status or needs.</p> <p>SOP F – Individual Plan of Care The participant’s IPC shall:</p> <ol style="list-style-type: none"> 1. Be developed by the CBAS center’s multidisciplinary team and signed by representatives of each discipline required to participate in the multidisciplinary team assessment. 2. Be the result of a collaborative process among the CBAS provider, the participant, and if applicable, the participant’s authorized representative(s) and/or managed care plan. 4. Be based on a person-centered planning process and meet the requirements specified in the CBAS STCs. 5. Be based on assessment or reassessment 			

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>T-22 §78301 – Basic Program Services; General (b) Each participant shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence. (c) Each participant shall be treated as an individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.</p> <p><u>Rights</u></p> <p>T-22 §78437 – Participant Rights (a) Each participant shall have rights which include, but are not limited to the following: (1) To be fully informed by the multidisciplinary team of health and functional status unless medically contraindicated, as documented by a physician in the participant's health record. (2) To participate in development and implementation of the participant's individual plan of care. (3) To be fully informed regarding the services to be provided, including frequency of services and treatment objectives, as evidenced by the participant's written acknowledgement. (4) To be fully informed in writing prior to or at the time of admission and during participation, of the services available at the center and of related charges including any charges for services not covered under the Medi-Cal program or not covered by the</p>			<p>The list of CBAS participant rights specified in regulations is extensive. It includes the right to dignity, to privacy, confidentiality, and humane treatment, to be informed of and give consent to treatment, to refuse treatment, and to have freedom from harm or unnecessary restraint.</p> <p>Regulations require CBAS centers to inform participants of their rights and post them in a prominent place in the center including a list of participant rights in English and any other predominant language.</p> <p>CBAS providers are covered entities under HIPAA and must comply with HIPAA privacy rules.</p> <p>In the choice and delivery of care, respect of participant's preferences is central.</p> <p>Soft restraints may be used, but only under limited conditions specified in regulation for the purpose of protecting the participant's safety. For example:</p> <ul style="list-style-type: none"> • Treatment restraints for protection during treatment and diagnostic procedures. • Supportive restraints for positioning

Revised Draft CBAS HCB Settings Transition Plan

Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>center's basic per diem rate.</p> <p>(5) To be fully informed of rights and responsibilities as a participant and of all rules and regulations governing participant conduct and responsibilities. Information shall be provided prior to or at the time of admission or in the case of participants already in the center, when this center adopts or amends participant rights policies, the receipt of this information shall be acknowledged by the participant or the participant's authorized representative in writing.</p> <p>(6) To treatment and rehabilitative services designed to promote the participant's functional ability to the optimal level and to encourage independence.</p> <p>(7) To have reasonable access to telephones, both to make and receive confidential calls, or to have such calls made for the participant, if necessary.</p> <p>(8) To be encouraged and assisted throughout the period of participation to exercise rights as a participant and civil and legal rights, and to this end to voice grievances and recommend changes in policies and services to center staff and to outside representatives of participant's choice, free from restraint, interference, coercion, discrimination or reprisal.</p> <p>(9) To have a fair hearing.</p> <p>(10) To end participation at the adult day health center at any time.</p> <p>(11) To refuse treatment and be informed of the consequences of</p>	<p>CBAS centers may utilize secure perimeter technology to meet the personal safety and supervision needs of persons with dementia. The law allowing use of secure perimeters is detailed and explicit in how and when devices may be used. Most notably, fences and delayed egress devices may only be used for the purpose of ensuring the safety of individuals with dementia and may not be used in lieu of the CBAS center having an adequate number of qualified staff and appropriate programming. Further, their use requires the CBAS center to secure the informed consent of all CBAS center participants and/or their authorized representatives.</p> <p>Allowances in law for secure perimeters ensure that individuals with clearly identified needs may remain in their homes and communities and enjoy freedoms that they may not otherwise have, particularly when they are in attendance at the center. Centers maintain all characteristics of the community setting, with necessary added protections, and individuals served have quality of life that is equal to or greater than that of persons with similar conditions who live</p>		

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>such refusal.</p> <p>(12) To be discharged only for medical reasons, or for the participant's welfare or that of other participants or for nonpayment for his services and to be given reasonable advance notice to ensure orderly discharge. Such actions shall be documented in the participant's health record.</p> <p>(13) To be insured of the confidential treatment of all information contained in participant records, including information contained in an automatic data bank. The participant's written consent shall be required for the release of information to persons not otherwise authorized under law to receive it. Persons representing the news media shall not be given any information that identifies or leads to the identification of the participant, including photographs, unless the participant has given written consent. A participant may provide written consent which limits the degree of information and the persons to whom information may be given.</p> <p>(14) To not be required to perform services for the facility that are not included for therapeutic purposes in the participant's individual plan of care.</p> <p>(15) To dignity, privacy and humane care, including privacy in treatment and in care for personal needs.</p> <p>(16) To be free from harm, including unnecessary physical restraint, or isolation, excessive medication, physical or mental abuse or neglect.</p>	<p>in the community but who do not receive HCB services.</p> <p>If CBAS participants, their family/caregivers or authorized agents believe that any aspect of CBAS services violates their rights to privacy, dignity and respect, and freedom from coercion and restraint, they have the right to submit a grievance through the CBAS center's and/or managed care plan's grievance process.</p> <p>Update in Response to CMS Request for Clarification April 2016:</p> <p>Refer to T-22 §78315 – Nursing Services- Restraints</p> <p>Existing ADHC/CBAS regulations in Title 22 78315 (noted here) permit the use of soft restraints in the CBAS setting under specified circumstances. Additional laws, regulations, and Waiver provisions require CBAS providers to develop operational policies and procedures and in-service training for staff.</p>		

Revised Draft CBAS HCB Settings Transition Plan

Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>(17) To be free from hazardous procedures. (b) Each adult day health center shall post in a prominent place in the center a list of participant rights in English and any other predominant language of the community. (c) Participant rights shall be orally explained to each participant in a language understood by the participant.</p> <p>SOP D – 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 Title 22 of the CCR as described in part by the following: 1. Physical accommodations – Designed, equipped, and maintained to provide for a safe and healthful environment. Each center shall: c. A secluded area that is set aside for participants who require bed rest and privacy during medical treatments or social service interventions. 4. Safety – Have appropriate protective devices to guard against hazards by means of supervision, instruction, and installation.</p> <p>T-22 §78315 – Nursing Services-Restraints (a) Restraints shall be used only as measures to protect the participant from injury to self, based on the assessment of the</p>	<p>CMS has specified that the State must ensure that CBAS centers that use restraints meet HCB Settings requirement under 42 CFR 441.301c(4)(iii) and (vi)(F) and person-centered service planning and plan requirements under 42 CFR 44.301(c)(1) and (c)(2) as follows:</p> <ul style="list-style-type: none"> • Documenting the requirements concerning the use of alternative strategies to avoid the use of restraints, • Documenting methods for detecting the authorized use of or misapplication of restraints, • Developing protocols that must be followed when restraints are employed (including the circumstances when their use is permitted and when they are not) and how their use is authorized, • Establishing practices that must be employed in the administration of a restraint to ensure the health and safety of individuals, • Requiring documentation (record keeping) concerning the use of restraints; and • Establishing education and training requirements that provider agency personnel 		

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>participant by the multidisciplinary team.</p> <p>(b) Restraints shall be used only under the following conditions:</p> <p>(1) Treatment restraints for the protection of the participant during treatment and diagnostic procedures.</p> <p>(2) Supportive restraints for positioning the participant and to prevent the participant from falling out of a chair or from a treatment table or bed.</p> <p>(c) Acceptable forms of restraints shall include only cloth vests, soft ties, soft cloth mittens, seat belts and trays with spring release devices. Soft ties means soft cloth which does not cause skin abrasion and which does not restrict blood circulation.</p> <p>(d) Restraints shall not be used as punishment or as a substitute for medical and nursing care.</p> <p>(e) No restraints with locking devices shall be used or available for use.</p> <p>(f) Restraints shall be applied in a manner so that they can be speedily removed in case of fire or other emergency.</p> <p>(g) Various types of adult chairs referred to as geriatric chairs are not defined as a restraint if the type of closing mechanism of the chair and the physical and mental capability of the specific participant allow for easy removal.</p> <p>H&S §1584 – Facilities for Alzheimer or Dementia Participants – Installation of Secure Perimeter Fences or Egress Control</p>		<p>must meet who are involved in the administration of a restraint.</p> <p>The State will issue an All Center Letter (ACL) to CBAS providers explaining the protocols, practices, documentation and training requirements specified by CMS and largely addressed in current regulation on the use of soft restraints and the methods by which the State will monitor the CBAS center's adherence to the state and federal requirements.</p>	

Revised Draft CBAS HCB Settings Transition Plan

Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>Devices; Emergency Evacuation Procedures</p> <p>(a) An adult day health care center that provides care for adults with Alzheimer's disease and other dementias may install for the safety and security of those persons secured perimeter fences or egress control devices of the time-delay type on exit doors.</p> <p>(b) As used in this section, "egress control device" means a device that precludes the use of exits for a predetermined period of time. These devices shall not delay any participant's departure from the center for longer than 30 seconds. Center staff may attempt to redirect a participant who attempts to leave the center.</p> <p>(c) Adult day health care centers installing security devices pursuant to this section shall meet all of the following requirements:</p> <p>(1) The center shall be subject to all fire and building codes, regulations, and standards applicable to adult day health care centers using egress control devices or secured perimeter fences and shall receive a fire clearance from the fire authority having jurisdiction for the egress control devices or secured perimeter fences.</p> <p>(2) The center shall maintain documentation of diagnosis by a physician of a participant's Alzheimer's disease or other dementia.</p> <p>(3) The center shall provide staff training regarding the use and operation of the egress control devices utilized by the center, the protection of participants' personal rights, wandering behavior and acceptable methods of redirection, and emergency evacuation</p>			

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>procedures for persons with dementia.</p> <p>(4) All admissions to the center shall continue to be voluntary on the part of the participant or with consent of the participant's conservator, an agent of the participant under a power of attorney for health care, or other person who has the authority to act on behalf of the participant. Persons who have the authority to act on behalf of the participant include the participant's spouse or closest available relative.</p> <p>(5) The center shall inform all participants, conservators, agents, and persons who have the authority to act on behalf of participants of the use of security devices. The center shall maintain a signed participation agreement indicating the use of the devices and the consent of the participant, conservator, agent, or person who has the authority to act on behalf of the participant. The center shall retain the original statement in the participant's files at the center.</p> <p>(6) The use of egress control devices or secured perimeter fences shall not substitute for adequate staff. Staffing ratios shall at all times meet the requirements of applicable regulations.</p> <p>(7) Emergency fire and earthquake drills shall be conducted at least once every three months, or more frequently as required by a county or city fire department or local fire prevention district. The drills shall include all center staff and volunteers providing participant care and supervision. This requirement does not preclude drills with participants as required by regulations.</p>			

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>(8) The center shall develop a plan of operation approved by the department that includes a description of how the center is to be equipped with egress control devices or secured perimeter fences that are consistent with regulations adopted by the State Fire Marshal pursuant to Section 13143. The plan shall include, but not be limited to, the following:</p> <p>(A) A description of how the center will provide training for staff regarding the use and operation of the egress control device utilized by the center.</p> <p>(B) A description of how the center will ensure the protection of the participant's personal rights consistent with applicable regulations.</p> <p>(C) A description of the center's emergency evacuation procedures for persons with Alzheimer's disease and other dementias.</p> <p>(d) This section does not require an adult day health care center to use security devices in providing care for persons with Alzheimer's disease and other dementias.</p> <p>WIC §14555 – Grievance Procedures Each adult day health care provider shall establish a grievance procedure under which participants may submit their grievances.</p> <p>T22 54407 – Grievance Procedure Each adult day health care provider shall establish and maintain a</p>			

Revised Draft CBAS HCB Settings Transition Plan

Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>procedure for submittal, processing and resolution of grievances of participants regarding care and administration by the provider.</p> <p>STC 95(f) – Grievances and Appeals A CBAS participant may file a grievance with their Managed Care Organization as a written or oral complaint. The participant or their authorized representative may file a grievance with the participant's Managed Care Organization at any time they experience dissatisfaction with the services or quality of care provided to them, and as further instructed by the MCO.</p> <p>SOP H(9) – Organization and Administration – Grievance Procedures The CBAS center shall be organized and staffed to carry out the services and other requirements specified in the waiver. Such organization shall include: 9. A written grievance process whereby participants and family/caregivers can report and receive feedback regarding CBAS services.</p>			

Revised Draft CBAS HCB Settings Transition Plan

Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>T-22 §54001 – General (a) Adult day health care providers shall: (2) Promote the social, emotional, and physical well-being of impaired individuals living in the community, alone or with others, in order to maintain them or restore them to their optimal functional potential and to help them remain at or return to their homes.</p> <p>T-22 §78301 – Basic Program Services; General (b) Each participant shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence. (c) Each participant shall be treated as an individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.</p> <p>WIC §14550 – Required Services Adult day health care centers shall offer, and shall provide directly on the premises, at least the following services: (g) Planned recreational and social activities suited to the needs of the participants and designed to encourage physical exercise, to prevent deterioration, and to stimulate social interaction.</p> <p>T-22 §54315 – Occupational Therapy Services (a) Occupational therapy services shall: (3) Increase or maintain the participant's capability for</p>		<p>The CBAS model is explicitly designed to promote autonomy and independence and maximize individuals' capacity for self-determination. It supports participants' involvement in treatment planning decisions and engagement in activities of their own choosing that meet their needs, preferences and interests. In turn, participants may choose to end their participation at the CBAS center at any time.</p>	

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>independence.</p> <p>(4) Enhance the participant's physical, emotional and social well-being.</p> <p>(5) Develop function to a maximum level.</p> <p>(6) Guide participants in the use of therapeutic, creative and self-care activities for improving function.</p> <p>T-22 §54339 – Activity Program</p> <p>(a) The activity program shall be staffed and equipped to meet the needs and interests of each participant and shall encourage self-care and resumption of normal activities. Participants shall be encouraged to participate in activities suited to their individual needs. The activity program shall provide a planned schedule of social and other purposeful independent or group activities. Opportunities shall be provided for involvement, both individual and group, in the planning and implementation of the activity programs.</p> <p>(b) The primary objectives of activity programs shall be to encourage the participant toward restoration to self-care and the resumption of normal activities or for those who cannot realistically resume normal activities, to prevent further mental or physical deterioration.</p> <p>(c) The individual plan of care of each participant shall include an individual activity plan. This plan shall be reviewed quarterly.</p>			

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>T-22 §54331 – Nutrition Service (b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.</p> <p>T-22 §78321 – Nutrition Services: Menus (a) Meals shall consist of a variety of food and shall be planned with consideration for medical needs, cultural and religious background and food habits and age of each participant served. (b) Between meal nourishments shall consist of but not be limited to a beverage and either fruits, vegetables or a grain product such as crackers, cookies or bread. (c) Menus for all meals, between meal nourishments, and for therapeutic diets shall be written one week in advance, approved by a dietitian and posted in the kitchen. Menus shall be available for review by each participant served or the participant's designated representative.</p> <p>T-22 §78341 – Basic Services Recreation or Planned Social Activities (c) The activity coordinator's duties shall include at least the following: (4) Involvement of participants in the planning of the program. (6) Utilization of adult day health center's transportation to provide activities in the community as indicated by participant's needs and</p>			

Revised Draft CBAS HCB Settings Transition Plan

Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>interests.</p> <p>(d) Each participant shall have time to engage in activities of the participant's own choosing.</p> <p>T-22 §78437 – Participant Rights</p> <p>(a) Each participant shall have rights which include, but are not limited to the following:</p> <p>2) To participate in development and implementation of the participant's individual plan of care.</p> <p>(6) To treatment and rehabilitative services designed to promote the participant's functional ability to the optimal level and to encourage independence.</p> <p>(7) To have reasonable access to telephones, both to make and receive confidential calls, or to have such calls made for the participant, if necessary.</p> <p>(8) To be encouraged and assisted throughout the period of participation to exercise rights as a participant and civil and legal rights, and to this end to voice grievances and recommend changes in policies and services to center staff and to outside representatives of participant's choice, free from restraint, interference, coercion, discrimination or reprisal.</p> <p>(10) To end participation at the adult day health center at any time.</p> <p>(11) To refuse treatment and be informed of the consequences of such refusal.</p>			



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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>	<u>Comments</u>		

Revised Draft CBAS HCB Settings Transition Plan

Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
5. Facilitating choice regarding services and supports, and who provides them.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>(a) The activity program shall be staffed and equipped to meet the needs and interests of each participant and shall encourage self-care and resumption of normal activities. Participants shall be encouraged to participate in activities suited to their individual needs. The activity program shall provide a planned schedule of social and other purposeful independent or group activities. Opportunities shall be provided for involvement, both individual and group, in the planning and implementation of the activity programs.</p> <p>T-22 §54331 – Nutrition Service</p> <p>(b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.</p> <p>T-22 §78321 – Nutrition Services: Menus</p> <p>(a) Meals shall consist of a variety of food and shall be planned with consideration for medical needs, cultural and religious background and food habits and age of each participant served.</p> <p>T-22 §78341 – Basic Services Recreation or Planned Social Activities</p> <p>(c) The activity coordinator's duties shall include at least the following:</p> <p>(4) Involvement of participants in the planning of the program.</p> <p>(d) Each participant shall have time to engage in activities of the</p>	As highlighted in Question #4 above, the CBAS model is explicitly designed to promote autonomy and independence and maximize individuals' capacity for choice and self-determination. It supports participants' involvement in treatment planning decisions and engagement in activities of their own choosing that meet their needs, preferences and interests. There are opportunities through a grievance procedure to address participants' problems or concerns regarding the provision of CBAS services and supports; however, CBAS participants have the right to choose to end their participation at the CBAS center at any time for any reason.		

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
5. Facilitating choice regarding services and supports, and who provides them.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>participant's own choosing.</p> <p>T-22 §78437 – Participant Rights</p> <p>(a) Each participant shall have rights which include, but are not limited to the following:</p> <p>(2) To participate in development and implementation of the participant's individual plan of care.</p> <p>(3) To be fully informed regarding the services to be provided, including frequency of services and treatment objectives, as evidenced by the participant's written acknowledgement.</p> <p>(4) To be fully informed in writing prior to or at the time of admission and during participation, of the services available at the center and of related charges including any charges for services not covered under the Medi-Cal program or not covered by the center's basic per diem rate.</p> <p>(6) To treatment and rehabilitative services designed to promote the participant's functional ability to the optimal level and to encourage independence.</p> <p>(8) To be encouraged and assisted throughout the period of participation to exercise rights as a participant and civil and legal rights, and to this end to voice grievances and recommend changes in policies and services to center staff and to outside representatives of participant's choice, free from restraint, interference, coercion, discrimination or reprisal.</p>			



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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
5. Facilitating choice regarding services and supports, and who provides them.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>(10) To end participation at the adult day health center at any time.</p> <p>(11) To refuse treatment and be informed of the consequences of such refusal.</p> <p>(b) Each adult day health center shall post in a prominent place in the center a list of participant rights in English and any other predominant language of the community.</p> <p>(c) Participant rights shall be orally explained to each participant in a language understood by the participant.</p>			

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
6. Allowing individuals to control their own schedules including access to food at any time.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>T-22 §78301 – Basic Program Services; General (b) Each participant shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence. (c) Each participant shall be treated as an individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.</p> <p>WIC §14550 – Required Services Adult day health care centers shall offer, and shall provide directly on the premises, at least the following services: (g) Planned recreational and social activities suited to the needs of the participants and designed to encourage physical exercise, to prevent deterioration, and to stimulate social interaction.</p> <p>T-22 §54315 – Occupational Therapy Services (a) Occupational therapy services shall: (3) Increase or maintain the participant's capability for independence. (4) Enhance the participant's physical, emotional and social well-being. (5) Develop function to a maximum level. (6) Guide participants in the use of therapeutic, creative and self-care activities for improving function.</p> <p>T-22 §54339 – Activity Program</p>	<p>CBAS participants live in their own homes in their own communities and so have the freedom to make choices that anyone living in his or her own home enjoys, including controlling their daily schedule and their meals. CBAS participants voluntarily choose to attend the CBAS center, which on average means that they attend the center three days per week for approximately 5 hours per day. During the approximately five hour day (15 hours per week), participants engage in activities of their choosing, have the right to refuse services, treatments or interventions, and are served a meal and between meal snacks that meet their preferences and tastes.</p>		

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
6. Allowing individuals to control their own schedules including access to food at any time.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>(a) The activity program shall be staffed and equipped to meet the needs and interests of each participant and shall encourage self-care and resumption of normal activities. Participants shall be encouraged to participate in activities suited to their individual needs. The activity program shall provide a planned schedule of social and other purposeful independent or group activities. Opportunities shall be provided for involvement, both individual and group, in the planning and implementation of the activity programs.</p> <p>(b) The primary objectives of activity programs shall be to encourage the participant toward restoration to self-care and the resumption of normal activities or for those who cannot realistically resume normal activities, to prevent further mental or physical deterioration.</p> <p>(c) The individual plan of care of each participant shall include an individual activity plan. This plan shall be reviewed quarterly.</p> <p>T-22 §54331 – Nutrition Service</p> <p>(b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.</p> <p>T-22 §78321 – Nutrition Services: Menus</p> <p>(a) Meals shall consist of a variety of food and shall be planned with consideration for medical needs, cultural and religious background and food habits and age of each participant served.</p> <p>(b) Between meal nourishments shall consist of but not be limited</p>			

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
6. Allowing individuals to control their own schedules including access to food at any time.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>to a beverage and either fruits, vegetables or a grain product such as crackers, cookies or bread.</p> <p>(c) Menus for all meals, between meal nourishments, and for therapeutic diets shall be written one week in advance, approved by a dietitian and posted in the kitchen. Menus shall be available for review by each participant served or the participant's designated representative.</p> <p>T-22 §78341 – Basic Services Recreation or Planned Social Activities</p> <p>(c) The activity coordinator's duties shall include at least the following:</p> <p>(4) Involvement of participants in the planning of the program.</p> <p>(6) Utilization of adult day health center's transportation to provide activities in the community as indicated by participant's needs and interests.</p> <p>(d) Each participant shall have time to engage in activities of the participant's own choosing.</p> <p>T-22 §78437 – Participant Rights</p> <p>(a) Each participant shall have rights which include, but are not limited to the following:</p> <p>2) To participate in development and implementation of the participant's individual plan of care.</p> <p>(6) To treatment and rehabilitative services designed to promote</p>			

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
6. Allowing individuals to control their own schedules including access to food at any time.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>the participant's functional ability to the optimal level and to encourage independence.</p> <p>(7) To have reasonable access to telephones, both to make and receive confidential calls, or to have such calls made for the participant, if necessary.</p> <p>(8) To be encouraged and assisted throughout the period of participation to exercise rights as a participant and civil and legal rights, and to this end to voice grievances and recommend changes in policies and services to center staff and to outside representatives of participant's choice, free from restraint, interference, coercion, discrimination or reprisal.</p> <p>10) To end participation at the adult day health center at any time.</p> <p>(11) To refuse treatment and be informed of the consequences of such refusal.</p>			

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
7. Allowing individuals the freedom to have visitors at any time.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>	<u>Comments</u>		
<p>T-22 §54337 – Program Aides (c) . . . volunteer participation shall be encouraged. . . (d) The duties of volunteers shall be mutually determined by volunteers and staff and shall either supplement staff in established activities or by providing additional services to the program for which the volunteer has special talents, such as but not limited to: (1) Art (2) Music (3) Flower arrangements (4) Foreign language (5) Creative skills or crafts</p> <p>HSC 1586.6 – Services; Family Members; Center Requirements Adult day health care centers may not require family members to attend the center or assist the participant with activities of daily living while at the center</p>	<p>CBAS participants live in their own homes in their own communities and so have the freedom to make choices that anyone living in his or her own home enjoys, including having visitors at any time.</p> <p>CBAS participants voluntarily choose to attend the CBAS center, which on average means that they attend the center three days per week for approximately 5 hours per day. During the approximately five-hour day (15 hours per week), family members and or caregivers are welcome allowed at the center. Centers may also invite visitors and volunteers from the community to provide additional program activities such as art and music.</p> <p>There are no CBAS regulations, policies or procedures that would prohibit CBAS participants from having visitors.</p> <p>Update in Response to CMS Request for Clarification April 2016:</p> <p>Federal Requirement #7 (e.g., allowing individuals the freedom to have visitors at any</p>		

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
7. Allowing individuals the freedom to have visitors at any time.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>	<u>Comments</u>		
	<p>time) specifically applies to provider-owned and controlled residential settings and not non-residential settings. Therefore, technically, this federal requirement is not applicable to the ADHC/CBAS setting.</p> <p>However, ADHC/CBAS program requirements do not prohibit visitors at CBAS centers. If a CBAS participant wants a family member or friend to visit the center, this would be permitted and does occur.</p> <p>Because the State believes it is important that non-residential HCB settings allow visitors, it has included a question on the core Provider Assessment Tool to validate this. CDA will be monitoring CBAS centers for their compliance with Federal Requirement #7 even though the ADHC/CBAS center is a non-residential setting.</p>		

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
8. Ensuring a physically accessible setting.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>T-22 §78501 – Physical Accommodations (a) Each center shall be designed, equipped and maintained to provide for a safe and healthful environment and shall meet the following requirements: (1) Each center shall comply with state and local building requirements.</p> <p>SOP D – 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 Title 22 of the CCR as described in part by the following: 1. Physical accommodations – Designed, equipped, and maintained to provide for a safe and healthful environment. Each center shall: 2. Space Requirements – Demonstrate all of the following, to include but not be limited to: a. Available space sufficient to accommodate both indoor and outdoor activities and store equipment and supplies. b. A multipurpose room large enough for all participants to gather for large group activities and for meals. c. A secluded area that is set aside for participants who require bed rest and privacy during medical treatments or social service interventions. 3. Maintenance and Housekeeping – Be clean, safe, and in good</p>		<p>CBAS is provided in licensed adult day health care (ADHC) centers, which are evaluated for compliance with the Americans with Disabilities Act (ADA).</p> <p>Licensing regulations specify that centers shall be designed to provide for a safe and healthful environment and comply with state and local building code requirements.</p>	

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Appendix III: Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements (revised)

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
8. Ensuring a physically accessible setting.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>repair at all times; maintenance shall include provisions for cleaning and repair services.</p> <p>4. Safety – Have appropriate protective devices to guard against hazards by means of supervision, instruction, and installation.</p> <p>HSC 1586.7 – Discrimination; Eligibility</p> <p>(a) Adult day health care centers may not discriminate because of race, color, creed, national origin, sex, sexual orientation, or physical or mental disabilities. Centers shall accommodate individuals with physical disabilities by ensuring that they have access to bathrooms, hallways, and door entrances, and by providing safe and adequate parking and passenger loading areas. All staff at centers shall be trained and able to interact with participants with physical disabilities.</p> <p>(b) Notwithstanding subdivision (a), the program may not admit any participants to the program that, in the clinical judgment of those administering the program, cannot be appropriately cared for by the program.</p>			

Revised Draft CBAS Home and Community-Based (HCB) Settings Transition Plan
CBAS Monitoring and Oversight
Appendix IV: CBAS Certification Renewal Process

CBAS Certification Renewal Process

Medi-Cal Certification Renewal:

- Providers are certified to provide Community-Based Adult Services (CBAS) for up to two years
- At month 18 (180 days prior to certification expiration), CDA sends the provider a renewal application
- Between months 18 and 20, CBAS providers submit the renewal application
- Upon receipt of the renewal application, CDA reviews the application and completes the Medicaid Integrity provider screening and data base checks of applicant, 5% owners, and directors
- Between months 18 and 22, CDA conducts an “in house” desk review prior to an onsite survey of the CBAS center
- Between 20 and 22, CDA conducts an onsite survey
- Prior to certification expiration, CDA prepares a report of survey findings
- Prior to certification expiration, CDA reviews/approves plans of correction
- At month 24 CDA renews certification

CBAS Onsite Survey Protocol:

The Medi-Cal certification survey is an unannounced inspection visit that evaluates the quality of services received by CBAS center participants. The survey’s primary focus is the measuring of participant outcomes and evaluation of the essential components of the center’s service delivery and administrative systems, which must be present for positive outcomes to occur. All certification requirements contained in the California Code of Regulations (CCR), Title 22, Chapter 5 are assessed as are applicable statutory requirements found within the Welfare and Institutions Code, Division 9, Chapter 8.7 and the 1115 Medi-Cal 2020 Waiver.

In evaluating participant outcomes, observation and interview are the primary methods of information gathering. The survey team observes the delivery of CBAS center services and interview participants and center staff to confirm that participants’ needs are met and required services are delivered. The focus of the survey is on appropriate assessing of participants’ needs, and developing, implementing and monitoring of needs-based, person-centered individual plans of care (IPC). The survey team also evaluates the center’s administrative organization to determine if overall center operations result in effective program development, implementation, evaluation and supervision.

CDA’s onsite survey is conducted by generalist analysts and nurses. It includes the following eight steps:

- ❖ Task 1 Entrance Conference
- ❖ Task 2 Sample Selection
- ❖ Task 3 Observation (program, participants, center staff)
- ❖ Task 4 Interview (participants, center staff)
- ❖ Task 5 Participant Record Verification
- ❖ Task 6 Review of Organization and Administrative Systems
- ❖ Task 7 Review of Survey Findings (*Pre-Exit Conference*)
- ❖ Task 8 Exit Conference

Appendix V: Setting Assessment Process

MONITORING & OVERSIGHT

Waiver Name	Site Visit Frequency		Federal Assurance Review	Monitoring Team Staff			Other Compliance				Corrective Action Plan for Noncompliance	CAP Approval Based on Verification of Issue Resolution	Technical Assistance and Training
	Each Year	Each 24 Month		Nurse	Program Analyst	Social Worker	HCBS Setting Compliance	Provider Self-Survey Validation	CA Licensing and Certification Standards	Standard Agreements			
ALW	X		X	X	X		X	X	X		X	X	X
DDS		X	X	X	X		X	X			X	X	X
IHO	X		X	X			X	X	X		X	X	X
MCWP		X	X	X	X	X	X	X			X	X	X
MSSP		X	X	X	X		X	X		X	X	X	X
NF/AH	X		X	X			X	X	X		X	X	X
SFCLSB	X		X	X	X		X	X	X		X	X	X
PPC		X	X	X	X	X	X		X	X	X	X	X
CBAS		X	X	X	X	X	X	X	X	X	X	X	X

Appendix V: Setting Assessment Process

ON-SITE MONITORING PROTOCOLS

Waiver Name	Site Visit Notification					Participant Records Requested Prior to Visit	Monitoring Tasks															
	None	One Week Notice	30 Days Notice	6 Weeks Notice	60 Days Notice		Entrance Conference	Participant Record Review	Review of Billing Records	Vendor Record Review	Review of Administrative Records	Review of Peer and Internal Review Process	Member and/or Guardian Interviews	Staff Interviews	Review Special Incident Reports	Review Participant Experience Surveys	Participant Home Visit Conducted	Assessment of Members' Residences that are Provider Owned/Controlled	Review of Findings and Trend Analysis (MOS team)	Technical Assistance	Exit Conference	M&O Report Issues Within 60 Days of Exit Conference
ALW		X				X	X	X	X		X		X	X			X	X	X		X	X
DDS					X	X	X	X			X	X	X	X	X			X	X	X	X	
IHO						X	X	X	X		X		X			X		X		X	X	
MCWP			X			X	X	X	X		X		X				X	X	X	X	X	X
MSSP				X		X	X	X	X	X	X					X	X	X	X	X	X	X
NF/AH			X			X	X	X	X		X		X			X	X	X		X	X	
SFCLSB			X			X	X	X	X		X		X	X		X	X	X		X	X	
PPC						X																
CBAS	X					X	X	X			X	X	X	X	X	X	X	X	X	X	X	X

Appendix V: Setting Assessment Process

Setting	CBAS				
Provider Self-Survey			Member Self-Survey Validation		
% Sampled	Frequency	Method of Distribution	% Sampled	Frequency	Method of Distribution
100% of Centers (2016-2018)	6 months prior to certification expiration date	U.S. Mail	CDA to administer to, or obtain from, up to a 10% sample of members at each center. Sample will include members randomly selected for chart review during certification renewal onsite survey by CDA staff. Assessment tool to be made available to all members.	At time of onsite certification renewal survey by CDA staff. Members have a choice to complete the assessment tool face-to-face with CDA survey staff or to complete the survey independently and provide the completed survey to CDA staff while at the center or return to CDA by mail.	Hand delivered by CDA staff.

Appendix V: Setting Assessment Process

Setting	CBAS				
On-Site Assessment Validation			Care Management Entity Self-Survey		
% Sampled	Frequency	Method of Completion	% Sampled	Frequency	Method of Distribution
100% of Centers (2016-2018)	At time of certification renewal survey	Completed by CDA nursing and analyst staff during onsite surveys. Staff will review center administrative and health records, interview center staff and members / caregivers or representatives, and observe program activities.	N/A	N/A	N/A
Additional Comments					
<p>All CBAS centers will be required to complete the Provider Self-Assessment at time of their certification renewal application. All CBAS centers will receive an onsite validation of compliance, with corrective action plans required where non-compliance is identified. Initial compliance determination activities will conclude in Fall 2018. Monitoring and onsite validation of compliance will be ongoing. CBAS centers range in daily attendance. The average of all center ADA's is 83.</p> <p>CBAS members will be encouraged to complete the Member Setting Assessment during their CBAS center's onsite survey by CDA staff, and provided the opportunity to submit an Assessment at any time via mail.</p>					

**Community-Based Adult Services (CBAS)
 Revised Draft CBAS Home and Community-Based (HCB) Settings Transition Plan
 Appendix VI: Public Comment Log
 (Public Comment Period 8/29/16 through 9/29/16)**

Category	Name/Organization/E-mail/Phone	Comment
All	LMS Health Partners Luba Lmshealthpartners@hotmail.com 310-536-6511	No Comments
	CDA/DHC Comments & Action Taken	
	None	
	Proposed Revision	
	None	

Category	Name/Organization/E-mail/Phone	Comment
General Comment	Steve Connors Owner of ARF Care Home Stconz@aol.com 520-570-8877	<p>I have been working with people with developmental disabilities in one form or another for the past 32 years. I have seen numerous positive steps over the years in the areas of advocacy, client rights, health and wellness, safety, careers, recreation, and general quality of life.</p> <p>The residents that live in my care home invited me to a meeting to discuss the new Federal requirements affecting Community-Based Adult services (CBAS). They are worried that the place they are currently working will get shut down if it cannot comply with the new Federal Regulation about giving minimum wage to all that work at the facility. One of my residents has been happily working for this organization for over 40 years! He is</p>

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		<p>completely happy seeing his friends, socializing at community events, and yes--going to work each day. He looks forward to going to work each day and gives his best effort. He will never be able to produce enough to make his time profitable for the company that employs him, which is why they cannot give him minimum wage. In fact, none of the residents that live in my care home have the qualities to compete with non-disabled individuals.</p> <p>So if the CBAS company that they are currently employed goes under because they need to pay minimum wage, where will all the people currently employed by these kinds of places go each day? What will their quality of life be like?</p> <p>They are worried that there will be nothing to replace their current reality and support system. Is this really the direction we want to go? It all sounds good on paper until you realize the true effect on the individual who will never be able to compete with others who do not have Intellectual and other developmental disabilities.</p> <p>Continue to look for ways to support competitive employment, but don't throw the baby out with the bath water!</p>

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Category	Name/Organization/E-	Comment
		<p data-bbox="394 396 957 427">CDA/DHC Comments & Action Taken</p> <p data-bbox="394 472 1896 721">CDA contacted Mr. Connors to clarify the following: 1) the CBAS program is a licensed health facility, not a work program and 2) the HCB Settings federal requirements do not state that a work activity program must pay participants a minimum wage to comply with the federal requirements. Federal Requirement #1 states that "the setting is integrated and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS."</p> <p data-bbox="394 764 1896 1198">There seems to be confusion among some in the Developmental Disability community about the HCB Settings requirements and information in the Department of Rehabilitation Employer Fact Sheet on Subminimum Wage Limitations and Responsibilities related to the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act (WIOA). This Act gave the Department of Rehabilitation responsibility to provide career counseling and information and referral services (CC&IR) to all individuals employed at subminimum wage who are known to DOR, effective July 22, 2016. The Fact Sheet describes that "Employers are restricted from continuing to employ any individual in a subminimum wage setting, regardless of age, unless the individual is provided CC&IR by DOR to facilitate independent decision making and informed choice, and informed by the employer of self-advocacy, self-determination, and peer mentoring training opportunities available in the individual's geographic area. The training opportunities cannot be provided by an entity that holds a special wage certificate described in section 14(c) of the Fair Labor Standards Act. Refer to the DOR Employer Fact Sheet for more details.</p> <p data-bbox="394 1279 1850 1382">The State will clarify through its public education materials the distinction between the HCB Settings federal requirements and the Workforce Innovation and Opportunity Act (WIOA) regarding subminimum wage requirements.</p>

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Category	Name/Organization/E-mail/Phone	Comment
	Proposed Revision	
	None	

Category	Name/Organization/E-mail/Phone	Comment
Assessment of Statutes	Health Net Sydney Ryden, Business Analyst, Government Programs 916) 552-5287; sydney.a.ryden@healthnet.com	<p>Health Net has a concern surrounding non-residential settings and the concept of CBAS and "secure perimeter technology" on page 17 of 30 of the Revised Draft CBAS HCB Settings Transition Plan. There has been much discussion about "delayed egress" as an essential safety mechanism for specified CBAS members at specified facilities. Given today's increasing notice of public safety risks, can the Settings and Transition Plan include comments or requirements about "entrance door safety mechanisms" for community based non-residential CBAS facilities?</p> <p>According to 42 CFR 441.301(c)(4)(vi)(B)(1) "entrance doors lockability" is a documented regulation for controlled residential settings, but there does not appear to be a similar regulation for community based non-residential facilities. Furthermore, we support the comments note on page 30 of 32 in Appendix III (Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements) "program requirements do not prohibit visitors" and the resulting addition of a question on the Provider Assessment Tool to validate visitor access. Safety needed for both entrance and exit security.</p>

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Category	Name/Organization/E-mail/Phone	Comment
		<p data-bbox="394 396 957 428">CDA/DHC Comments & Action Taken</p> <p data-bbox="394 472 1892 651">Although the HCB Settings regulations for controlled residential settings require "entrance door safety mechanisms" there is no federal requirement for "entrance door safety mechanisms" for community-based non-residential settings. Also, there is no ADHC regulation requiring "entrance door safety mechanisms" for ADHC/CBAS facilities. It would be the responsibility of each CBAS center to have policies and procedures in place to assure the health, safety and security of its participants.</p> <p data-bbox="394 764 684 797">Proposed Revision</p> <p data-bbox="394 841 474 873">None</p>