



# CBAS UPDATES

CALIFORNIA DEPARTMENT OF AGING (CDA), COMMUNITY-BASED ADULT SERVICES (CBAS)

## February 18, 2021

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# WELCOME & HOUSEKEEPING

- We're happy you're here with us today
- We welcome your questions - please submit via the webinar "Questions" box
- This webinar is being recorded and will be posted on the CDA website:  
[https://www.aging.ca.gov/Providers\\_and\\_Partners/Community-Based\\_Adult\\_Services/#pp-tr](https://www.aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/#pp-tr)
- Please encourage those staff and providers who weren't able to join us today to listen to the webinar once posted

# AGENDA

- Overview and Opening Remarks
- CDA Business:
  - Tips from the CDA Certification Desk
  - Miscellaneous Updates
- 2021 - Planning for Return to Center-Based Services
- Challenges and Opportunities Ahead
- Resources
- Q&A
- Wrap Up

# CDA BUSINESS

# TIPS FROM THE CERTIFICATION DESK



## Provider Change Application Reminders

❖ Providers must submit the following change applications to CDA for review:

- License Capacity
- Location
- Ownership
- Shareholder
- Administrator/Program Director

❖ After CDA's review, CDA forwards the application to the California Department of Public Health (CDPH) for their review and approval. The provider should not submit a separate application to CDPH.

❖ If the type of change application is not listed above, the provider should submit the application directly to CDPH (i.e., hours/days of operation).

### Common errors

- Centers forget to send the application to CDA first
- Application not filled out completely

### Resources

- [CDA Application Instructions & Forms page](#)
- [CDPH Application Information and Tutorials](#)

## MISCELLANEOUS UPDATES

### **All Center Letter (ACL) 20-17-Rev – Incident Reporting**

- Issued January 22, 2021
- ADHC/CBAS Incident Report form (CDA 4009) (REV. 10/2020) and Instructions (CDA 4009i)
- Update: ACL 20-17-Rev provides revised guidance on incident reporting requirements for COVID-19. The revised reporting criteria is limited to when ADHC/CBAS participants have tested positive for COVID-19. This ACL is in effect immediately and until revoked.

### **Extension of California’s 1115 Demonstration “Medi-Cal 2020” Waiver**

- The CBAS program is included in California’s 1115 Demonstration “Medi-Cal 2020” Waiver which expired on December 31, 2020.
- Centers for Medicare and Medicaid Services (CMS) approved a 12-month waiver extension through December 31, 2021
- The CBAS Program Special Terms and Conditions (STCs) and the Standards of Participation (SOPs) are in the process of being finalized by DHCS for CMS approval. Technical corrections to the CBAS STCs and SOPs but no significant changes to CBAS program rules.
- As always, there will be a public comment period

# MISCELLANEOUS UPDATES, CONTINUED



## **PPE Available to Providers**

- CBAS providers will have access to more Personal Protective Equipment (PPE) through Office of Emergency Services (OES)
- Submit orders by the 10<sup>th</sup> of each month to Rebecca Hinkson at CDA
- CDA will email order forms and instructions for submission by the end of February

## **CDA-CBAS Website Reminder**

[https://aging.ca.gov/Providers\\_and\\_Partners/Community-Based\\_Adult\\_Services/](https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/)

- Forms/Instructions
- Toolkit materials
- All Center Letters (ACL)
- And More.....

# MISCELLANEOUS UPDATES, CONT.

## Latest Vaccine Information from CDPH

On 2-12-21, the California Department of Public Health (CDPH) issued guidance that will allow people with disabilities, with high-risk conditions ages 16-65 years to access COVID-19 vaccines beginning March 15<sup>th</sup>.

Please refer to the Provider Bulletin:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Provider-Bulletin-2-12-21.aspx>

# 2021 And Beyond

# REFLECTIONS AND THE ROAD AHEAD

## Reflections on the Past 12 months

### Where we've been . . .

- Last year at this time the world was just waking up to the threat from the virus we now know all too well as COVID-19
- We've worked together for 12 months now with the common goal of redesigning service delivery to those at greatest risk, in the safest possible manner during the public health emergency (ACL 20-06, March 2020)
- The ADHC/CBAS community worked tirelessly to pivot and bring services and supports to 35,000 plus participants at home
- We have innovated, done our parts, and succeeded!

### Where we're headed . . .

- We are **STILL** in the COVID public health emergency and we don't know how long it will last
- We now share the common goal of getting back to center-based services as soon as safely possible
- We **STILL** don't have a lot of the answers needed to get there, but planning is underway, and we **WILL** get there!

# 2021 – FROM CRISIS TO VISION

As we have throughout the public health emergency, CDA continues to collaborate with and build on the work of the CAADS/ALE Crisis Team, now the Vision Team, to:

- Adapt the ADHC/CBAS model to innovate and respond to the COVID public health emergency to keep our participants safe and meet them where they are
- Develop and provide necessary guidelines, informational materials, and training for providers
- Improve quality of care and choice for participants, particularly those with disparate health outcomes, continuing high risk of COVID, and institutional placement

# 2021 – FROM CRISIS TEAM TO VISION TEAM

We launched the new year and our visioning efforts by considering lessons learned in 2020. Here are some things providers learned you can do and even do better:

- More fully understand the participants' home environments and needs of caregivers
- Keep participants connected and receiving services when they're sick or when they would be too weak to attend the center
- Meet participants "where they are" with telehealth
- Network, coordinate care, and provide referrals resulting in comprehensive service delivery
- Follow up post-hospitalization
- Further the mission of person-centered care, including meeting needs of both participants and caregivers through deeper connections

One Vision Team leader (and CBAS program director) captured the sentiments with this: "We know more. We do more. And we care more."

# 2021 - FROM CRISIS TEAM TO VISION TEAM

Our Vision Team Charter: To develop a *Roadmap* for ADHC/CBAS – 2021 and beyond

The Vision Team's two primary focus areas in developing the *ADHC/CBAS Roadmap* are to:

- Safely and incrementally transition the ADHC/CBAS program back to center-based services while maintaining necessary flexibility during the continuing public health emergency (PHE)
- Build upon past experience and lessons learned during the PHE to adapt ADHC/CBAS services going forward in support of the vision and principles adopted in California's Master Plan for Aging

# THE *ADHC/CBAS ROADMAP*



Our most immediate focus for the Roadmap is the transition back to center-based services. We are:

- Meeting weekly with the Vision Team
- Collaborating with state and managed care partners to address key questions and ensure agreement on approach
- Considering all the variables impacting the transition
- Developing policy and guidance for providers to make center-based services work again
- Preparing CBAS Branch staff and processes to guide the transition
- Sharing information about vaccines and working to assist providers to help their participants to get vaccinated

# THE ADHC/CBAS ROADMAP

Determining the earliest possible date for safe return for center-based service delivery will depend on the state of the pandemic and public health directives. Two primary categories of factors impacting a return to some level of center-based services are:

- ***Environmental Factors such as:***
  - Federal, state, and local public health directives – e.g., County Tier levels, regional stay home orders, etc.
  - Community Vaccination levels
  - Personal Protective Equipment (PPE) availability
  - Testing availability
  - Access to community transportation
- ***Provider Readiness Factors such as:***
  - Level of staffing
  - Facility preparedness
  - Policy, procedure, and protocol development
  - Staff training
  - Staff and participant vaccination levels
  - Participant reassessments and care planning

# BEFORE WE GO ANY FURTHER . . .



We know you have dozens of questions. So do we. You're probably wondering

- When will all this happen?
- Will vaccinations be mandatory?
- How will things work once people get vaccinated?
- How long will Temporary Alternative Services (TAS) ACLs be in effect?
- What will staffing requirements be?
- How many participants can we have at the center at a time?
- How many hours will participants be required to be at the center?
- Do we need to reassess all participants prior to bringing them back to the center?
- And what about flowsheets, progress notes, quarterly notes and all other documentation?????

# ... AND MORE UNKNOWNNS



## Questions CDA has asked of our partner departments:

- Will ADHC/CBAS centers be allowed to serve individuals or use staff who are not vaccinated?
- Since ADHC/CBAS participants are required to be free of communicable disease on enrollment, will participants need to be tested (as with TB clearance) to return to the center? If so, at what frequency?
- Can an ADHC/CBAS center refuse to serve someone who is not vaccinated - i.e., make it a term for participation?
- If vaccinations will be required for ADHC/CBAS center services, will there be vaccination “exemptions” allowed as in the schools with required vaccinations like MMR?
- What requirements will there be in the center for continued masking? Social distancing? Will they still apply if all participants and staff are vaccinated?
- When we return to center services, what will be required of providers if there is a subsequent infection and possible exposure?
- Will centers have responsibility for conducting testing and/or ensuring that testing is taking place with staff and participants?
- How long will the PHE flexibilities for CBAS be in effect?
- Are centers legally permitted to mandate vaccinations for staff?

# RETURNING TO CENTER SERVICES - PROVIDER TAKEAWAYS

## **Things will not continue as they are now**

- You will be transitioning back (as yet, we don't have exact dates)
- There won't be an "on" "off" switch - meaning one day you're serving participants at home and the next they're all back in-center
- That's why we're calling it a "transition"
- Like the schools reopening, we're thinking of this in phases
- The transition will likely include a time where you'll serve participants both in-center and remotely – meaning, you'll probably do both – i.e., concurrent or blended programming
- CDA and all our state, managed care plan, and Vision Team partners are working out the details now
- We have questions – many – just like you. And we're working on getting them answered
- Many variables with COVID are beyond our control, and they will affect our timelines

# RETURNING TO CENTER SERVICES - PROVIDER TAKEAWAYS (CONT.)

## What providers need to do now

- Begin your planning - today
- Assist your staff and participants with vaccinations
- Anticipate how you will operationalize the transition –
  - Which of your staff will return and which will not?
  - Which staff do you need to hire and train?
  - Which of your participants will want and be able to return to the center, when, at what frequency, and which order of priority?
  - Consider which participants will be physically able to attend a four-hour day and what the center may need to do to prepare them for this
  - What transportation issues/challenges need to be considered
  - Center space and its adequacy if distancing continues to be required
- Review current In-Center Checklist (7015) to help you prepare
- Review Cal/OSHA Rule 3205, COVID-19 prevention in the workplace

**Start Planning Now**

# VISION TEAM "TIPS"



**Some specifics your ADHC/CBAS provider colleagues encourage you to think about and do:**

- Help get staff and participants vaccinated – first AND second doses
- Consider how the return to center operations will work at your center – develop checklists like you did for moving into TAS
- Remember there's no getting to zero risk – think about risk management and harm reduction
- Don't focus JUST on getting participants back in center – focus on person centered care, individual outcomes and overall well being. Job one is keeping participants safe, healthy, and connected
- You may want to consider not enrolling more participants or requesting increased days of service at this time if your census is high . . . Referring to another center or other service providers that can address participant needs may be the best option

# VISION TEAM “TIPS”



- Think about staffing needs:
  - What staff are doing now and what they'll do back in center
  - What new positions might be needed to replace staff who've left, to accommodate increased participant numbers or needs, or to perform additional functions like cleaning and sanitation
  - What additional training needs will you have – likely A LOT
  - Who you'll need to assess participants, their changes in function, and their willingness and ability to return to the center
- Consider your PPE inventory now and anticipate how quickly will you go through it and need to restock when back in center
- Identify your transportation needs
- Consider what changes you'll need to make to your facility – including how you can maximize use of outdoor space
- Think “people prep” and “facility prep”

# CHALLENGES AND OPPORTUNITIES AHEAD

Some providers may be more prepared than others to return to center-based services based on:

- Maintaining a steady census with few changes to utilization rates and newly enrolled participants since TAS began
- Experiencing few changes to staffing, so no need to hire for multiple positions
- Previously receiving CDA approval for in-center services, including completion of activities listed on the TAS In-Center Services Checklist (CDA 7015)

Some providers have had significant increases in daily utilization rates and new enrollments, along with high staff turnover, increasing challenges with:

- Assessing and daily scheduling when returning to center-based services
- Needing to hire multiple new staff members to meet center daily attendance ratios and address changes in participant needs and numbers

# CHALLENGES AND OPPORTUNITIES AHEAD

## **Safety Remains the Highest Priority as Plans are Activated to Return to Center-Based Care . . .**

. . . and we still have lots of unanswered questions, many of which can only be answered with more time

- What we know is that policies put in place for TAS will ultimately change. And CDA will develop policy and issue new ACLs to implement the changes now before us.
- Providers know what changed for TAS in areas such as daily service requirements, staffing levels, documentation . . . So, plan ahead for those changing again as we transition back in center.
- We have many more ALE WebTalks, CDA webinars, trainings, and day-to-day support in our future!

# ONE FINAL NOTE

The Governor's Master Plan for Aging has set five important goals and numerous initiatives to address these goals in 2021-22. CBAS is specifically mentioned as follows:

- Goal Two: Health Reimagined

“We will have access to the care and services we need to optimize our health and quality of life and to continue to live where we choose.”

- With person-centered care, closing the equity gap, and improving outcomes as focus areas, Initiative 42 specifies:

“Assess need and opportunities to modernize regulatory and licensing barriers for CBAS and MSSP.”

- Our ADHC/CBAS Vision Team is considering Initiative 42 as part of our second focus area:

- Build upon past experience and lessons learned during the PHE to adapt ADHC/CBAS services going forward in support of the vision and principles adopted in California's Master Plan for Aging

# IN SUMMARY

- We've been at this for almost a full year
- Our stated goal then and now . . .  
To continue to partner with CBAS providers, enabling you to redesign service delivery to those at greatest risk, in the safest possible manner during this time of COVID-19 outbreak (ACL 20-06)
- Through TAS we have given a lifeline to the 35,000 participants and their families that we serve. . .  
. . .but there is no substitute for the hands-on, eyes-on care you provide in your centers
- Our new goal is to transition back to center-based services as soon as safely possible
- There will be a roadmap providing you with guidelines.
- There's really no going "back" . . . Only going FORWARD.
- We're eager to continue planning and going forward with you.



# COVID-19 RESOURCE INFORMATION

**California Department of Aging (CDA)**  
[COVID-19 Information and Resources](#)

**California Department of Developmental Services (DDS)**  
[Coronavirus Information and Resources](#)

**California Department of Health Care Services (DHCS)**  
[DHCS COVID-19 Response](#)

**California Department of Industrial Relations**  
[Cal/OSHA COVID-19 Emergency Temporary Standards–What Employers Need To Know](#)

**California Department of Public Health (CDPH)**  
[CDPH COVID-19 Home](#)

**California Department of Social Services (DSS)**  
[COVID-19 Information and Resources](#)

**Centers for Disease Control (CDC)**  
[COVID-19](#)

**State of California**  
[California COVID-19 Website](#)

# CDA CONTACT INFORMATION

|                       |   |
|-----------------------|---|
| <b>CDA on the Web</b> | <a href="http://www.aging.ca.gov">www.aging.ca.gov</a>  |
| <b>Addresses</b>      | California Department of Aging<br>CBAS Branch<br>1300 National Drive, Suite 200<br>Sacramento, CA 95834<br><br><a href="mailto:cbascda@aging.ca.gov">cbascda@aging.ca.gov</a> |
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