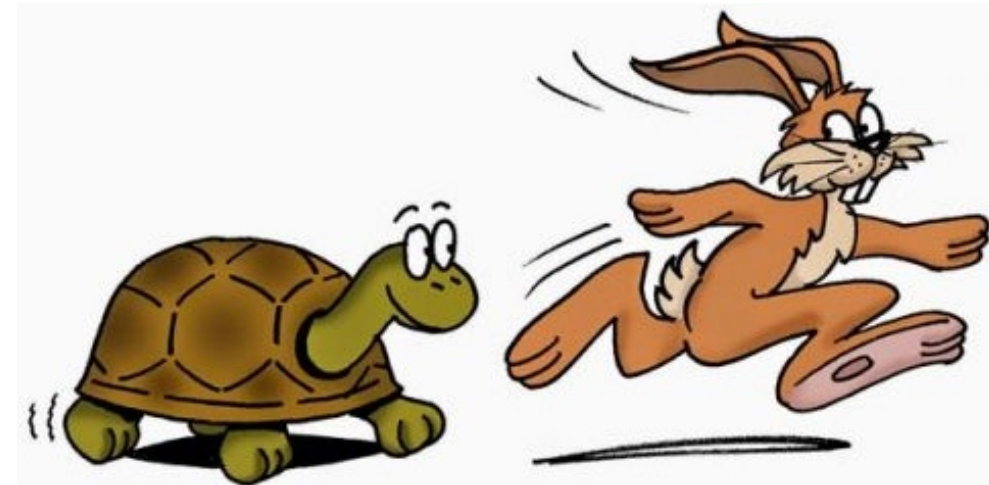


CBAS Surveys



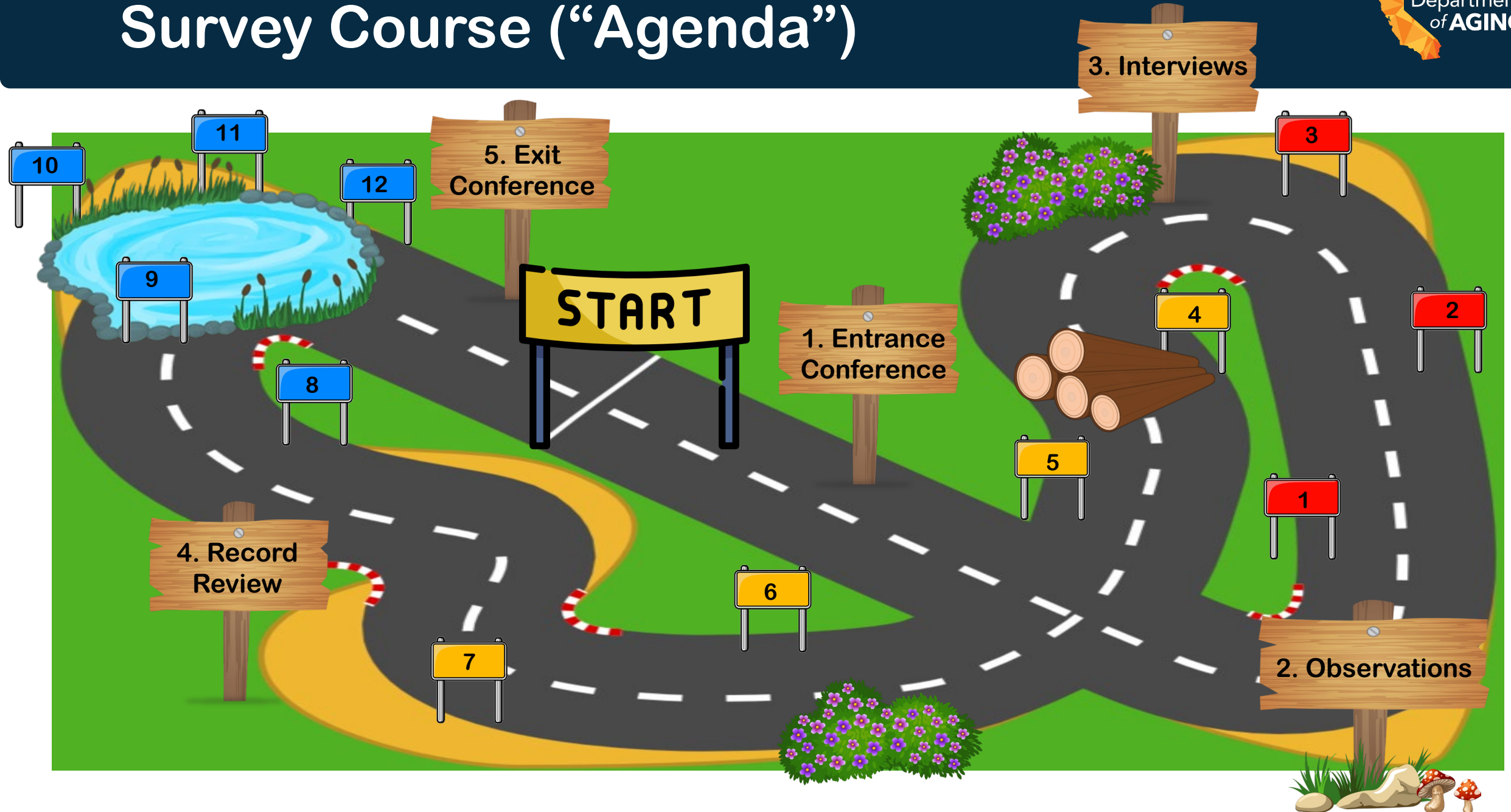
Community-Based Adult Services (CBAS) Surveys: **On Your Mark, Get Set, Go!**



November 14, 2023

Jeanette Fong, Chief & Julia Smith, Manager
CBAS Field Operations Bureau, CDA

Survey Course (“Agenda”)



Pre-Survey Request

- Request records about 6 weeks in advance

✓ Key Personnel Contact/Staffing Information
(CDA CBAS 284)

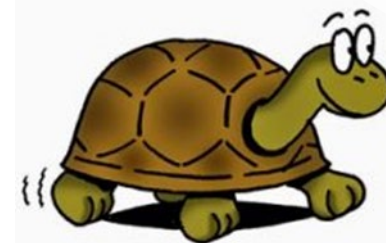
✓ CBAS Therapy/Nutrition Consultant Hours
(CDA CBAS 1035)

✓ 4-6 Participant Health Records
(CDA CBAS 1039)

✓ Discharge Summary Report
([CDA 4008](#))

✓ Provider Self-Assessment (PSA)
([CDA 7019](#))

- Upload to Peach Provider Portal
- Submit within 4 working days



Key Personnel and Staffing



Community-Based Adult Services (CBAS)
KEY PERSONNEL CONTACT AND STAFFING INFORMATION



Center Name	NPI	Date of Survey				
Center Personnel						
Print Name:	Signature:	Initial:	Contact Phone	Work Schedule Days	Hours	Date of Hire
Administrator:						
Program Director:						
Registered Nurse(s) (RN):						
Licensed Vocational Nurses (LVN):						
Social Worker:						
Social Work Assistant:						




Community-Based Adult Services (CBAS)
KEY PERSONNEL CONTACT AND STAFFING INFORMATION




Center Name	NPI	Date of Survey				
Center Personnel						
Print Name:	Signature:	Initial:	Contact Phone	Work Schedule Days	Hours	Date of Hire
Activity Coordinator:						
Program Aides:						
Occupational Therapist:						
Physical Therapist:						
Speech Therapist :						
Nutrition Consultant:						
Psych Consultant:						

Therapy/Nutrition/Consultant Hours



California
Department
of **AGING**

COMMUNITY BASED ADULT SERVICES
Therapy/Nutrition/Consultant Hours



CBAS
ADULT SERVICES

Center Name:

NPI:

POSITION	NAME	Mo/Yr: Hrs Per Month	Mo/Yr: Hrs Per Month
OCCUPATIONAL THERAPIST / CERTIFIED OCCUPATIONAL THERAPY ASSISTANT			
PHYSICAL THERAPIST / PHYSICAL THERAPY ASSISTANT			
SPEECH THERAPIST			
PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT <small>(TIME SPENT PROVIDING SERVICES TO PARTICIPANTS. DO NOT INCLUDE TIME SPENT IN CONSULTATION TO STAFF.)</small>			
PROGRAM AIDES PROVIDING MAINTENANCE THERAPY SERVICES <small>(TIME SPENT DIRECTLY PROVIDING MAINTENANCE SERVICES. LIST ADDITIONAL AIDES ON BACK OF FORM AS NECESSARY.)</small>			
PERSON RESPONSIBLE FOR SUPERVISING THE MAINTENANCE PROGRAM: NAME: TITLE:			
TOTAL THERAPY HOURS:			
POSITION	NAME	Mo/Yr: Hrs Per Month	Mo/Yr: Hrs Per Month
REGISTERED DIETITIAN			

I attest by signature that the information provided above is accurate and true.

AD/PD Signature:

Title:

Date:

CDA CBAS 1035 (Rev. 03/23)

1



Participant Health Record



Community Based Adult Services Participant Health Record Information Request List



Center Name	NPI	Date of Request

Please submit **four or six** * Medi-Cal participants' records who were enrolled in your program more than **seven (7) months, but fewer than twelve (12) months** from the date of this request, and who have good attendance. Provide copies of the participant's health record as requested below. **Include reassessments that support the current Individual Plan of Care (IPC) submitted for review.** Please use this form as a checklist by entering a check (✓) after each item you have copied and provided for our review. Check the "N/A" box if the information requested is not applicable.
***For an ADA less than 60 submit four records. For an ADA greater than 60 submit six records.**

PARTICIPANT #1 NAME:		Admit Date:	
CIN:	Health Record #:	DOB:	
Requested Information	N/A (✓)	Copied (✓)	Comments
1. Initial and current Health & Physical (H&P) information from the participant's personal health care provider			
2. Initial and current nursing assessments			
3. Initial and current social services assessments			
4. Home assessment			
5. Initial and current activity assessments			
6. Initial and current PT assessments			
7. Initial and current OT assessments			
8. Initial and current speech therapy assessments			
9. Initial and current mental health assessments			
10. Initial and current nutritional assessment			
11. The most recent quarterly reassessment for each discipline			
12. Nursing and social services flow sheets and narrative notes for the most recent six (6) months			
13. Two most recent Individual Plan of Care (IPC)			
14. ACT, PT, OT, speech, mental health, RD flow sheets and narrative notes for the most recent two (2) months within the current TAR period.			
15. Signed Participation Agreement			



Discharge Summary Report

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
CBAS DISCHARGE SUMMARY REPORT
CDA 4008 (REV 07/2019)



Center Name: _____ NPI: _____ Year: _____

Instructions: Complete this Discharge Summary report by referencing the Discharge Summary instructions (CDA 4008i) protocols published on the CDA website, Community-Based Adult Services (CBAS), [Forms and Instructions tab](https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/#pp-in) (https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/#pp-in).

Discharge Code Legend

- | | |
|---|---|
| 1. Death | 2. Nursing Facility Placement |
| 3. Managed Care Plan/DHCS Determined Ineligible | 4. Center Closure – Participant Declined Other Services |
| 5. Center Closure – CBAS Center Transfer | 6. Loss of Medi-Cal Eligibility |
| 7. Center Discontinued Services | 8. Ptp Discontinued Services |
| 9. Other (enter reason in Column H) | |

A		B	C	D	E	F	G	H
First Name	Last Name	CIN	First Date of Attendance	Last Date of Attendance	Date Discharged	Reason For Discharge	Payer	Comments
						<input type="text"/>	<input type="text"/>	
						<input type="text"/>	<input type="text"/>	
						<input type="text"/>	<input type="text"/>	

Provider Self-Assessment

HCBS Requirements

- ✓ Access to the Community
- ✓ Choice of Setting
- ✓ Rights of Privacy
- ✓ Autonomy and Independence
- ✓ Choice of Services and Supports
- ✓ Physical Accessibility

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
CBAS HOME AND COMMUNITY-BASED SETTINGS
PROVIDER SELF-ASSESSMENT
CDA 7018 (REV 10/2020)

Center Name: NPI: Date:

Federal Requirement Category 1: Access to the Community
The setting is integrated in and supports 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.

1a. Does the center regularly provide information to participants about services in the community, such as public bus/light rail, taxi/van services, special transportation providers?
Provider Response: ☐ Yes ☐ No
Briefly Explain:

If yes, indicate any documentation that the center has to support its compliance:
☐ Policies & Procedures ☐ Employee Records ☐ Information/Material
☐ In-Service Training Records ☐ Participant Health Records ☐ Other
Additional detail about documentation as needed:

If no, provide proposed actions or remedies to achieve compliance:

1b. Does the center schedule outings/activities in the community as part of its plan for services?
Provider Response: ☐ Yes ☐ No
Briefly Explain:

If yes, indicate any documentation that the center has to support its compliance:
☐ Policies & Procedures ☐ Employee Records ☐ Information/Material
☐ In-Service Training Records ☐ Participant Health Records ☐ Other
Additional detail about documentation as needed:

If no, provide proposed actions or remedies to achieve compliance:

Page 2 of 13

Center Name: NPI: Date:

Policy and inform participants how to file

Center has to support its compliance:
Employee Records Information/Material
Participant Health Records Other
Additional detail about documentation as needed:

To achieve compliance:

Identify their services and voice their concerns received?

Center has to support its compliance:
Employee Records Information/Material
Participant Health Records Other
Additional detail about documentation as needed:

To achieve compliance:

Page 12 of 13



Entrance Conference

Lead Analyst Responsibilities



MEDI-CAL CERTIFICATION RENEWAL SURVEY IN PROGRESS TODAY

Surveyors will be happy to meet with you.

**After the survey, you may contact our office at
the California Department of Aging, Community-
Based Adult Services Bureau by calling
(916) 419-7545 or Write to:
CBASCDA@aging.ca.gov.**

- Introduce the CDA survey team
- State the reason for the visit
- Provide the AD/PD with an overview of the survey process and the “Medi-Cal Certification Renewal Survey” handout (CDA CBAS 297i)
- Provide the “Medi-Cal Certification Renewal Survey in Progress” sign for the center to post
- Request a private area to work, set-up, conduct interviews, and observe the program
- Inform the AD/PD that additional information may be requested throughout the day based on observations or interviews

CDA CBAS 297i

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

GAVIN NEWSOM Governor

CALIFORNIA DEPARTMENT OF AGING
Community-Based Adult Services Bureau
2880 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
www.aging.ca.gov
TEL 916-419-7545
TTY 1-800-735-2929



Community-Based Adult Services (CBAS) Medi-Cal Certification Renewal Survey

What is a recertification survey?

The Medi-Cal certification renewal survey is an unannounced monitoring visit that evaluates the quality of services received by Community-Based Adult Services (CBAS) center participants.

Why is it done?

To ensure that the center is complying with all certification requirements contained in the California Code of Regulations (CCR), Title 22, Chapter 5, the federal Home and Community-Based Services (HCBS) Rule in 42 Code of Federal Regulations (CFR) 441.30(c)(4) and CFR 441.301(c)(4)(vi), and the Welfare and Institute Codes.

Who does it?

Nurse Evaluators and Analysts from the California Department of Aging (CDA), Community-Based Adult Services Bureau.

What can I expect from the CDA staff?

- You and your staff will be treated professionally and respectfully;
- We will minimize our interruption of your program whenever possible;
- We will be observing your on-going program;
- We will be engaging your staff and participants in interviews throughout the day.

What does it entail?

- The survey consists of:
- an entrance conference with the administrator and program director to explain the survey process;
 - a random sample selection of participants who receive center services;
 - observations of the center program;
 - interviews with participants, family members, direct care and professional staff;
 - review of health records to verify eligibility, observations and interviews;
 - review of administrative systems that are in place; and,
 - exit conference with center staff.

How long will it take?

A survey is usually one to two days in length. Rarely does a survey extend beyond the two-day time frame.

What do I need to do?

- Complete forms provided to you by CDA staff and provide center documents and administrative records needed for completion of the survey as noted on the reverse side of this document;
- Ask your staff to cooperate with the CDA staff. We will minimize, whenever possible, any interruptions to your program and services;
- Post the signs provided to you by CDA staff that indicate a survey is in progress;
- Plan to attend an exit conference at the end of the survey. CDA staff will record the exit conference. If you wish to tape the conference, you will need to provide your own recorder.

Medi-Cal Certification Renewal Survey Page 2

What CDA staff will need

- A private space to interview participants and staff;
- Access to a copier;
- Access to participant health records and other administrative records;
- For you to announce to your participants that a survey is in progress and invite them to talk with the surveyors. CDA staff will ask you to post signs saying that a survey is in process.

Required Documents and Timeframes

List of participants in attendance or scheduled for attendance on day(s) of survey.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> N/A
Current "Staffing/Services Arrangement" Form (CDA ADH 0006)	<input type="checkbox"/> Copy Needed <input type="checkbox"/> N/A
Participant attendance and transportation records for the previous two months.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Dietary Log for the previous two months	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Maintenance Therapy Log for the previous two months.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
LCSW Consultation to Staff Log for the previous two months.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Pharmacist quarterly report log	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Grievance Log for the previous two months.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Incident Report Log for the previous two months.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Staff time sheets, consultant invoices and logs for the following individuals:	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
In-service training records, including therapy maintenance program.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Personnel files/service contracts for the following individuals:	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Center policy and procedure manual	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A

Observations

MILE MARKER
54405(a)

MILE MARKER
54323(b)

MILE MARKER
54423

General Observations

- Arrival/Departure Procedures
- Staff (e.g., Program Director, Nurses, Social Worker, Activity Coordinator, Therapists, Program Aides, etc.)
- Participant Engagement
- Therapy Maintenance Program
- Medication Administration & Self-Administration
- Personal Care Services – Assistance and Supervision
- Mealtime



Hours of Operation vs. Service



Hours of Operation

"BUSINESS HOURS"

- 22 CCR § 54221(a) – Hours of Operation

Centers shall be open to participants for no less than **6 hours** and not more than 12 hours during each calendar day of operation.

BUSINESS HOURS:			
Mon.	8:00	to	3:00
Tues.	8:00	to	3:00
Wed.	8:00	to	3:00
Thur.	8:00	to	3:00
Fri.	8:00	to	3:00
Sat.	closed	to	closed
Sun.	closed	to	closed
PROGRAM HOURS: 9-2			



Hours of Service

"PROGRAM HOURS"

- H&S Code, §1570.7(h)

"Hours of service" means the **program hours** defined and posted by the adult day health care center for the provision of adult day health care services, pursuant to Section 14550 of the Welfare and Institutions Code, which shall be no less than **four hours**, excluding transportation.

- 1115 Waiver, SOPs, G.1.a

"Hours of service" means the **program hours** for the provision of CBAS, which shall be no less than **4 hours** excluding transportation. The hours of service shall be defined and **posted** by the adult day health care center.



Program Director

- **22 CCR § 54405(a) – Program Director**

(a) Each center shall have a ***full-time*** program director during **hours of operation**. The administrator may serve in this capacity if the administrator meets the qualifications. The program director shall be on the premises and available to participants and their relatives and employees.

- **22 CCR § 78417(a) – Program Director**

(a) Each center shall have a ***full-time*** program director. The program director shall be **on the premises** and available to participants, employees and relatives.

- **1115 Waiver, SOPs, H.1.a**

“On duty” means **physically present** and performing duties at the center at all times during the center’s **hours of service** in which participants are present.



Registered Nurse

- **22 CCR § 54323(b) – Nursing Service**

(b) The nursing service shall provide a registered nurse or a licensed vocational nurse under the ***supervision*** of a registered nurse at the center during the hours the center is offering required services.

The RN must still be scheduled to work onsite during hours when participants are present. Instances when the RN is not onsite are incidental.

- **1115 Waiver, SOPs, G.2.a**

There shall be at least one licensed nurse physically present and performing nursing duties at the center at all times during the center's hours of service during which participants are present.

The licensed nurse physically present may be an LVN, providing the LVN is under the ***supervision*** of the RN, is working within scope of practice, and the RN is ***immediately available by phone*** if needed.






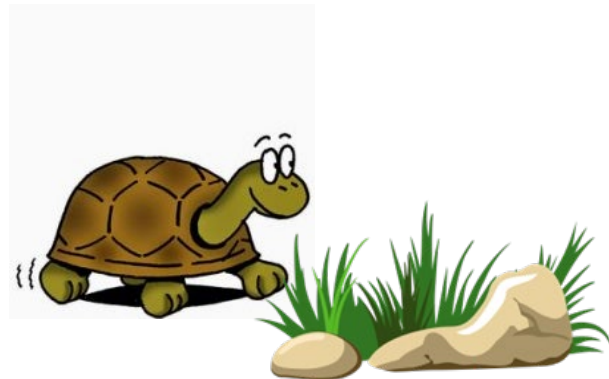
Staffing Example



Hours of Operation: 7:30 – 2:00

Hours of Service: 8:00 – 1:00



Center Name		NPI		Date of Survey		
Fast & Furious ADHC						
Print Name:	Center Personnel Signature:	Initial:	Contact Phone	Work Schedule Days	Work Schedule Hours	Date of Hire
Administrator:						
Program Director: Hailey Hare		HH		M-F	9:00 – 2:00	
Registered Nurse(s) (RN): Brad Bunny		BB		MTWR	7:30 – 2:00	
Licensed Vocational Nurses (LVN): Ruby Rabbit		RR		F	7:30 – 2:00	



Center Name		NPI		Date of Survey		
Slow 'n' Steady CBAS						
Print Name:	Center Personnel Signature:	Initial:	Contact Phone	Work Schedule Days	Work Schedule Hours	Date of Hire
Administrator:						
Program Director: Timmy Turtle		TT		M-F	7:30 – 2:00	
Registered Nurse(s) (RN): Sheila Shell		SS		M-F	7:30 – 2:00	

Therapy/Nutrition/Consultant Hours

CBAS Staffing Requirements Based on Average Daily Attendance (ADA)*

Therapy and Maintenance Program (MP), Nutrition Services, Registered Nurses (RNs), Licensed Vocational Nurses (LVNs) Social Workers (SWs), Social Work Assistants (SWAs) and Program Aids (PAs)

ADA	Therapy and MP Hours	Nutrition Hours	Number of RNs/SWs (Continues in increments of 40 ADA)	Number of LVNs/SWAs (Continues in increments of 10 ADA)	ADA	Program Aides (Continues in increments of 16 ADA)
1-5	20	2	1	-	1-16	1
6-10	40			-	17-32	2
11-15	60			-	33-48	3
16-20	80			-	49-64	4
21-25	100	6	1	-	65-80	5
26-30	120			-	81-96	6
31-35	140			-	97-112	7
36-40	160			-	113-128	8
41-45	180	8	1	0.5	129-144	9
46-50	200			1.0	145-160	10
51-55	220				161-176	11
56-60	240				177-192	12
61-65	260	12	1	1.5	193-208	13
66-70	280				209-224	14
71-75	300				225-240	15
76-80	320				241-256	16
81-85	340	16	2	0.5	For Program Aides Add 1 additional aide for every 16 additional participants. Core Staff Ratios RNs and SWs – 1:40 LVNs and SWAs- 1:20	
86-90	360					
91-95	380					
96-100	400					

CBAS Staffing Requirements Based on Average Daily Attendance (ADA)*

101-105	420	20	2	1.5	
106-110	440				
111-115	460				
116-120	480	22	2	2.0	
121-125	500				
126-130	520				
131-135	540				
136-140	560	24	3	0.5	
141-145	580				
146-150	600	26	3	1.0	
151-155	620				
156-160	640				
161-165	660				
166-170	680	28	3	1.5	
171-175	700				
176-180	720	30	3	2.0	
181-185	740				
186-190	760				
191-195	780				
196-200	800	32	4	0.5	
		34	4	1.0	
		36	4	1.5	
		38	4	2.0	

*Reference: 1115 CalAIM Waiver, SOP G
Title 22, CCR Section 54423

Calculating Therapy Hours

When counting therapy hours to meet the requirement of 22 CCR § 54423, centers shall only count:

- a. The therapists' time spent *planning* therapy services and maintenance services
- b. The therapists' time spent *providing* the therapy services
- c. The staff's time spent providing the *maintenance program* services.

NOTE: Staff time cannot be counted if there is no documentation of 1) training and 2) presence of the supervisor in the building with maintenance program services are being provided.

Therapy Maintenance Program

H&S Code, § 1570.7(I)

(I) “Maintenance program” means procedures and exercises that are provided to a participant, pursuant to Section 1580, in order to generally **maintain existing function**. These procedures and exercises are:

- Planned by a licensed or certified therapist and are
- Provided by a person who has been **trained** by a licensed or certified therapist and who is
- **Directly supervised** by a nurse or by a licensed or certified therapist.

Direct Supervision = Supervisor shall be present in the same building and available for consultation and assistance (22 CCR § 54141)



Training

- The therapist must train both the **RN supervisor** and all **staff** providing maintenance therapy services.
- The specific elements of the training must be documented and signed by both the therapist and RN supervisor/staff.
- Training must include:
 1. Initial instruction and demonstration
 2. Observation of staff
 3. Provision of **on-going** training as often as necessary to ensure therapy maintenance services are being correctly provided.



Therapy Example



COMMUNITY BASED ADULT SERVICES Therapy/Nutrition/Consultant Hours



Center Name: **Slow 'n' Steady CBAS** NPI:

POSITION	NAME	Mo/Yr: Oct Hrs PER MONTH	Mo/Yr: Nov Hrs PER MONTH
OCCUPATIONAL THERAPIST / CERTIFIED OCCUPATIONAL THERAPY ASSISTANT			
PHYSICAL THERAPIST / PHYSICAL THERAPY ASSISTANT			
SPEECH THERAPIST			
PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT (TIME SPENT PROVIDING SERVICES TO PARTICIPANTS. DO NOT INCLUDE TIME SPENT IN CONSULTATION TO STAFF.)			
PROGRAM AIDES PROVIDING MAINTENANCE THERAPY SERVICES (TIME SPENT DIRECTLY PROVIDING MAINTENANCE SERVICES. LIST ADDITIONAL AIDES ON BACK OF FORM AS NECESSARY.)	Leonardo	81	75
	Donatello	39	37
	Michaelangelo	20	19
	Raphael	18	19
PERSON RESPONSIBLE FOR SUPERVISING THE MAINTENANCE PROGRAM:			
NAME: Splinter			
TITLE: RN			
TOTAL THERAPY HOURS:			
POSITION	NAME	Mo/Yr: Hrs PER MONTH	Mo/Yr: Hrs PER MONTH
REGISTERED DIETITIAN			

I attest by signature that the information provided above is accurate and true.

Signature: Title: Date:



COMMUNITY BASED ADULT SERVICES Therapy/Nutrition/Consultant Hours

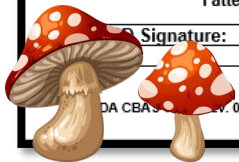
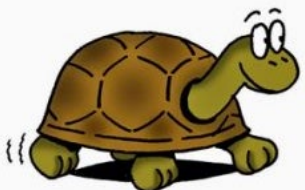


Center Name: **Fast & Furious ADHC** NPI:

POSITION	NAME	Mo/Yr: Oct Hrs PER MONTH	Mo/Yr: Nov Hrs PER MONTH
OCCUPATIONAL THERAPIST / CERTIFIED OCCUPATIONAL THERAPY ASSISTANT			
PHYSICAL THERAPIST / PHYSICAL THERAPY ASSISTANT			
SPEECH THERAPIST			
PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT (TIME SPENT PROVIDING SERVICES TO PARTICIPANTS. DO NOT INCLUDE TIME SPENT IN CONSULTATION TO STAFF.)			
PROGRAM AIDES PROVIDING MAINTENANCE THERAPY SERVICES (TIME SPENT DIRECTLY PROVIDING MAINTENANCE SERVICES. LIST ADDITIONAL AIDES ON BACK OF FORM AS NECESSARY.)	Dom	80	80
	Letty	80	80
	Brian	80	80
	Mia	80	80
PERSON RESPONSIBLE FOR SUPERVISING THE MAINTENANCE PROGRAM:			
NAME:			
TITLE:			
TOTAL THERAPY HOURS:			
POSITION	NAME	Mo/Yr: Hrs PER MONTH	Mo/Yr: Hrs PER MONTH
REGISTERED DIETITIAN			

I attest by signature that the information provided above is accurate and true.

AD/PD Signature: Title: Date:



Interviews

MILE MARKER
54329(a)(7)

MILE MARKER
54323(a)(8)

MILE MARKER
54323(a)(6)

MILE MARKER
78317(g)(5)

Staff

- Program Director
- Administrator
- Registered Nurse
- Social Worker
- Activity Coordinator
- Physical Therapist
- Occupational Therapist
- Psych Consultant
- Registered Dietitian
- Program Aides

Participants

- General Questions
- Services Received
- Medications
- HCBS Requirements
 - ☑ Access to the Community
 - ☑ Choice of Setting
 - ☑ Rights of Privacy
 - ☑ Autonomy and Independence
 - ☑ Choice of Services and Supports
 - ☑ Physical Accessibility



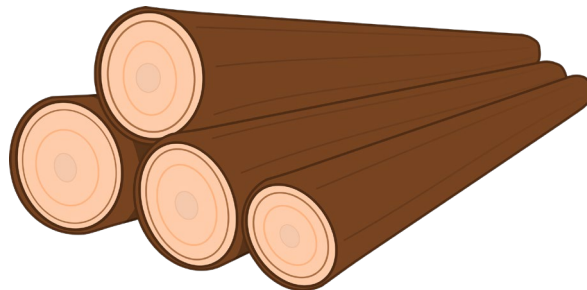
- 22 CCR § 54329(a)(7) – Medical Social Services

(a) Medical social services shall at a minimum:

(7) Serve as liaison with the participant's family and home.

- 22 CCR § 54333(f) – Transportation

(f) If a participant does not appear for transportation or come to the center on a scheduled day of attendance, prompt follow-up shall be made to determine the reason. Efforts should be made to determine if the participant is helpless and unable to answer the door or phone or has gone away for the day.



Failure to Liaison – Nursing Services

- 22 CCR § 54323(a)(8) – Nursing Service

(a) The nursing service shall at a minimum:

(8) Provide liaison to the participant's personal physician.

Common reasons to liaison with the PCP:

- ✓ Clarify diet
- ✓ Clarify medications
- ✓ Clarify diagnosis
- ✓ Discharge paperwork
- ✓ Blood Sugar Monitoring
 - No order
 - No frequency
 - No parameters for PCP notification
 - Failure to inform PCP when BS reading is outside of parameters

Ah...I see new medications have been prescribed. There are new restrictions too. I will need to update the care plan...

WAIT!!!!
Don't you need to review the hospital discharge summary report?



Overnight Medication Storage

- 22 CCR § 78317(g)(5) – Nursing Services: Medications

(g) Medications shall be stored in the center under the following conditions:

(5) The center shall keep a record of all **prescription medications stored overnight**. The record shall include the **participant's name**, the **drug name and strength**, the **prescription number**, if dispensed by a pharmacy and the date received. If the medication is returned to the participant, that shall be noted and dated on the record. The record shall be retained for at least one year.



- 22 CCR § 54323(a)(6)(D) – Nursing Services

- (a) The nursing service shall, as a minimum:

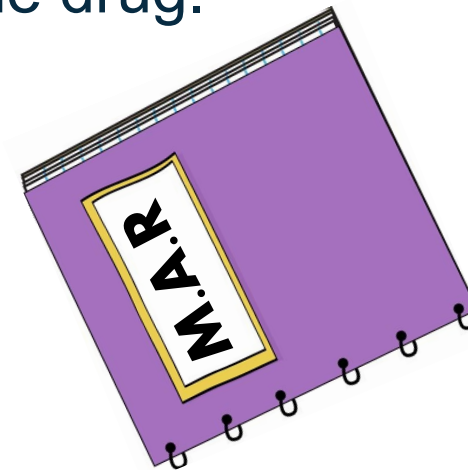
- (6) Monitor, administer and record prescribed medications as follows:

- (A) Medication shall be given only on the prescriber's order.

- (B) Participants shall be identified prior to the administration of a drug.

- (C) Medications shall be administered within one hour of the prescribed time.

- (D) Time and dose of each drug administered must be recorded in the participant's record by the nurse who gave the drug.





Participant Health Records

- IPC (2 most recent)
- History & Physical (initial & current)
- Assessments (initial & current)
- Home Assessment
- Quarterly Reassessments (recent)
- Flowsheets (past 6 months)
- Progress Notes (past 6 months)
- Participation Agreement

Administrative Records

- Staff Timesheets
- Policies & Procedures
- Incident Reports
- Consultant Invoices
- In-Service Training Records
- Maintenance Program Training Log



- WIC § 14529(d)(3)

(d) The assessment team shall:

(3) At least biannually reassess the participant's individualized plan care and make any necessary adjustments to the plan.

Hmm...It looks
like we have 12
reassessments
due this month...



- WIC § 14529(d)(1)(3)

(d) The assessment team shall:

(1) Determine the medical, psychosocial, and functional status of each participant

(3) At least biannually reassess the participant's individualized plan care and make any necessary adjustments to the plan.

- 22 CCR § 54215(1)(2)(3) - Reassessment

(a) Reassessment, at least quarterly, shall include

(1) Progress achieved.

(2) Review and revision of goals and objectives.

(3) Revision or continuation of the individual plan of care.



- **WIC § 14529(d)(2)**

(d) The assessment team shall:

(2) Develop an individualized plan of care, including **goals, objectives, and services** designed to meet the needs of the person, which shall be signed by each member of the multidisciplinary team, except that the signature of only one physician member of the team shall be required.

- **22 CCR § 54211(b)(2)(A)(5) – Multidisciplinary Team**

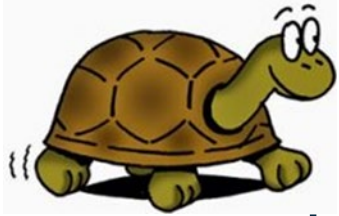
(b) The multidisciplinary team shall:

(2) Develop an individualized plan of care including **goals, objectives and services** designed to meet the needs of the person. The plan shall be signed by each member of the team, except that the signature of only one physician member of the team shall be required.

(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.

IPC Doesn't Meet Needs



DO

- Ensure problems identified on the assessments are addressed on the IPC
- Ensure problem statements have a **measurable starting point**
- Ensure interventions are specific to the individual
- Ensure interventions specify **frequencies**
- Ensure **goals are measurable**
- Communicate with the MDT

DON'T

- Ignore assessed problems and fail to include them on the IPC
- Pad the IPC with problem statements that are not supported by the assessments
- Include interventions that are generic and not individualized
- Include goals that are not measurable

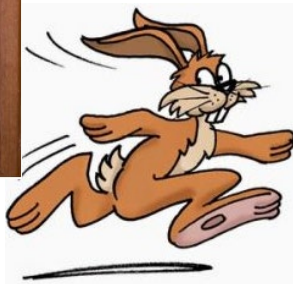


- WIC § 14530(a)
 - (a) Individual plans of care shall be submitted to the department. Services for each participant shall be provided as specified in the individual plan of care approved pursuant to Section 14526.



	Assessment	IPC	Flowsheet
RN	IIII	IIII	IIII
SW	II	II	II
AC	II	II	II
PT	II	II	II
OT	I	I	I
RD	I	I	I

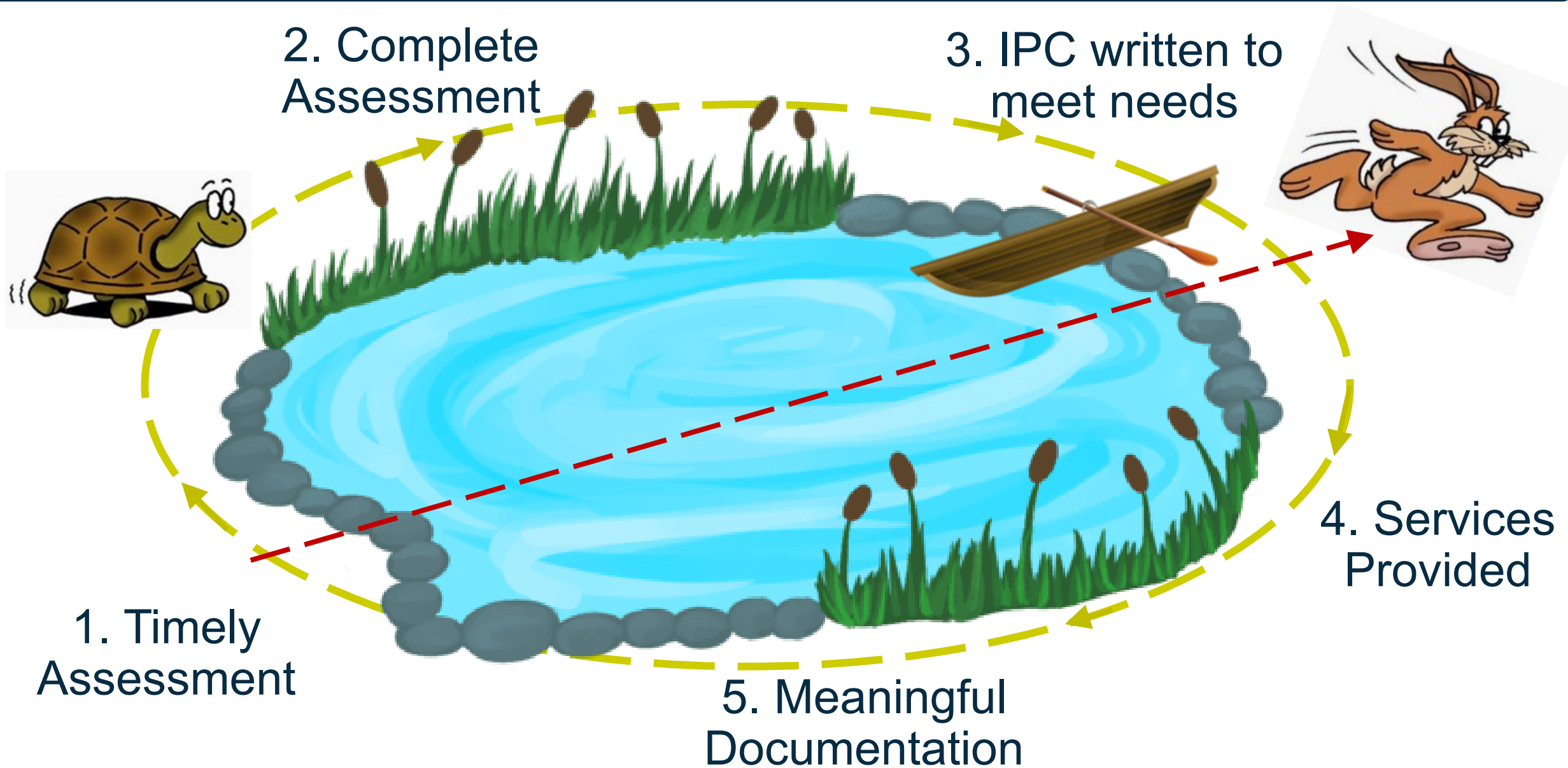
	Assessment	IPC	Flowsheet
RN	IIII	II	I
SW	II	II	I
AC	II	I	II
PT	II	II	I
OT	I	I	I
RD	I	I	I



(a) Each center shall maintain a complete health record for each participant in the program in the **format established by the Department**. Each medical record shall include, but is not limited to:

(4) **Daily records** of participant's attendance and **services utilized**, including transportation.

Putting it All Together



A wooden signpost with a sign that says "Exit Conference". The sign is made of two horizontal wooden planks with a metal bolt at the top. The text "Exit" is on the top plank and "Conference" is on the bottom plank. The signpost is set in a patch of green grass with three white daisies. The background is a solid dark blue, and there is an orange horizontal bar at the bottom of the slide.

Exit Conference

Exit Conference

- Purpose is to communicate any preliminary findings
- Exit conference is recorded
- Center has the opportunity to present any additional evidence
- Official Statement of Deficiencies (SOD) will be issued to the center
- Center will have 15 calendar days to submit the Plan of Correction (POC)
- Center can submit feedback on the “Provider Survey Evaluation” form



Who Won the Race?

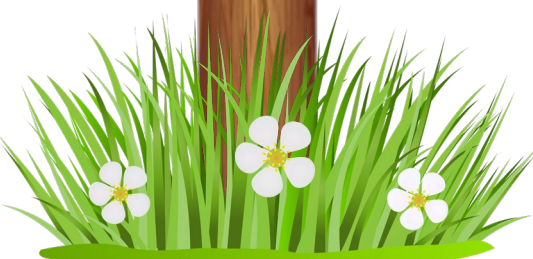
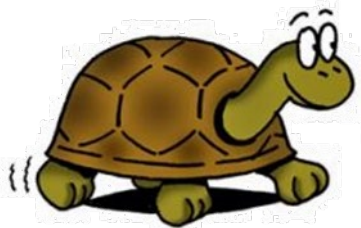
Statement of
Deficiencies

No Findings

Preliminary Findings

- ☑ 54404(a) – No FT Program Director
- ☑ 54323(b) – RN not on duty
- ☑ 54423 – Therapy hours not met
- ☑ 54329(a)(7) – SW failure to liaison
- ☑ 54323(a)(8) – RN failure to liaison
- ☑ 78317(g)(5) – No overnight meds log
- ☑ 54323(a)(6) – Medication administration
- ☑ 14529(d)(3) – Missing reassessments
- ☑ 14529(d)(1)(3) – Reassessment issues
- ☑ 14529(d)(2) – IPC doesn't meet needs
- ☑ 14530(a) – Services not provided
- ☑ 54425(a)(4) – Checkmark charting

FINISH





Questions?



Thank You!

CBAS Bureau

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