

Draft CBAS Home and Community-Based Settings Transition Plan

Public Comment Submissions

Who Submitted Comments:

Individuals: 1

Organizations: 8

List of Organizations:

Alzheimer's Association, California Council

AARP California

California Association for Adult Day Services (CAADS)

Disability Rights California (DRC)

Disability Rights Education and Defense Fund

Justice in Aging

Kaiser Permanente

Well and Fit Adult Day Health Care Center

Summary of Comments (by category)

Category	Count
Appeal Process	2
Assessment of Statutes, etc.	4
Background/Introduction	4
Compliance Determination	6
Compliance Monitoring	4
Education and Outreach	4
General Comments	4
Person-Centered Planning	3
Grand Total	31

**Draft CBAS Home and Community-Based Settings Transition Plan
Public Comments Log**

Category	Comments on Proposed Revision	Proposed Revision	CDA/DHCS Comments and Action Taken	Organization
Background/Introduction	<p>Thank you for reinforcing the importance of secure perimeter technology as a key component of the CBAS option for persons living with dementia. The availability of CBAS centers with delayed egress is essential to maintain independence for individuals at risk of wandering who would otherwise have no community-based option and would be required, for safety and security reasons alone, to be placed in a skilled nursing facility. The existence of CBAS centers with secure perimeters allows for community integration for thousands of participants with dementia (estimated at 35% of all participants) who would otherwise be unable to live independently with supports in their residence or a family member's residence.</p>		<p>Revisions Made - Comments incorporated into Section 2 - Assessment of Statutes , Regulations, Waiver, Policies, and Other Requirements</p>	<p>Alzheimer's Association, California Council</p>
Background/Introduction	<p>CBAS was created under a federal court settlement agreement¹ on the basis that CBAS services can help participants avoid unnecessary institutionalization. Prior to the settlement, the court found that CBAS- type services are critical to Olmstead compliance and for ensuring that participants are able to remain in the community. The draft transition plan reflects this foundation, as it explains that the CBAS model is "explicitly designed to promote autonomy and independence and maximize individuals' capacity for self- determination." CBAS program participants have cognitive and physical limitations. Under the settlement agreement and the Section 1115 waiver amendments, a person is eligible for CBAS only if he or she meets very specific nursing facility level of care and medical necessity requirements, or brain injury, chronic mental illness, dementia (including Alzheimer's disease), cognitive impairment, or developmental disability and very specific medical necessity and activity of daily living requirements. By design, the CBAS program is different from day programs designed to facilitate employment and volunteerism. As the draft transition plan explains, participants have complex needs and "CBAS centers develop specialized programming with trained professional staff to meet those needs."</p> <p>The draft transition plan notes that "[s]ome CBAS centers use secure perimeter technology to meet the personal safety and supervision needs of persons with dementia, as permitted and strictly governed by state law." The draft transition plan also states that CBAS programs can "maximize participants' autonomy and well-being and provide participants with independence at the center they might not enjoy at any other time," and allow participants to have "lives that are more integrated and community-oriented than they might otherwise be if they (and their caregivers) did not have access to a CBAS center."</p> <p>We respectfully contend that the draft transition plan sets too low of a bar by suggesting that a setting is integrated with the community if a program participant has more contact with the community than if he or she were at home without any HCBS. The federal regulations enunciate a higher standard of integration with the community, and that standard should be kept in mind.</p> <p>We are not saying that "secure perimeters" are necessarily incompatible with the HCBS regulations. What we are saying is that community integration remains relevant for persons with significant dementia, and the State and stakeholders should explore ways of usefully applying the integration requirement to participants who receive services in "secure" settings.</p>		<p>Revisions Made - Comments incorporated into Introduction.</p>	<p>Disability Rights California Disability Rights Education and Defense Fund Justice in Aging</p>
Background/Introduction	<p>CDA has done an excellent job of providing background and description of the key features of the CBAS program and the stakeholder process. The stakeholder process was engaging and transparent as reflected in the resultant plan and minimal level of disagreement with recommendations.</p> <p>The description of the physical setting of CBAS sites should be more fully explained, however, as secured perimeters is a focus for CMS.</p>	<p>Secured perimeters and delayed egress devices are permitted only when approved by the local fire marshal, in compliance with state law. Some buildings may qualify for delayed egress devices on some exterior doors but do not qualify for secured perimeters. "Secured perimeters" are rarely used in the community setting very few CBAS facilities have the minimum exterior square footage to allow for a secure fence line. More sites qualify for "delayed egress," which is designed for safety to alert staff in dementia care programs, in particular, of a egress door opening. The egress is not allowed to be locked; it opens after a short delay of 10 - 30 seconds. There are extensive detailed CA fire codes defining secure egress devices and physical setting requirements. California law and regulations are well balanced to promote free movement while providing for the safety of those individuals with impaired judgment. Delayed egress is a tool that allows staff to gently redirect the person from exiting the building. In the absence of the state paying for higher staff ratios, the ability to have this warning device saves persons with dementia from becoming lost, injured or deceased due to exiting behaviors resulting from the disease process.</p>	<p>Revisions Made - Comments incorporated into Section 2 - Assessment of Statutes , Regulations, Waiver, Policies, and Other Requirements</p>	<p>California Association for Adult Day Services</p>
Background/Introduction	<p>Page 5 of 20 references that the CBAS Center is "not just a five-day program." Our experience to date is that the KP-contracted CBAS Centers provide services Monday - Friday, from approximately 9 am to 3 pm. In the Background section, the Plan notes that approximately 65% of CBAS participants have active IHSS authorizations. It is unclear whether there is current collaboration between CBAS Centers and IHSS providers. Inclusion of more direct language emphasizing the requirement of collaboration with participants, caregivers, IHSS and other community providers, and MCOs around assessment, IPC development, and ongoing interdisciplinary care team meetings at integral touch points (assessment, authorization reassessment, hospitalization) will serve to strengthen this expectation.</p>		<p>Revisions Made - Comments incorporated into Introduction.</p>	<p>Kaiser Permanente</p>

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Education and Outreach	The plan should also include more education about the CBAS benefit, which is not a well known benefit. Training sessions should also include medical doctors, and other groups like: AARP, California Association of Hospitals, Alzheimers Association of California to inform these groups about CBAS and their role in the program. Timeline is adequate for education and training.		Revisions Made - Comments incorporated into Section 1 - Education and Outreach.	Angela Gardner
Education and Outreach	Well presented. CAADS will work in partnership with the state to educate and train the community on the HCBS regulation implementation.		Comment Does Not Require Action	California Association for Adult Day Services
Education and Outreach	Current references to involvement and collaboration by the CBAS Center with the MCO are subtle. Recommend more direct language to reinforce the strengthening of engagement between the CBAS Center and MCO. (both section 1 and 3)		Revisions Made - Comments incorporated into Introduction and Section 6 - Compliance Monitoring.	Kaiser Permanente
Education and Outreach	Information from providers is crucial, but consumer input is no less important. We applaud the state's engagement of stakeholders during the comment period, specifically through three face-to-face meetings and information posted on the agencies' websites. Already the state is poised to engage in training over the next few years and we encourage the state to do as much as possible to gain broader consumer input regarding compliance issues specifically related to the HCBS settings rule. AARP believes that California should build on the current efforts in the STP and develop a multi-faceted plan to obtain consumer input that includes, at a minimum, the following components: Consumer Education. In order to provide relevant and meaningful input, consumers need to be educated about their rights under the HCBS settings rule. AARP encourages the state to develop and implement a consumer training and education strategy. The Georgia STP, for example, includes the following consumer education task: "Design, schedule, and conduct training for individual recipients of waiver services, their families and similarly situated stakeholders on waiver compliance, changes they can expect to see and which will affect their services." Consumer education is not only important for the early transition stages, but is also critically important when DHS begins developing provider remediation plans and other processes to achieve full compliance and as the state maintains ongoing oversight of facilities. Consumer Participation in Provider On-Site Assessments. AARP encourages the state to ensure that the provider on-site assessment process include meaningful consumer participation.		Revisions Made - Comments incorporated into Section 1 - Education and Outreach and Section 3 - Compliance Determination Process for HCB Settings.	AARP California
Assessment of Statutes, etc.		Milestone A- needs to be longer July 2016 or later	Revisions Made - Comments incorporated into Section 2 - Assessment of Statutes, Regulations, Waiver, Policies, and Other Requirements, Table 2.	Angela Gardner
Assessment of Statutes, etc.	CBAS remains the best setting for maintaining independence and function for persons with dementia, and in some areas of California, it is the only available option to continue community dwelling with autonomy and dignity. Persons with dementia are at greater risk of institutionalization, and not always out of medical necessity, but because they lack options for individualized, person-centered care in the community. In a statewide poll of family caregivers recently conducted by the Alzheimer's Association, the top concerns for those caring for a loved one at home were tied at affordability and safety/security. The availability of Medi-Cal funded CBAS with adequate staffing levels and specialized training - coupled with secure perimeters/delay egress, is the solution many California families are looking for to delay or avoid institutionalization. Remaining at home is not an option for many individuals with dementia unless there is a CBAS center available to promote their social, emotional and physical wellbeing and to offer respite to distressed family caregivers. The socialization provided in CBAS settings prevents isolation and ensures integration in the CBAS community. From the perspective of the Alzheimer's Association, the IPC, staff training and the availability of secure perimeters allows for optimal inclusion of participants with dementia in the least restrictive environment. If not for these centers, many Californians would be forced into a 24-hour custodial setting instead of a part-time restorative CBAS center.		Revisions Made - Comments incorporated into Section 2- Assessment of Statutes, Regulations, Waiver, Policies, and Other Requirements.	Alzheimer's Association, California Council
Assessment of Statutes, etc.	Very thorough and well presented.		Comment Does Not Require Action	California Association for Adult Day Services

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Assessment of Statutes, etc.	<p>The draft transition plan rightly recognizes that not all CBAS centers currently comply with the HCBS regulations. The draft transition plan acknowledges the need for statewide provider training to promote consistent understanding of and compliance with the settings requirements. Further, the draft transition plan anticipates additional steps — DHCS and CDA expect to identify areas of current program requirements that need strengthening and will develop additional guidance for center protocols. For the purposes of this review, we emphasize that it is not enough for state laws and administrative materials to not be in conflict with the federal HCBS regulations. Silence is not enough — as necessary, the laws or administrative materials must be modified so that they provide CBAS participants with the rights and decision-making options set forth in the federal regulations.</p> <p>The draft transition plan notes that “[s]ome CBAS centers use secure perimeter technology to meet the personal safety and supervision needs of persons with dementia, as permitted and strictly governed by state law.” The draft transition plan also states that CBAS programs can “maximize participants’ autonomy and well-being and provide participants with independence at the center they might not enjoy at any other time,” and allow participants to have “lives that are more integrated and community-oriented than they might otherwise be if they (and their caregivers) did not have access to a CBAS center.”</p> <p>We respectfully contend that the draft transition plan sets too low of a bar by suggesting that a setting is integrated with the community if a program participant has more contact with the community than if he or she were at home without any HCBS. The federal regulations enunciate a higher standard of integration with the community, and that standard should be kept in mind.</p> <p>We are not saying that “secure perimeters” are necessarily incompatible with the HCBS regulations. What we are saying is that community integration remains relevant for persons with significant dementia, and the State and stakeholders should explore ways of usefully applying the integration requirement to participants who receive services in “secure” settings.</p>		Revisions Made - Comments incorporated into Section 2 - Assessment of Statutes, Regulations, Waiver, Policies, and Other Requirements, Table 2.	Disability Rights California Disability Rights Education and Defense Fund Justice in Aging
Compliance Determination		Milestone A- Should be a end date until Sept.2015 (3 full months). Milestone D- End date Nov. 2015 Establish a modification date between Dec.1st and Dec. 31st 2015.	Revisions Made - Comments incorporated into Section 3 - Compliance Determination Process for HCB Settings, Table 3.	Angela Gardner
Compliance Determination	Thank you for including caregivers as a key contributor to the CBAS Participant Setting Assessment Tool. The Alzheimer’s Association applauds the department for engaging stakeholders in the development of this tool, as we see value in the process but want to assure that the mechanism or method used is appropriate for participants with cognitive impairments (estimated at 35%) so the feedback gained is inclusive of their perspectives and does not inadvertently limit community-based options.		Revisions Made - Comments incorporated into Section 3 - Compliance Determination Process for HCB Settings.	Alzheimer’s Association, California Council
Compliance Determination	<p>The state has decided that there will be one uniform tool for all residential and non-residential settings. We will provide comments on the state’s tool which is outside of the purview of the CBAS transition plan comments. There are significant problems with the draft statewide assessment tools.</p> <p>The state has made a commitment to work with stakeholders on the compliance plan so as to minimize unproductive documentation and incorporate into existing oversight responsibilities. We are appreciative of the open and inclusive stakeholder process, but have concerns about workload and limited resources on the part of the state and the cost to the provider community to fully comply with new mandates. Unfunded mandates have accumulated over many years, with no recognition of the potential for decline in quality of care since direct labor costs are the highest cost center in all sites.</p>		Revisions Made - Comments incorporated into Section 6 - Compliance Monitoring.	California Association for Adult Day Services
Compliance Determination	Current references to involvement and collaboration by the CBAS Center with the MCO are subtle. Recommend more direct language to reinforce the strengthening of engagement between the CBAS Center and MCO. (both Section 1 and 3)		Revisions Made - Comments incorporated into Introduction and Section 6 - Compliance Monitoring.	Kaiser Permanente

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Compliance Determination	<p>With regard to affected CBAS provider-owned or controlled settings, the STP proposes to incorporate provider self-assessments into the process by which the state determines compliance. These self-assessments, and the subsequent review by CDA, were added as a result of stakeholder feedback and are intended to build on the current renewal process. AARP would like the stress the importance of marrying provider self-assessments with onsite surveys. While the state's capacity may be an issue, we believe that by conducting site visits for all CBAS settings the state can best assure robust compliance with the HCBS settings rule.</p> <p>Consumer Self-Assessments. Recognizing that consumers are in the best position to make judgments about how and whether they have access to the community and can exercise rights, the appropriateness of the setting, and other critical insights, AARP encourages the state to consider supplementing the planned provider assessment surveys with a consumer self-assessment survey (which Georgia's STP includes) . We know there has been a discussion of such an assessment, and we encourage California to move forward on this.</p> <p>Other Sources of Consumer Information. The state should also utilize consumer information gained from other sources. Iowa's STP, for example, incorporates consumer survey data from the Iowa Participant Experience Survey, and information gathered by state case managers and the Department of Inspections and Appeals. The person-centered planning process could also provide an opportunity to gather information about consumers' experiences in their current settings and their preferred settings.</p> <p>Additional STP detail is also needed to describe how the state will monitor and assure ongoing compliance with the HCBS settings rule, even for those providers who are initially determined to be compliant. For example, DHS should describe its process for receiving and acting on complaints during the transition period as well as in 2019 and beyond.</p>		Revisions Made - Comments incorporated into Section 3 - Compliance Determination Process for HCB Settings and Table 3.	AARP California
Compliance Determination	We also support the draft transition plan's inclusion of compliance monitoring. Under the plan, CDA will develop a compliance process with input from stakeholders; this process will include (among other things) a provider self-assessment, a validation process for the provider self-assessment, and participant settings assessments. ⁸ We emphasize the importance of the validation process and support the proposal to conduct validation through on-site surveys. Provider self-assessments can provide relevant information but, due to the bias inherent in any self-evaluation, effective monitoring must include significant on-site view and active use of participant settings assessments.		Revisions Made - Comments incorporated into Section 3 - Compliance Determination Process for HCB Settings and Section 6 - Compliance Monitoring.	Disability Rights California Disability Rights Education and Defense Fund Justice in Aging
Person-Centered Planning	Person centered planning needs to focus on strengthening and improvement. More specific details needs to be in the plan.	Milestone B- end date needs to be at least until July 2017.	Revisions Made - Comments incorporated into Section 4 - Person-Centered Planning and Table 4.	Angela Gardner
Person-Centered Planning	Focusing on person-centered planning for participants with dementia is critically important. We ask that when addressing abilities of the participant, and strategies for addressing abilities, that wandering/elopement are considered. Statistics indicate that 60% of persons with Alzheimer's disease will wander at some point. Often, a wandering/elopement incident is a precursor to CBAS, as the in-home family caregiver realizes he/she can no longer adequately monitor their loved one and they need additional staffing and safety measures found in a CBAS setting. Likewise, we hear time and time again through our helpline and support groups that family caregivers never dreamed their loved one would wander until it happened, which means the same could occur in a community setting such as CBAS.		Revisions Made - Comments incorporated into Section 2- Assessment of Statutes, Regulations, Waiver, Policies, and Other Requirements.	Alzheimer's Association, California Council
Person-Centered Planning	CAADS has been promoting person centered care through an extensive education initiative with training conducted by national experts in our field. We are also facilitating the development of "learning communities" to continue to deepen person centered approaches in care planning and activities.		Comment Does Not Require Action	California Association for Adult Day Services
Appeal Process	As stated, the appeal and grievance process in California is robust and well known to our provider community. We have helped to provide extensive training on this topic with public advocates teaching our provider community on participant rights and how to access managed care organizations' grievance process and the state's appeal process.		Comment Does Not Require Action	California Association for Adult Day Services

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Appeal Process	Grievances and Complaints: Provide specific definitions of Complaints and Grievances, and provide education to participants, caregivers, and CBAS Centers around the definitions, procedures, and accountability (including oversight by California Department of Aging (CDA). In addition to having defined Grievance procedures, require CBAS Centers to display information openly regarding how to communicate a Complaint or file a Grievance. Identification of Ombudsman to mediate concerns brought forward by participants and caregivers, preceding or concurrent with Grievance procedures to alleviate fear of retaliation or being expelled from the Center for sharing a concern.		Revisions Made - Comments clarifying grievance and complaints processes and roles incorporated into Section 5 - Appeal Process. No Revisions Made - Comments regarding creation of an Ombudsman to mediate participant/caregiver concerns were not incorporated. Grievance remediation processes at the managed care plan level and at the CDA level for CBAS center oversight are adequate to address issues raised by participants/caregivers.	Kaiser Permanente
Compliance Monitoring	The California Department of Aging did a very comprehensive approach to the certification process.		Comment Does Not Require Action	Angela Gardner
Compliance Monitoring	Include more specific language around compliance oversight and monitoring activities, and clear delineation of responsibility and accountability across involved entities: CBAS Center, MCO, and California Department of Aging (CDA). Currently references to the MCO Grievance procedures do not recognize that the MCO does not have authority over CDA beyond provider contract agreements. Page 17 references Participant feedback: recommend expanding this statement to include caregiver and MCO feedback.		Revisions Made - Comments regarding collaboration of CDA and DHCS with managed care plans regarding oversight incorporated into Section 6 - Compliance Monitoring. Additional comments regarding the difference between grievance processes at the managed care plan level versus grievance processes required at the CBAS center level and overseen by CDA clarified in Section 5 - Appeal Process.	Kaiser Permanente
Compliance Monitoring	Additional STP detail is also needed to describe how the state will monitor and assure ongoing compliance with the HCBS settings rule, even for those providers who are initially determined to be compliant. For example, DHS should describe its process for receiving and acting on complaints during the transition period as well as in 2019 and beyond.		Revisions Made - Comments regarding ensuring CBAS center ongoing compliance addressed in Section 3 - Compliance Determination Process for HCB Settings and Section 6 - Compliance Monitoring. Comment regarding complaints addressed in Section 5 - Appeals.	AARP California
Compliance Monitoring	We also support the draft transition plan's inclusion of compliance monitoring. Under the plan, CDA will develop a compliance process with input from stakeholders; this process will include (among other things) a provider self-assessment, a validation process for the provider self-assessment, and participant settings assessments.8 We emphasize the importance of the validation process and support the proposal to conduct validation through on-site surveys. Provider self-assessments can provide relevant information but, due to the bias inherent in any self evaluation, effective monitoring must include significant on-site view and active use of participant settings assessments.		Revisions Made - Comments integrated into Introduction and Section 3 - Compliance Determination Process for HCB Settings.	Disability Rights California Disability Rights Education and Defense Fund Justice in Aging
General Comments	The objective of CBAS is to assist individuals with complex health care needs to remain in their home and community. This draft plan to implement the Home and Community Based Settings rule reflects the objective of CBAS. How will the CBAS program continue to reflect the HCBS rule? The community, health care professionals, organizations like AARP and Alzheimer's Association needs to learn about the CBAS program. This can help improve access to CBAS and collaboration between these groups to improve coordination of care and services for individual beneficiaries. Also trainings for family members, caregivers, and participants on how to collaborate with providers. I applaud the California Department of Aging for their thoughtful and comprehensive approach to this process. They have a commitment to preserve and improve CBAS.		Revisions Made - Comments included into Introduction, Section 3 - Compliance Determination Process for HCB Settings and Table 3, and Section 6 - Compliance Monitoring.	Angela Gardner

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General Comments	<p>For more than two decades, California has had model legislation and regulation to permit secure perimeters/delayed egress in community settings. The law was carefully crafted with special concern for clients/participants, staff, visitors, volunteers from the community, physical plant/environment, fire safety and local ordinances. As a complement to adequate staffing, specialized training and volunteer participation, this model has balanced the goal of independence with the need for security in settings, such as CBAS, where diverse clients/participants have a wide range of needs. The Alzheimer's Association has had firsthand experience with this law throughout California and can attest to its appropriateness and flexibility in centers of varying sizes with participants of different ages and conditions. If this heightened level of safety were restricted or removed, we have serious concerns that our specialized population would continue to have access to this community-based option. We urge the department to look at access from the broadest view; the Alzheimer's Association encourages defining access as the availability of community-based settings that are less restrictive than institutions. We need to retain CBAS as a viable option in California communities for individuals with Alzheimer's disease who need protective care and supervision. The risk of wandering/elopement alone should not be a cause for nursing facility placement.</p> <p>Efforts at the national level with CMS/Medicare and in California with the Cal MediConnect project, place added emphasis on family caregivers as a key partner in the care delivery team. Increasingly, Health Risk Assessments include questions about caregivers and often assess the caregiver's own needs. The Alzheimer's Association encourages the department to engage and actively incorporate the important perspective of caregivers when developing programs and policies for cognitively impaired older adults, such as those with Alzheimer's disease or a related dementia. When we polled 1,500 family caregivers within our own organization, they overwhelmingly responded that settings such as CBAS offer the security that the individual requires to live safely in community, integrated within a diverse population of program participants rather than isolated in an institutional setting removed from their home and family.</p>		<p>Revisions Made - Comments incorporated into Section 2 - Assessment of Statutes, Regulations, Waiver, Policies, and Other Requirements</p>	<p>Alzheimer's Association, California Council</p>
General Comments	<p>The stakeholder process was open, well organized and conducive to seeking and incorporating input.</p> <p>The challenge has been how to obtain input from participants and families. The state emphasized this and CAADS conducted a webinar to motivate members to reach out to their participants and families to explain some of the HCBS concepts in order to seek comments. With the high percent of mono-lingual elders with generally low levels of literacy, this aspect of the stakeholder process has been challenging. We hope that with more time and the assistance of the state to translate materials, we will jointly be able to engage more these stakeholders in the development of the beneficiary assessment tool.</p>		<p>Revisions Made - Comments incorporated into Section 1 - Education and Outreach.</p>	<p>California Association for Adult Day Services</p>
General Comments	<p>Insert language regarding discharge planning accountability with the following themes: Consideration of future discharge planning needs upon start of CBAS Services, and during IPC reassessments; Discharge planning as an accountability of the CBAS Center, including the facilitation of participation by the participant, caregiver, MCO, IHSS, and community providers and CBAS Center accountability to notify and provide discharge plan document to the MCO upon participant discharge from CBAS Center</p>		<p>No Revisions Made - Discharge planning is an important component of the CBAS program and further work needs to be done to improve coordination of discharge between CBAS centers and managed care plans. CDA will continue to work with CBAS providers to ensure compliance with discharge planning and coordination. However, these requirements are related to implementation of the 1115 Waiver and outside of the scope of this Plan.</p>	<p>Kaiser Permanente</p>
General Comments	<p>Well and Fit survey</p>		<p>No Revisions Made - CDA and DHCS applaud the efforts of this CBAS provider to obtain input from center participants regarding their satisfaction with center services. While the information submitted is informative, demonstrates impressive effort to ensure that the center is meeting participant needs, and may inform upcoming stakeholder discussions regarding quality, the survey results are not appropriate for including in the Plan.</p>	<p>Well and Fit ADHC</p>