

OVERVIEW

All CBAS providers are required to complete the *CBAS Provider Self-Assessment Tool* at the time of certification renewal (or as requested). The CBAS Provider Self-Assessment Tool is located on the California Department of Aging (CDA) CBAS webpage. The web link will be sent to CBAS providers in their certification renewal notification letter. The CBAS Provider Self-Assessment Tool can be completed electronically or by hand and must be submitted with the certification renewal application by the return date indicated in the certification renewal letter.

Your completed survey will assist the California Department of Aging (CDA) in determining whether your center meets the Federal Home and Community-Based (HCB) Settings requirements as specified in the CBAS Provisions of the Medi-Cal 2020 Waiver, Special Terms and Conditions (STC) 48(c).

The *CBAS Provider Self-Assessment Tool* contains 23 questions grouped in six sections. CBAS centers must answer each question to indicate the center's status related to the Federal requirements.

If you have any questions about completing the *CBAS Provider Self-Assessment Tool*, contact the CBAS Branch at (916) 419-7545.

BACKGROUND ON FEDERAL REQUIREMENTS

The Centers for Medicare & Medicaid Services (CMS) requires the State to ensure that home and community-based settings have all the qualities required by 42 CFR 441.301(c)(4). These Federal requirements fall into six categories, which are listed in detail on the *CBAS Provider Self-Assessment Tool*:

1. Access to the Greater Community
2. Choice of Setting
3. Rights of Privacy, Dignity, Respect and Freedom from Coercion and Restraint
4. Autonomy and Independence
5. Choice Regarding Services and Supports
6. Center Accessibility

CORE QUESTIONS

The California Department of Health Care Services (DHCS) in collaboration with CDA and other State departments developed a generic *Provider Self-Survey Tool* for both residential and non-residential settings with "Core Questions" that are to be used statewide. These questions were developed based on CMS guidance and public input and are posted on the [DHCS website](http://www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx):
www.dhcs.ca.gov/services/ltc/Pages/HCBSStatewideTransitionPlan.aspx.

Each State department was directed to adapt these “Core Questions” and develop a provider self-assessment tool specific to their HCB programs and facilities. The CBAS Provider Self-Assessment Tool is the form specific to CBAS centers. Brief overview instructions, the Federal HCB Settings regulations, questions, and question-specific guidance follows:

CBAS PROVIDER SELF-ASSESSMENT TOOL RESPONSES

For each question, the center will answer the question either ‘Yes’ or ‘No.’ A ‘Yes’ answer indicates a center is in compliance with the Federal regulation and a ‘No’ answer indicates that it is not in compliance, which will require remedial action by the center to achieve compliance. CDA’s goal is for all CBAS centers to achieve 100 percent compliance with the Federal HCB settings requirements by March 17, 2023, and on an ongoing basis.

Note: Questions should be understood to refer to ALL center participants and should be considered in the context of each participant’s assessed choices, preferences, needs and functional capacity as indicated in their individual plan of care (IPC). Contact CDA for assistance if you need clarification about any of the questions or if you believe you must answer ‘No’ to a question, indicating you do not meet the Federal requirement.

Brief Explanation

All ‘Yes’ answers require a brief explanation of the processes, services, activities and/or equipment that the center has in place that explains or supports the answers.

All ‘No’ answers require an explanation as to why the center does not comply with the Federal regulation at this time.

Supporting Documentation

For all ‘Yes’ answers, the center must indicate any documentation that the center has to support its compliance and provide additional detail about the documentation as needed. For example, if the supporting documentation is in the health record, specify what the document is and/or where it is located (e.g., the IPC, the Participation Agreement, etc.). Select all options that apply for each question. If the response to a question cannot be verified with supporting documentation, leave the Supporting Documentation Section blank, (e.g., physical accessibility of the building for which the supporting evidence is observable.) CDA will validate the center’s compliance through observations, staff and participant interviews, and by reviewing supporting documentation during the onsite certification renewal survey.

The following lists the supporting documentation options:

1. Policies & Procedures
2. In-Service Training Records
3. Employee Records
4. Participant Health Records
5. Information/Material
6. Other

Note: Do not check “Supporting Documentation” boxes if you answered ‘No’ to the question.

Proposed Action/Remedy

All ‘No’ answers require proposed actions or remedies that the center will implement to achieve compliance with the Federal requirement. As stated previously, all CBAS centers must comply with the Federal regulations by March 17, 2023, and on an ongoing basis.

KEY TERMS

Person-Centered Plan and Person-Centered Planning Process (Questions 2a, 2b):

CBAS centers are now required to meet Federal requirements for the Person-Centered Planning Process and elements in the Person-Centered Plan. The CBAS Medi-Cal 2020 Waiver STC 49(c) directs CBAS settings to 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 Federal requirements for 42 CFR 441.301(c)(1) through (3) are available on the [CDA website](http://www.aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/): www.aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/

- Person-Centered Plan: The current CBAS Individual Plan of Care (IPC), as well as other CBAS program required documents such as the Participation Agreement address many of the Federal requirements and should be considered part of the person-centered plan. The CBAS Individual Plan of Care (IPC) was revised in July 2019 to reflect the Federal requirements.
- Person-Centered Planning Process: The participant has the right to fully participate in a person-centered planning process to the extent of his/her ability and/or have caregivers or authorized representatives participate on his/her behalf.

Setting and Service Options (Questions 2c, 2e):

New Federal requirements include informing participants of various settings and service options in the community such as: Senior Centers, In-Home Supportive Services/IHSS, Meals on Wheels, Transportation, Residential Care Facilities and others.

QUESTIONS AND GUIDANCE

Following are each of the 23 questions in the six federal requirement categories along with guidance to clarify the content or terms used in the questions.

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 based on assessed needs, preferences and abilities, including transportation such as public bus/light rail, taxi/van services, special transportation providers?

Regularly means during care planning, initial assessment, reassessment, and upon change of condition.

The information provided to participants could include a variety of community services and supports. When requested by the participant/caregiver or indicated by the participant's needs, the center may also make referrals.

1b. Does the center schedule outings/activities in the community as part of its plan for services?

CBAS centers bring CBAS participants to the center for a minimum of four hours each day. In addition, centers provide opportunities for continued access to the greater community by scheduling outings/activities in the community such as routine walking therapy groups.

Outings in the community may be appropriate based on participants' needs and interests (Title 22, CCR, Section 78341(c)(6)). As with all program activities, they must be therapeutic in nature and scheduled on the IPC. Thus, these activities would be included in meeting the four-hour minimum service requirement.

1c. If a CBAS participant wants to seek paid employment in a competitive integrated setting, would the center staff refer the participant to the appropriate community agency/resource?

If the center determines during the assessment process that a participant wants and is able to seek employment, would the center staff facilitate a referral to the appropriate community agency?

"Competitive integrated settings" refers to places of employment that are not restricted to individuals with disabilities.

Not all CBAS participants may be interested in or able to pursue paid employment. However, the intent of the question is to determine if the CBAS center would assist a participant interested in finding paid employment in a competitive integrated setting and make a referral to the appropriate agency/resource.

1d. Does the center encourage visitors or others from the community to visit the center?

Visitors could include family, friends, professional service providers, volunteers.

Supporting detail might include examples of visitors to the center during past months or a plan for visitors over coming months.

Federal Requirement Category 2: Choice of Setting

The setting is selected by the individual from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

2a. Does the center have a person-centered plan on file for all participants based on the participants' needs and preferences?

CBAS centers are required to meet Federal requirements for Person-Centered Planning, including processes and the resulting documentation or "plan." ADHC/CBAS regulations specify that the participant has the right to participate in the development and implementation of his/her Individual Plan of Care and that the IPC must reflect the assessed needs and preferences. Refer to the instructions on p. 3 of this document for additional definitions and references regarding Federal requirements for Person-Centered Planning.

The current CBAS Individual Plan of Care (IPC), as well as other documents such as the Participation Agreement, address many of the Federal requirements and should be considered part of the person-centered plan.

2b. Does the center encourage participants and/or their families to participate in the care planning process?

The participant has the right to fully participate in a person-centered planning process to the extent of his/her ability and/or have caregivers or authorized representatives participate on his/her behalf.

2c. Does the center discuss with the participant the various community settings and service options available to them, including non-disability settings, and document the options discussed in the person-centered plan?

New Federal requirements include informing participants of various settings and services options for receiving services, including in non-disability settings. Settings and service options may include but not limited to: Senior Centers, In-Home Supportive Services/IHSS, Meals on Wheels, Transportation, Residential Care Facilities, and others.

CMS specifically uses the term "non-disability" setting to ensure that beneficiaries have the opportunity to choose and participate in settings that are not solely for persons with a disability.

This discussion could be documented in the Participation Agreement or elsewhere in the Health Record.

2d. Does the center document in the person-centered plan the participants' choice to attend and receive services at your center?

CBAS participants acknowledge that the center has discussed their services with them and sign the Participation Agreement to indicate their consent to receive services at the center.

Federal Requirement Category 3: Rights

The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

3a. Does the center inform participants of their rights to privacy, dignity, respect, and freedom from coercion and restraint, and does the center post these rights in a prominent location?

Title 22, CCR, Section 78437 addresses participant rights in the ADHC center. It specifies that participant rights must be explained to each participant in a language understood by the participant and posted in a prominent place in the center in English and any other predominant language spoken by participants.

3b. Does the center discuss participants' personal information, such as medical conditions and financial situation, in a place where privacy and confidentiality are assured?

3c. Does the center ensure that participants have privacy while using the bathroom and when assisted with personal care?

The need for privacy is individual and should be addressed based on the participants' individual circumstances and preferences.

3d. Does the center offer a secure place to store participants' personal belongings while they are at the center?

Some participants may want to keep their personal belongings with them. This question determines if the center provides participants an option for securing their personal belongings.

3e. Does the center communicate with participants based on needs and preferences, including alternative methods (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?

3f. Does the center allow participants to dress or groom in a manner that is appropriate to the center while honoring individual choice and life-style preferences?

Choice of dress and grooming should be considered in the context of what is safe and appropriate in the center.

3g. Does the center use restraints in compliance with ADHC/CBAS regulation (Title 22, CCR, Section 78315) and federal HCB Settings requirements? (Refer to All Center Letter #17-03)

Answer 'N/A' if the center does NOT use restraints.

3h. Does the center use delayed egress devices or secured perimeters in accordance with ADHC/CBAS law (Health and Safety Code, Section 1584) and federal HCB Settings requirements? (Refer to All Center Letter #17-04)

Answer 'N/A' if the center does NOT use delayed egress devices or secured perimeters.

Federal Requirement Category 4: Autonomy and Independence

The setting optimizes but does not regiment individual initiative, autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.

4a. Does the center provide participants with meals/snacks to meet their needs and preferences?

Title 22, CCR, Section 54331 and CBAS Provider Standards of Participation (SOP A(6)) require a minimum of one meal for 4 hours of attendance, and between-meal nourishments for participants who are at the center for 8 hours. Meals should be planned with consideration for participants' medical needs, nutritional requirements, cultural and religious background, food habits, and preferences, which may include between meal snacks.

4b. Does the center encourage participants to interact with whomever they choose?

Question refers to participants' choice of interaction with staff and/or other participants.

4c. Does the center encourage participants to engage in whichever activities they choose?

Consider "choice" in the context of activities included on the IPC and choice to participate in or decline services on days of attendance.

Federal Requirement Category 5: Choice of Services and Supports

The setting facilitates individual choice regarding services and supports, and who provides them.

5a. Does the center support participants in choosing which center staff provide their care to the extent that alternative staff are available?

Consider whether the center is responsive to participants' requests to receive care from a different staff member, to the extent an alternative and appropriate staff member is available.

5b. Does the center have a complaint/grievance policy and inform participants how to file a grievance?

Title 22, CCR, Section 54407 requires all CBAS centers to have grievance procedures that include maintaining a written log of all grievances submitted, to make a written finding of fact to the participant within 30 days of receipt, and to provide an explanation of decisions concerning the grievance.

Centers are responsible for informing participants of how to file a grievance at the center. Centers share the responsibility with the managed care plans for informing participants how to modify their services, change service providers and file complaints and grievances with their managed care plan.

5c. Does the center enable participants to modify their services and voice their concerns or ask questions regarding the services received?

The choice to modify services implies that the services requested are clinically appropriate for the participant's diagnosis/condition.

Federal Requirement Category 6: Center Accessibility

The setting is physically accessible to the individual.

6a. Does the center ensure that all public areas are physically accessible to participants and provide equipment to meet participants' needs?

Equipment and building modifications to meet participants' needs can include grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the participants to ensure they can access the center's amenities such as bathrooms, tables and equipment.