**Centers for Medicare and Medicaid Services (CMS) Exploratory Questions**

The Department of Health Care Services (DHCS) and the California Department of Aging (CDA) have convened a series of Stakeholder meetings to develop a Home and Community-Based (HCB) Settings transition plan for the Community-Based Adult Services (CBAS) program, to be incorporated into California’s Statewide Transition Plan.

Objective: To develop a transition plan for bringing CBAS centers into compliance with requirements of the HCB Settings rule as specified in California’s 1115 Bridge to Reform Demonstration Waiver, Special Terms and Conditions (STCs) Items 95 and 96.

The CBAS stakeholder process will utilize the CMS Statewide Transition Plan Toolkit including the “Exploratory Questions to Assist States in Assessment of Non-Residential Home and Community-Based Service (HCBS) Settings” to guide the development of the CBAS Transition Plan. The following is a link to these documents: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>

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|  | **CBAS Waiver Requirements Specific to HCB Settings Rule** |
| **STC 95(c)** | **Home and Community-Based Settings** |
|  | The state must ensure that home and community-based settings have all of the qualities required by 42 CFR 441.301(c)(4), and other such qualities as the secretary determines to be appropriate based on the needs of the individual as indicated in their person-centered plan. In a provider owned or controlled setting, the additional qualities required by CFR 441.301(c)(4)(vi) must be met. The state will engage in a CBAS stakeholder process to amend the HCB settings statewide transition plan to ensure that all home and community-based settings found in the 1115 Demonstration have all of the qualities required by 42 CFR 441.301(c)(4). The state will amend the statewide transition plan to include all HCBS settings used by individuals in the 1115 Demonstration and submit to CMS no later than September 1, 2015, to ensure complete compliance with HCB Settings by March 17, 2019. |
|  | **CBAS Waiver Requirements Specific to HCB Settings Rule** |
| **STC 96(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. The IPC is submitted as supporting documentation for level of service determination with the treatment authorization request.  The person-centered planning process will, with further development in the CBAS stakeholder process to be completed no later than September 1, 2015, comply with the requirements at 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 IPC is prepared by the CBAS center’s multidisciplinary team based on the team’s assessment of the beneficiary’s medical, functional, and psychosocial status, and includes standardized components approved by the State Medicaid Agency. 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:   1. Medical diagnoses. 2. Prescribed medications. 3. Scheduled days at the CBAS center. 4. Specific type, number of service units, and frequency of individual services to be rendered on a monthly basis. 5. Elements of the services that` need to be linked to individual objectives, therapeutic goals, and duration of service(s). 6. An individualized activity plan designed to meet the needs of the enrollee for social and therapeutic recreational activities. 7. Participation in specific group activities. 8. Transportation needs, including special transportation 9. Special diet requirements, dietary counseling and education, if needed. 10. A plan for any other necessary services that the CBAS center will coordinate. 11. IPCs will be reviewed and updated no less than every six months by the CBAS staff, the enrollee, and his/her support team. Such review must include a review of the participant’s progress, goals, and objectives, as well as the IPC itself. |

|  | **Questions in CBAS Waiver STC 96(c) Specific to Individual Plan of Care (IPC)** | **Comments/Questions** |
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|  | How the plan will identify each enrollee’s preferences, choices and abilities and the strategies to address those preferences, choices and abilities? |  |
|  | 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? |  |
|  | How the plan will ensure that the enrollee has informed choices about treatment and service decisions? |  |
|  | How the planning process will be collaborative, recurring and involve an ongoing commitment to the enrollee? |  |

| **Item #** | **CMS EXPLORATORY QUESTIONS FOR NON-RESIDENTIAL SETTINGS** |
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| **1** | **ACCESS TO GREATER COMMUNITY**  **The setting is integrated in 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. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)** |

|  | **Answer the following questions for CBAS setting** | **Yes/No/**  **Not Applicable/ Unsure**  **(Y/N/NA/?)** | **Explain**  **(Include Relevant Citations)** | **Comments/Questions** |
| --- | --- | --- | --- | --- |
| 1a | Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for period of time desired by the individual? | Y | Activities laws and regulations for CBAS (WIC 14550 and 14550.5, T-22 54309 and 54339) require daily activities 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. | Question must be considered in context of CBAS setting.  Participants are living in the community, not at the center.  IPC focuses on participants’ needs. Need to consider staff ratios required to accomplish. Current ratios in regulations don’t support. |
| 1b | Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth? | Y | Regulations require CBAS providers and participants to enter into a participation agreement (WIC 14530(c) and T-22 54217). The center is required to discuss the agreement, including types and quantities of services to be provided and obtain the participant’s signature consenting to the plan.  Activities laws and regulations for CBAS (WIC 14550 and 14550.5, T-22 54309 and 54339) require daily activities 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. | In answering this question the group made assumptions about what “schedules” means. Specifically, that it applies to the schedule of services provided at the CBAS center.  Centers have to meet the minimum of 4 hours of service per day.  A question was raised about the caregiver assessment and whether the caregiver’s schedule applies.  The center’s transportation can’t always meet the needs of the caregiver.  Centers coordinate with the caregiver.  Person-centered care and participant-centered goals will drive this issue further.  OT and Activities Director work together to address individual needs. Activities offered include cooking, sewing, cutting, etc. |
| 1c | Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, attending religious services, medical appointments, dining out, etc. outside of the setting, and who in the setting will facilitate and support access to these activities? | Y | Regulations specify that the core multidisciplinary team (RN, Social Worker, Activity Coordinator, Physical and Occupational Therapists) assess CBAS participants’ medical, functional, and psychosocial status and develop an individualized plan of care designed to meet those needs (T-22 54211(b)(1)(2))  Activities laws and regulations for CBAS (WIC 14550 and 14550.5, T-22 54309 and 54339) require daily activities 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. | “Ability-appropriate” is an important consideration in addition to age-appropriate.  Centers provide culturally sensitive as well as age-and ability-appropriate activities.  ADL/IADL assessment by the multidisciplinary team determines functional abilities and relates to how CBAS centers provide participants with information and opportunities.  Availability of transportation plays into which activities in the community individuals can access.  The center’s social worker addresses the participant’s interest in continuing to go to church or shopping with their family/caregiver. |
| 1d | Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting? For example, do individuals receive HCBS in an area of the setting that is fully integrated with individuals not receiving Medicaid HCBS? | Y | Regulations explicitly prohibit discrimination, including restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others (T-22 54435) | Question may be getting at restricted access that might be found in nursing facilities where there are Medicaid and private pay beds/areas.  Question needs to be considered broadly in the context of the CBAS setting.  ADHC/CBAS does not treat Medicaid population differently from those paid by other sources such as Veterans Affairs, Regional Centers, private payers.  CBAS HCB settings need to address different functional and cultural populations served and provide appropriate services to these populations in one setting. For example, grouping of participants with common needs may be appropriate and desirable, including protection of vulnerable groups. For persons with dementia, smaller groups and infrastructure design are important.  Some centers that provide services to participants who wander have low fencing and delayed egress and staff monitoring the exits. |
| 1e | Is the setting in the community/building located among other residential buildings, private businesses, retail businesses, restaurants, doctor’s offices, etc. that facilitates integration with the greater community? | Y |  | CBAS centers are located in the areas that enable integration with the greater community. CBAS centers provide opportunities for community engagement. |
| 1f | Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies? For example, do visitors greet/acknowledge individuals receiving services with familiarity when they encounter them, are visiting hours unrestricted, or does the setting otherwise encourage interaction with the public (for example, as customers in a pre-vocational setting)? | Y |  | Centers invite caregivers, visitors, and community members including children for various events and activities.  Community members volunteer and participate in education and cultural activities offered to the participants. |
| 1g | Do employment settings provide individuals with the opportunity to participate in negotiating his/her work schedule, break/lunch times and leave and medical benefits with his/her employer to the same extent as individuals not receiving Medicaid funded HCBS? | NA |  |  |
| 1h | In settings where money management is part of the service, does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control his/her funds.  For example, is it clear that the individual is not required to sign over his/her paychecks to the provider? | NA |  |  |
| 1i | Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses, taxis, etc., and are these public transportation schedules and telephone numbers available in a convenient location? | Y | Regulations require that center social workers provide counseling and referral to available community resources (T-22 54329(a)(5)). | Centers inform participants about transportation available by managed care plans, the center and the community.  Managed care plans (MCPs) are responsible for care coordination, which may include ensuring that beneficiaries have access to transportation to get to and from medical appointments. Additional non-medical transportation is available for dual members enrolled in Cal MediConnect.  Some CBAS centers offer mobility training, which may assist with accessing transportation. |
| 1j | Alternatively where public transportation is limited, does the setting provide information about resources for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs? | Y | Regulations require that center social workers provide counseling and referral to available community resources (T-22 54329(a)(5)). | Depending on the functional level of the individual and transportation needs, centers may assist with transportation (including para-transit) in collaboration with participants’ managed care plans. |
| 1k | Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCB services? | Y |  | In answering this question, we need to be sure to compare like populations. CBAS therapeutic activities correspond to activities in the community, for individuals at comparable levels of ability.  CBAS helps participants to regain and/or maintain function.  CBAS participants set their own goals and participate in activities enjoyable to the individual.  Some centers encourage certain tasks such as cleaning and setting tables for lunch at the center. The social worker may facilitate the participant going to church, shopping with family. |
| 1l | Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals’ mobility in the setting? If obstructions are present, are there environmental adaptations such as a stair lift or elevator to ameliorate the obstructions? | Y | Licensing regulations specify that centers shall be designed to provide for a safe and healthful environment, including that they must comply with state and local building requirements (T-22 78501). | CBAS is provided in licensed adult day health care (ADHC) centers, which are evaluated for compliance with ADA requirements.  The Facility Accessibility Assessment Tool may provide additional information regarding the accessibility standards reviewed by MCPs.  Centers vary in the types of equipment necessary and available based on needs of their participants. For example, some have height-adjustable tables to accommodate participants using tall power wheelchairs. |

| I**tem**  **#** | **CMS EXPLORATORY QUESTIONS FOR NON-RESIDENTIAL SETTINGS** |
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| **2** | **SETTING SELECTION BY PARTICIPANT**  **The setting is selected by the individual from among setting options including non-disability specific settings … The settings options are identified and documented in the person-centered plan and are based on the individual’s needs, preferences, … 42 CFR 441.301(c)(4)(ii)/ 441.710(a)(1)(ii)/441.530(a)(1)(ii)** |

|  | **Answer the following questions for CBAS setting** | **Yes/No/**  **Not Applicable/ Uncertain (Y/N/NA/?)** | **Explain**  **(Include Relevant Citations)** | **Comments/Questions** |
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| 2a | Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual? | Y | Individuals voluntarily participate in CBAS and may end participation at any time (T-22 54217(b)).  Regulations specify that the core multidisciplinary team (RN, Social Worker, Activity Coordinator, Physical and Occupational Therapists) assess CBAS participants’ medical, functional, and psychosocial status and develop an individualized plan of care designed to meet those needs (T-22 54211(b)(1)(2))  CBAS providers are required to maintain written policies and procedures for operating the program and continuously reviewing the performance of personnel, the utilization of services, and standards for acceptable health care (T-22 54401(b)). | Each of the three questions in this section need to be considered in the context of the array of HCB choices available through managed care. Individuals can choose to participate in any given option (IHSS, MSSP, CBAS).  Participants who choose CBAS also choose days per week of attendance and the services offered on their individual plans of care (IPC).  A key consideration is how often the participant’s choices/goals are reflected in their IPC. Also for further consideration, how do centers address individuals’ personal goals versus medical and therapeutic treatment goals? |
| 2b | Do the setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA? | Y |  | See comments under 2a.  To the extent that the individual is able to participate in such activities and still qualify for CBAS with their health challenges, they have the opportunity to participate in such settings. |
| 2c | Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week (e.g. combine competitive employment with community habilitation)? | Y |  | See comments under 2a. |

| **Item**  **#** | **CMS EXPLORATORY QUESTIONS FOR NON-RESIDENTIAL SETTINGS** |
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| **3** | **RIGHT TO PRIVACY, DIGNITY, RESPECT, FREEDOM FROM COERCION AND RESTRAINT**  **The setting ensures an individual’s rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/ 441.710(a)(1)(iii)/441.530(a)(1)(iii)** |

|  | **Answer the following questions for CBAS setting** | **Yes/No/**  **Not Applicable/Unsure**  **(Y/N/NA/?)** | **Explain**  **(Include Relevant Citations)** | **Comments/Questions** |
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| 3a | Is all information about individuals kept private? For instance, do paid staff/providers follow confidentiality policy/practices and does staff within the setting ensure that, for example, there are no posted schedules of individuals for PT, OT, medications, restricted diet, etc., in a general open area? | Y | Regulations specify that CBAS participants have the right to dignity and privacy in treatment and to be insured of the confidentiality of treatment and providers must protect private information from unauthorized disclosure (T-22 78437, 54439).  CBAS providers are covered entities under HIPAA so must comply with HIPAA privacy rules. | Participant rights, confidentiality, and privacy are supported by CBAS program regulations and the Health Insurance Portability and Accountability Act (HIPAA).  Some centers utilize methods for identifying participant status and needs on name tags, which is a subject for further discussion to ensure that the practice does not violate privacy. |
| 3b | Does the setting support individuals who need assistance with their personal appearance to appear as they desire, and is personal assistance provided in private, as appropriate? | Y | Regulations specify that the core multidisciplinary team (RN, Social Worker, Activity Coordinator, Physical and Occupational Therapists) assess CBAS participants’ medical, functional, and psychosocial status and develop an individualized plan of care designed to meet those needs (T-22 54211(b)(1)(2)) | Assistance with personal care is based on ADL and IADL functional levels and is supported by regulation. Respect of participant’s preferences is central. |
| 3c | Does the setting assure that staff interacts and communicates with individuals respectfully and in a manner in which the person would like to be addressed, while providing assistance during the regular course of daily activities? | Y | Regulations specify that CBAS participants have the right to dignity and humane treatment (T-22 78437). | Regulations support, and increased emphasis on training can reinforce. |
| 3d | Do setting requirements assure that staff does not talk to other staff about an individual(s) in the presence of other persons or in the presence of the individual as if s/he were not present? | Y | Regulations specify that CBAS participants have the right to dignity and privacy in treatment and to be insured of the confidentiality of treatment and providers must protect private information from unauthorized disclosure (T-22 78437, 54439). | Regulations support, HIPAA requires, and increased emphasis on training can reinforce. |
| 3e | Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan? | Y | 54217 – Participation Agreement – participant gives consent for services  78315 – Nursing Services – Restraints  Soft restraints may be used only under the following circumstances:   * Treatment restraints for protection during treatment and diagnostic procedures. * Supportive restraints for positioning | Use of restraints other than for postural supports is rare in the CBAS setting. Postural support requires MD certification.  The emphasis in CBAS is on redirection and individualized programming to address participant needs and mitigate problems such as agitation, self-harm, wandering, disruptive behaviors, etc. |
| 3f | Does the setting policy ensure that each individual’s supports and plans to address behavioral needs are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting? | Y | Regulations specify that the core multidisciplinary team (RN, Social Worker, Activity Coordinator, Physical and Occupational Therapists) assess CBAS participants’ medical, functional, and psychosocial status and develop an individualized plan of care designed to meet those needs (T-22 54211(b)(1)(2)). | Individual plans of care need to be specific to address individual needs. Centers vary with the quality of the IPC’s they develop and the individualized programming they offer. There’s a need for provider training in this area.  The IPC needs to identify the behavioral approach specific to the individual with behavioral problems. |

| **Item**  **#** | **CMS EXPLORATORY QUESTIONS FOR NON-RESIDENTIAL SETTINGS** |
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| **4** | **INDIVIDUAL INITIATIVE, AUTONOMY, INDEPENDENCE IN LIFE CHOICES**  **The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)** |

|  | **Answer the following questions for CBAS setting** | **Yes/No/**  **Not Applicable/**  **Unsure**  **(Y/N/NA/?)** | **Explain**  **(Include Relevant Citations)** | **Comments/Questions** |
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| 4a | Are there gates, Velcro strips, locked doors, fences or other barriers preventing individuals’ entrance to or exit from certain areas of the setting? | Y | Adult Day Health Care (ADHC) licensing law allows use of perimeter fences and egress control devices when centers serve individuals with Alzheimer’s Disease and dementia. These provisions, under Health and Safety Code, Section 1584, specify requirements centers must meet to use fences and devices, including obtaining participant consent, protecting participant rights, conducting emergency evacuation drills, and training staff regarding the use and operation of egress control devices. Also, the law specifies that egress control devices and fences shall not be used as a substitute for adequate staff. | Based on the needs of the population served in CBAS, including individuals with dementia who need protective supervision, securing of perimeters may be appropriate and necessary.  Some centers utilize delayed egress and outside fences and gates. Low fences are utilized to reduce institutional appearance.  Any securing of perimeters must be done in compliance with state law and with the approval of the state fire marshal and California Department of Public Health.  Question: Can we have access codes to prevent participants with dementia who are mixed with participants without dementia from going out and wandering, and are we allowed to have locked gates which open up to car passages? |
| 4b | Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals? Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)? | Y | Activities laws and regulations for CBAS (WIC 14550 and 14550.5, T-22 54309, 54339, and 78431) require daily activities 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, the regulations specify that centers may provide activities in the community as indicated by participants’ needs and interests.  Facility regulations specify that space shall be available to accommodate both indoor and outdoor activities. | Regulations support and training can reinforce.  Question: What is the definition of non-work activities?  These specific needs are not addressed on the IPC. Some centers do this well, others struggle. |
| 4c | Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people? | Y | Activities laws and regulations for CBAS (WIC 14550 and 14550.5, T-22 54309, and 54339) require daily activities 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. | High risk participants may need different accommodations. Some centers utilize a “home table” where participants are grouped according to needs, but they may choose to move around and are not limited to staying in one place.  Individuals with a special diet requiring supervision may sit together at lunch so that staff can assist. |
| 4d | 1. Does the setting allow for individuals to have a meal/ snacks at the time and place of their choosing? For instance, does the setting afford individuals full access to a dining area with comfortable seating and opportunity to converse with others during break or meal times, afford dignity to the diners (i.e., individuals are treated age-appropriately and not required to wear bibs)? | NA |  | One meal and between meal snacks are required in CBAS regulations. The nutritional content of the daily meal as well as requirements for the meal to meet individual cultural and taste preferences and special dietary needs based on medical conditions are specified in regulation. But access to food as described in this question is not applicable in a day program setting.  Some centers have meals delivered which makes it difficult to accommodate personal preferences other than what is medically required. |
|  | 1. Does the setting provide for an alternative meal and/or private dining if requested by the individual? | NA |  |  |
|  | 1. Do individuals’ have access to food at any time consistent with individuals in similar and/or the same setting who are not receiving Medicaid-funded services and supports? | NA |  |  |
| 4e | Does the setting post or provide information on individual rights? | Y | Regulations require CBAS centers to inform participants of their rights and post in a prominent place in the center a list of participant rights in English and any other predominant language (T-22 78437(a)(5) and 78437(b)). | In-service training is provided on participants’ rights. |
| 4f | Does the setting prohibit individuals from engaging in legal activities (ex. voting when 18 or older, consuming alcohol when 21 or older) in a manner different from individuals in similar and/or the same setting who are not receiving Medicaid funded services and supports? | ? | ADHC regulations are silent regarding smoking. | Question doesn’t apply well to the CBAS setting. To some degree activities are limited by virtue of the fact that it’s a day setting, not residential. Also, some restrictions apply for the protection of participants. Smoking is an example of a legal activity that may be restricted in CBAS, which is a licensed health facility. While smoking is never allowed in the facility, CBAS providers have discretion regarding smoking outdoors on their grounds and may choose to operate as a non-smoking facility. CBAS participants may choose whether to attend a non-smoking CBAS center or not.  Some centers permit smoking and provide an outdoor space for smoking with supervision.  Some centers that do not have an outdoor space for smoking may decide to restrict smoking.  Many participants with behavioral health issues use smoking as a coping method. Prohibiting smoking could result in increased agitation. |
| 4g | Does the setting afford the opportunity for tasks and activities matched to individuals’ skills, abilities and desires? | Y | Regulations specify that the core multidisciplinary team (RN, Social Worker, Activity Coordinator, Physical and Occupational Therapists) assess CBAS participants’ medical, functional, and psychosocial status and develop an individualized plan of care designed to meet those needs (T-22 54211(b)(1)(2))  Activities laws and regulations for CBAS (WIC 14550 and 14550.5, T-22 54309 and 54339) require daily activities 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. | There are challenges in the CBAS setting providing services to individuals with varying functional and cognitive levels and even for different genders. Providing activities for men can sometimes be a challenge. |

| **Item**  **#** | **CMS EXPLORATORY QUESTIONS FOR NON-RESIDENTIAL SETTINGS** |
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| **5** | **FACILITATES INDIVIDUAL CHOICE REGARDING SERVICES AND SUPPORTS**  **The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)** |

|  | **Answer the following questions for CBAS setting** | **Yes/No/**  **Not Applicable/**  **Unsure**  **(Y/N/NA/?)** | **Explain**  **(Include Relevant Citations)** | **Comments/Questions** |
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| 5a | Was the individual provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options? | Y | Individuals voluntarily participate in CBAS and may end participation at any time (T-22 54217(b)). | Individuals can choose to participate or not.  CBAS does provide an Individual Plan of Care. This question speaks to person-centered care which will be further addressed as required in the waiver.  Individual goals and those of health care providers and/or caregivers may not always be in agreement. |
| 5b | Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences? | Y | Reassessment of participants takes place at least every six months (WIC 14529(d)(3)), at which time a new individualized plan of care is developed. | Participants reassessed at least every six months and changes are made to their care plans. |
| 5c | 1. Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible? | Y | Regulations specify that CBAS participants have the right to participate in or decline treatment and to receive services designed to promote optimal functional ability and encourage independence (T-22 78437). | Refer to 5d. |
|  | 1. Does the setting afford the individual with the opportunity to participate in meaningful non-work activities in integrated community settings in a manner consistent with the individual’s needs and preferences? | ? |  | Stakeholders were unsure how to interpret this question. |
| 5d | 1. Does the setting policy ensure the individual is supported in developing plans to support her/his needs and preferences? | Y | Regulations specify that the core multidisciplinary team (RN, Social Worker, Activity Coordinator, Physical and Occupational Therapists) assess CBAS participants’ medical, functional, and psychosocial status and develop an individualized plan of care designed to meet those needs (T-22 54211(b)(1)(2)) | CBAS participants are assessed by a multidisciplinary team who develops an individualized plan of care.  More can be done to promote the person-centered approach that is already formalized in regulation to improve participant-specific preferences and identify them on the IPC. More training needs to be provided in these areas.  More clarification is needed regarding “preferences.”  This is an area that requires improvement. Some centers do this well, and other centers do not assist much with these types of requests. |
|  | 1. Is setting staff knowledgeable about the capabilities, interests, preferences and needs of individuals? | Y | Refer to 5(d)(1) | Refer to 5(d)(1) |
| 5e | Does the setting post or provide information to individuals about how to make a request for additional HCBS, or changes to their current HCBS? | ? |  | Centers are not required to post such information. However, centers are required to provide various liaison functions, including with Medi-Cal managed care plans, medical providers, family and caregivers, IHSS, and other community services that assist the participant in remaining in the community.  Managed care plans have responsibility for providing their members with information about HCB options. |