CBAS Program and Policy Updates – Provider Webinar

October 25, 2016
Before We Get Started

- Sound check
- Slides sent to all those registered for webinar earlier today
- Slides and a recording of the webinar will be posted on CDA website later this week
Agenda

1. Overview of Federal Rules
   • Home and Community-Based (HCB) Settings
   • Person-Centered Planning

2. CDA and DHCS Activities Related to Federal Rules
   • Statewide Transition Plan (including CBAS Plan)
   • Quality Strategy and Individual Plan of Care Workgroups

3. CBAS Quality Strategy – Brief Walkthrough

4. Revised IPC and Participation Agreement

5. Q&A
Webinar Objectives

To share information about:
- Federal HCB Settings and Person-Centered Planning regulations
- Discuss how they affect CBAS providers and participants
- Ensure that CBAS providers are aware that they must comply
Overview of Federal Requirements:

- HCB Settings
- Person-Centered Planning
Home and Community-Based (HCB) Settings Regulations

Federal Regulations for HCB Settings, U.S. Code of Federal Regulations, 42 CFR 441.301(4)

- Establish an outcome-oriented definition of HCB settings that focuses on the nature and quality of the individuals’ experiences
- Maximize opportunities for individuals receiving HCB services to access the benefits of community living in the most integrated settings
Home and Community-Based (HCB) Settings Regulations

HCB Settings for non-residential settings – including CBAS centers – address:

- Access to community
- Choice of setting
- Rights of privacy, dignity, respect, and freedom from coercion and restraint
- Autonomy and independence
- Choice regarding services and supports
- Center physical accessibility

- Define person-centered planning requirements for persons in HCB settings, emphasizing the goals, wants, needs, and strengths of the individual
- Establish strong consumer protections in the person-centered planning process
Person-Centered Planning regulations address:

- **Person-centered planning process**
  - Led/directed by participant to extent possible
  - Includes individuals chosen by participant
  - Offers informed choices regarding services and supports

- **Person-centered plan**
  - Reflect individual’s strengths, preferences, goals, desired outcomes, choices
  - Reflect risk factors/measures in place to minimize them
  - Finalized and agreed to with informed consent of participant

- **Review of the plan**
  - Reviewed and revised upon reassessment (at least every 12 months), when participant’s circumstances/needs change significantly, or at participant’s request
CDA and DHCS Activities Related to Federal Rules

✓ HCB Settings
✓ Person-Centered Planning
California’s Statewide Transition Plan (STP) with attached CBAS Transition Plan

- Submitted to the Centers for Medicare & Medicaid Services (CMS) on August 14, 2015
- Revised the STP based on CMS feedback
- Posted for public comment September 2016
- Revising based on public comment prior
- Will resubmit to CMS for review (and approval) after revisions are complete
Meanwhile . . . CDA has begun implementing the activities and milestones identified in Appendix I of the *CBAS Transition Plan*

- *CBAS Transition Plan* implementation activities include:
  - Training and Education
  - Provider Self-Assessment
  - Onsite validation
  - Workgroups – Quality and IPC Revision
CDA and DHCS Activities Related to Federal Regulations

Training and Education

- CDA is working with CBAS providers to:
  - Ensure that they understand their responsibilities for meeting HCB Settings and person-centered planning requirements
  - Promote understanding of the requirements by participants and caregivers

- References and Tools on CDA Website:
  - Participant Rights – in user-friendly format in the Toolkit
  - "Are You Ready"

- CBAS Updates

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Provider Self-Assessment for HCB Settings Compliance

- **CBAS Provider Self-Assessment**:  
  - Piloted and revised in late 2015 and early 2016  
  - Implementation began June 1, 2016. The link to the provider self-assessment survey is included in the CBAS certification renewal letter  
  - CDA is providing individualized technical assistance to centers completing the self-assessment as needed  
  - CDA will validate provider responses during certification renewal onsite survey  
  - All CBAS providers will be required to complete the self-assessment of compliance and CDA will validate responses via onsite and participant surveys*  

*NOTE: A Medi-Cal beneficiary setting assessment tool is under development and will be used by CDA to cross-validate the provider self-assessment and onsite validation.
CDA and DHCS Activities Related to Federal Regulations

CBAS Quality and IPC Revision [Workgroups]

- Products of the Workgroups:
  - CBAS Quality Assurance and Improvement Strategy
  - Revised Draft IPC Form
  - Revised IPC Instructions for Medi-Cal Manual
  - Standardized Participation Agreement
  - Training strategy for providers and managed care plans

- CDA released the revised IPC and Quality Strategy for stakeholder input through September 30, 2016
- Target implementation date for IPC – March 2017
- IPC roll out and training November 15th in Garden Grove
- Advisory committees for both the IPC and Quality Strategy continue to assist with implementation
CBAS Quality Strategy – Quick Walkthrough
CBAS Quality Assurance and Improvement Strategy

- 5-year strategy
- **Goal I** - Assure CBAS provider compliance with program requirements through improved State oversight, monitoring, and transparency activities
- **Goal II** - Improve service delivery by promoting CBAS best practices, including person-centered and evidence-based care
- 17 total specific objectives that support achieving the goals of assuring and improving CBAS program quality
To meet the requirements of Waiver STC 49 and promote best practices, the *CBAS Quality Strategy* focuses on activities that:

- Give providers tools and training to improve the quality of service delivery
- Provide greater transparency through public reporting of provider profile and compliance data
- Enhance collaboration and partnerships among CDA, managed care plans, and providers
- Increase provider accountability
- Identify and remediate poor provider performance
- Recognize high performing, innovative providers and promote their best practices
CBAS IPC and Participation Agreement - Walkthrough
IPC Revisions Made To . . .

- Support person-centered planning
- Bring the IPC up-to-date with current program requirements
- Facilitate information exchange between CBAS providers and managed care plans for treatment authorization and service coordination.
- Increase capacity for documenting, tracking and measuring beneficiary clinical data, quality indicators, and outcomes
- Improve the form’s design, functionality, and ease of use
- Form is still in draft
- Currently going through approval process at DHCS prior to publishing
- Medi-Cal Provider Manual instructions currently being drafted
- IPC is two-part:
  - Participant profile
  - Care plan

IPC Form Overview
Participation Agreement

- Standardized to meet person-centered planning requirements for consent
- Form will be required for use by all CBAS centers
- Form currently being finalized and will be posted on the CDA website

Participation Agreement Form Overview
Upcoming Training

CAADS Pre-Conference Session:
- IPC roll out and training November 15th in Garden Grove
- 6-hour intensive session
- Focused on the IPC and Participation Agreement forms and person-centered care planning

Future IPC training - January 2017 Webinar, April 2017 CAADS Spring Conference, additional as necessary
Questions?
## CDA Contact Information

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