



# **Draft Community-Based Adult Services (CBAS) Home and Community-Based (HCB) Settings Transition Plan**

**August 14, 2015**



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## **INTRODUCTION**

### ***CBAS Home and Community-Based (HCB) Settings Transition Plan Directive***

In the amendment to California's Bridge to Reform 1115 Waiver approved November 28, 2014, the Centers for Medicare & Medicaid Services (CMS) directed the State to undertake a stakeholder process to develop a transition plan for bringing CBAS centers into compliance with requirements of the HCB Settings Rule by March 17, 2019. Requirements for the stakeholder process and plan are specified in Special Terms and Conditions (STC) 95 and 96 of the 1115 Waiver amendment, including that the plan be incorporated into California's *Statewide Transition Plan* for HCB Settings and submitted to CMS by September 1, 2015.

The *Draft CBAS HCB Settings Transition Plan* provides a blueprint for the California Department of Aging (CDA) and the Department of Health Care Services (DHCS) in partnership with interested stakeholders including CBAS providers, participants and their family/caregivers, managed care plans, advocates and community providers to transition CBAS centers into compliance with the requirements of the HCB Settings Rule. The goal of this transition is to ensure that CBAS centers meet the needs, preferences and choices of CBAS participants and their family/caregivers. The CBAS HCB Settings Transition Plan Summary Timeline (Appendix I) and the CBAS HCB Settings Transition Plan Summary Milestones (Appendix II) provide an overview of the work ahead.

### ***CBAS 1115 Waiver Provisions Addressing HCB Settings Rule***

STC 95(c) indicates that requirements to be met by CBAS centers are specified in 42 CFR 441.301(c)(4), 441.301(c)(4)(vi), and include "other such qualities as the secretary determines to be appropriate based on the needs of the individual as indicated in their person-centered plan."

STC 96(c) requires that person-centered planning be addressed in the CBAS stakeholder process, to ensure that CBAS centers 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."



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The conversation with CBAS stakeholders about these directives and person-centered planning has already started. Refer to Section 4 (Person-Centered Planning) for more information about person-centered planning and how CBAS will comply with STCs 95(c) and 96(c).

### ***CBAS Program Overview***

CBAS is a Medi-Cal benefit with a long history and roots in the adult day health care (ADHC) program in California, which became a State Plan Benefit in 1978. California's ADHC program was an optional Medi-Cal State Plan benefit until its elimination on March 31, 2012. CBAS was created under a federal court settlement agreement on the basis that CBAS services can help participants avoid unnecessary institutionalization, and that CBAS-type services are critical to Olmstead compliance and for ensuring that participants are able to remain in the community. CBAS began as a benefit under California's Bridge to Reform 1115 Medicaid Demonstration Waiver on April 1, 2012. Similar to ADHC, CBAS is a licensed community-based day health program that provides services to persons age 18 and older with chronic medical, cognitive, or mental health conditions and/or disabilities who are at risk of needing institutional care. CBAS participants must meet specific medical necessity and eligibility criteria specified in the CBAS provisions of the 1115 Waiver and in state law and regulations. These criteria include having at least one of the following: Participants must 1) meet or exceed the "Nursing Facility Level of Care" (NF-A) criteria established in regulation, 2) have a diagnosed organic, acquired or traumatic brain injury, and /or chronic mental disorder with specified functional needs, 3) have a moderate to severe cognitive disorder such as dementia including Dementia of the Alzheimer's Type, 4) have a mild cognitive disorder such as dementia including Dementia of the Alzheimer's Type with specified functional needs, or 4) have a developmental disability.<sup>1</sup> CBAS program standards require that CBAS centers be sensitive and responsive to participants' complex needs.

The primary objectives of the program are to:

- Restore or maintain optimal capacity for self-care to frail elderly persons or adults with disabilities; and
- Delay or prevent inappropriate or personally undesirable institutionalization.

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<sup>1</sup> California Department of Aging, Community-Based Adult Services Eligibility Criteria, [http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2012/CBAS\\_Eligibility\\_Criteria-Table\\_05232012.pdf](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2012/CBAS_Eligibility_Criteria-Table_05232012.pdf).



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The CBAS program is an alternative to institutionalization for those individuals who are capable of living at home with the aid of appropriate health, rehabilitative, personal care and social supports. The Program stresses partnership with the participant, the family and/or caregiver, the primary care physician, the managed care plan and other community providers and resources such as In-Home Supportive Services (IHSS) in working toward maintaining personal independence.

Each center has a multidisciplinary team of health professionals who conduct a comprehensive assessment of each potential participant to determine and plan services needed to meet the individual's specific health and social needs. Services provided at the center include the following: professional nursing services; physical, occupational and speech therapies; mental health services; therapeutic activities; social services; personal care; hot meals and nutritional counseling; and transportation to and from the participant's residence. To be reimbursed for services, CBAS centers must provide a minimum of four hours of therapeutic services per day to CBAS participants. Managed care plans determine the level of service authorization (i.e., days per week authorized) based on the member's assessed needs and medical necessity. Most CBAS centers operate Monday through Friday from approximately 9 a.m. to 3 p.m.; however, there is nothing in the licensing regulations to restrict centers from operate seven days per week.

CBAS is a Medi-Cal managed care benefit, but remains a Medi-Cal fee-for-service benefit for a very small number of individuals who are exempt from Medi-Cal managed care enrollment (approximately 400 as of March 2015). ADHC remains a non-Medi-Cal program for individuals who pay "out-of-pocket" for services in licensed ADHC centers. Third party payers such as long-term care insurance companies, Regional Centers, or the Veterans Administration may also pay for ADHC services.

Under an interagency agreement, the CBAS Program is administered among the Department of Health Care Services (DHCS), the California Department of Public Health (CDPH), and the California Department of Aging (CDA). CDPH licenses ADHC centers and CDA certifies them for participation in the Medi-Cal Program.

It is important to note that as a managed care benefit, some of the HCB Settings requirements are to be met at the managed care plan level (e.g., person-centered planning, informing beneficiaries of service options/choices, coordination of care) or in collaboration with the CBAS centers. CBAS Waiver requirements specify that managed care plans and CBAS providers must coordinate member care and care planning in collaboration with participants, their family/caregivers and community providers, and share the responsibility delivering quality services. As reflected in STC 99 of the CBAS provisions of the 1115 Waiver (CBAS Center



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Provider Oversight, Monitoring, and Reporting), the State is to maintain a plan for oversight and monitoring of CBAS providers to ensure compliance with provider standards, access, and delivery of quality care and services. As reflected in STC 100 (CBAS Quality Assurance and Improvement Strategy) CBAS quality assurance monitoring shall be consistent with the managed care Quality Strategy required by 42 CFR Part 438 Subpart E which is integrated into the DHCS contracts with managed care plans statewide. DHCS is to provide oversight of managed care plans to ensure compliance with their State contractual requirements.

***CBAS Center and Participant Facts***

As of May 2015, 243 CBAS centers were certified, open and operating statewide, serving approximately 32,000 participants. CBAS centers operate in a variety of locations, in urban and rural areas, churches, strip malls, standalone buildings, business complexes, senior housing, and more. CBAS centers range in size from a licensed capacity of 20 to 310 persons per day. Individuals served at these centers have complex medical, social, and therapeutic conditions and needs; 51 percent of participants have mental health diagnoses and 35 percent have dementia diagnoses.

Additional CBAS center and participant statistics as can be found in Appendix III. Additionally, regularly updated CBAS center and participant statistics are available on the CBAS Dashboard on the CDA website at:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS\\_Dashboard/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS_Dashboard/)

***Summary – Key Features of CBAS***

CBAS is a community-based setting. Centers operate as a part of local communities and meet local needs. Individuals who attend CBAS centers make the informed choice and voluntary decision to participate, and may choose from among various services and supports options, depending on their local communities and the availability of other community-based services that can meet their needs. Under the terms of their contract with DHCS, managed care plans are responsible for informing their members of the home and community-based service options available to address their needs and preferences. CBAS participants are required to sign a participation agreement reflecting their voluntary decision to participate in CBAS. For those individuals who do not have decision-making capacity, their authorized representatives may make choices on their behalf for services and supports to ensure that their needs are met and their rights are protected. Statewide, all CBAS participants may choose to receive IHSS, which is a consumer-directed model of in-home care. Of the CBAS participants who live in their own homes, approximately 65 percent also choose to receive IHSS. . With the formal and/or informal



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help of the IHSS Program and other caregivers, the support of their managed care plan care coordinators, and the assistance of the CBAS center, CBAS participants may exercise choice and continue to participate in community life to a degree that is equal to – if not greater than – individuals with similar needs who do not receive Medi-Cal HCB services.

The CBAS model is explicitly designed to promote autonomy and independence and maximize individuals' capacity for self-determination. It supports participants' involvement in treatment planning decisions and engagement in activities of their own choosing that meet their needs, preferences and interests. In turn, participants may choose to discontinue their voluntary participation at the CBAS center at any time.

CBAS centers are licensed and certified settings, located in diverse communities across the state, and offer a unique, multidisciplinary model of care that has long been person-centered. Participants have complex needs and in many cases require protective supervision. CBAS centers develop specialized programming with trained professional staff to meet those needs. While CBAS centers may specialize in serving target groups in their communities such as individuals of similar ethnicity, those with a common language, or those with certain health conditions (e.g. dementia) and related needs, CBAS centers are not allowed to exclude eligible individuals. Most CBAS centers serve a diverse mix of individuals, of varying ages, diagnoses, conditions, functional abilities, ethnicities, and spoken languages.

The vast majority of CBAS centers are located in highly visible leased spaces in their community. None in California are located within a hospital or a nursing facility. There are some CBAS centers that are affiliated with a hospital or nursing facility/assisted living company but are located on separate grounds in an accessible and visible community setting. These should not be considered "de facto" institutional settings.

Some CBAS centers use secure perimeters and delayed egress technology to meet the personal safety and supervision needs of persons with dementia, as permitted and strictly governed by state law. These centers tailor programs through specialized person-centered care to maximize participants' autonomy and well-being and provide participants independence at the center that they might not enjoy at any other time. Secure perimeters and delayed egress provisions enable CBAS centers to address individuals' complex care needs, making it possible for them to remain in their own homes and communities, and affording them 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. Additionally, the CBAS center has an important role to play through the person-centered planning process in ensuring that individuals with dementia retain access to the broader community, to the degree that they choose and are able.



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While compliance with HCB Settings regulations will only be demonstrated when the State completes its initial onsite review process for all centers as specified in Section 3 below, CBAS – as defined in program requirements and demonstrated over its 40-year history – is a model that reflects the spirit and intent of the HCB Settings Rule. CBAS is an integrated, community setting that supports the participants’ right to choose, to be treated with dignity and respect, and to enjoy as much freedom as possible, consistent with their desires and abilities – all while addressing their significant health, functional and social care needs.

As stakeholders shared during the recent CBAS HCB Settings Stakeholders meetings, CBAS:

- Was created with the intent to keep people out of nursing facilities, with a strong purpose of community integration
- Evolved with a local feel; centers meet local need.
- Provides services similar to nursing facilities, minus a bed in which to sleep
- Promotes independence and supports life in the community
- Offers one-stop shop services
- Is a managed care benefit – California is in the minority with CBAS’ full integration into managed care; this brings another set of rules for programs to comply with.
- California is among a minority of states where a full interdisciplinary team works in the CBAS setting to provide multiple services, including therapy. This is not the case in other states with adult day health care models.
- Offers choice – of centers, staff at centers, where participants want to go and who will care for them
- Is not just a five-day program; CBAS services can be tailored to meet individual needs for independence.
- Dementia-specific programs foster more choice and independence – they offer a specialized program, trained staff, can work with individuals longer and with more quality – in this sense CBAS actually facilitates more choice and independence.

Stakeholder comments about CBAS reflect the value they place on the model of care and how well they believe it supports the HCB settings requirements. Still, it is incumbent upon the State through its monitoring and oversight responsibilities, with stakeholder oversight that includes participation by CBAS participants and family/caregivers, to ensure that the CBAS model is implemented in compliance with California laws/regulations and federal HCB Settings requirements. Details provided in Sections 3 and 6 below.



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**SECTION 1: EDUCATION AND OUTREACH**

***CBAS HCB Stakeholder Process – Meetings***

The Department of Health Care Services (DHCS) and the California Department of Aging (CDA) convened the CBAS HCB Settings stakeholder process as directed by CMS and required by STCs 95 and 96 in February 2015. Over the course of three meetings lasting three-hours each in February, March, and April 2015, and with individuals participating in-person at CDA and via webinar, stakeholders engaged in thoughtful conversation about the HCB Settings regulations. This conversation included consideration of person-centered planning and the CBAS program in the context of both the State and HCB Settings regulations. Stakeholders completed group exercises to develop greater understanding of the HCB Settings regulations, to assist in considering the level of compliance of the CBAS program and individual centers statewide with the regulations, and to participate in drafting content for the CBAS HCB Settings Transition Plan. The meetings used the CMS Statewide Transition Toolkit to focus group discussion, including engaging participants in answering the “Exploratory Questions to Assist States in Assessment of Non-Residential Home and Community-Based Service (HCBS) Settings.”

Following is the CBAS HCB Settings Stakeholder Process calendar that was shared with stakeholders and posted on the CDA website in February 2015:

Date	Time	Subject
<b>February 24, 2015</b>	2 - 5 PM	Kick Off Completion of CMS Exploratory Questions
<b>March 17, 2015</b>	2 - 5 PM	Plan Development Person-Centered Planning
<b>April 23, 2015</b>	2 - 5 PM	Plan Development Completion of Draft Plan Work Tool
<b>May 19, 2015</b>	2 - 5 PM	Release of <i>Draft CBAS HCB Settings Transition Plan</i> 30-day Public Comment Period Begins on Tuesday, May 19 and Ends on Monday, June 22, 2015
<b>July 8, 2015</b>	2 - 5 PM	Review of <i>Revised Draft CBAS HCB Settings Transition Plan</i> for Inclusion in California’s <i>Statewide Transition Plan</i>



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***Website***

In addition to the three meetings held prior to drafting and releasing the CBAS HCB Settings Transition Plan, DHCS and CDA developed webpages to share key documents to educate stakeholders on the regulations and to capture meeting materials and public comments made throughout the CBAS HCB Settings stakeholder process. CDA made the webpages available beginning in February 2015 and posted resources, links, and meeting materials regularly. Document postings and links on the CBAS HCB Settings webpages include the Final Rule, the CMS Statewide Transition Toolkit, a Flyer and Fact Sheet designed for participants and caregivers, and numerous other materials that offer stakeholders and the general public opportunities for understanding the HCB Settings Rule. The webpages and materials, which include a log of stakeholder input provided during and between meetings held February 2015 through May 2015, will remain available throughout the CBAS transition at:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/)

***Distribution of Meeting Announcements, Public Comment Notices and Informational Materials***

On CMS' approval of the CBAS provisions in the 1115 Waiver, effective December 1, 2014, CDA and DHCS began to inform CBAS stakeholders about the new federal HCB Settings requirements and directives in the Waiver's STCs 95 and 96. CDA launched the CBAS HCB Settings Stakeholder Process webpage and has distributed CBAS HCB Settings meeting announcements, public comment notices and other HCB Setting information through the following vehicles: 1) CDA CBAS HCB Settings Stakeholder Process webpage; 2) DHCS Stakeholder Engagement Calendar of Events webpage; 3) CBAS Updates newsletters; 4) All Center Letters (ACLs); 5) CBAS Stakeholder Outreach Flyer and Fact Sheet targeted to CBAS beneficiaries, their families, caregivers and authorized representatives; and 6) General Public Interest Notice – California Regulatory Notice Register (non-electronic). The following list reflects the documents that have been distributed, the methodology used and the audiences targeted. Dissemination of information to CBAS stakeholders will be an ongoing process throughout the development of the *CBAS Transition Plan* and its implementation. Refer to Appendix IV to view these documents.



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<b>Distribution of Meeting Announcements, Public Comment Notices, and Informational Materials – Refer to Appendix IV for Details</b>		
<b>Method</b>	<b>Dates Distributed</b>	<b>Target Audiences</b>
<b>A. Websites</b>		
a. CDA CBAS HCB Settings Stakeholder Process (continually updated)	Launched February 2015	General Public
b. DHCS Stakeholder Engagement Initiative - Calendar of Events (continually updated)	Launched January 2015	General Public
<b>B. CBAS Updates Newsletters (Electronic – ongoing)</b>	November 17, 2014 November 18, 2014 November 19, 2014 December 24, 2014 February 17, 2015 March 9, 2015 March 16, 2015 April 15, 2015, April 20, 2015 May 13, 2015 June 1, 2015	CBAS Providers; Managed Care Plans; ADHC/CBAS Provider Associations; Senior and Adults with Disabilities Service Providers and Advocacy Organizations; Legislative Staff; Interested Individuals
<b>C. All Center Letters (ACLs) (Electronic - ongoing)</b>	May 14, 2015 (ACL# 15-05)  April 17, 2015 (ACL# 15-03)	CBAS Providers, Participants, Caregivers, Authorized Representatives; Managed Care Plans; ADHC/CBAS Provider Associations
<b>D. Public Comment Period Notices</b>		
a. General Public Interest Notice-California Regulatory Notice Register (Non-electronic)	May 22, 2015	California State Library and State document depository libraries; General Public
b. All Center Letter 15-05 with CBAS Stakeholder Outreach Flyer and Fact Sheet (Electronic & Non-electronic)	May 14, 2015	CBAS Providers, Participants, Caregivers, Authorized Representatives; Managed Care Plans; ADHC/CBAS Provider Associations
c. CBAS Updates Newsletter (May 2015) and CBAS Stakeholder Outreach Flyer and Fact Sheet (Electronic)	May 13-15, 2015	CBAS Providers; Managed Care Plans; ADHC/CBAS Provider Associations; Senior and Adults with Disabilities Service Providers and Advocacy Organizations; Legislative Staff; Interested Individuals
d. Notice to Tribes and Indian Health Programs (Electronic)		California Tribes and Indian Health Programs



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***Training and Education***

Discussions during the stakeholder process made clear that there is a need for statewide provider training and education to promote consistent understanding of, and compliance with, the HCB Settings requirements. DHCS and CDA will partner with CBAS providers, Medi-Cal managed care plans and other stakeholders to develop and implement a training and education strategy designed to reach CBAS providers, CBAS participants and their family/caregivers, and managed care plans. The training and educational materials developed may also serve to inform other community providers and the general public. The overarching goal of training and educational efforts is to provide information about the HCB Settings requirements to ensure that CBAS centers meet participant needs. Areas of focus for training and education identified during stakeholder meetings and in the public comment process include person-centered planning and care; and participant rights to choice and dignity in CBAS daily activities;

Each year the adult day services industry association (California Association for Adult Day Services [CAADS]) hosts two conferences – one in Southern California in November and one in Northern California in April. CDA participates on the conference planning committee for each of these conferences and helps develop the schedule and content for workshops and plenary speakers. CDA and DHCS participate in the conferences, providing program updates during business meetings and conducting workshops. CDA and DHCS will partner with CAADS and the participating managed care plans to conduct workshops on HCB Settings requirements during the November 2015 through November 2018 conferences. Additionally, CDA will develop and post website training modules designed to promote better understanding of the HCB regulations and the CBAS setting among CBAS participants, caregivers and providers.

Training about HCB Settings requirements, including person-centered planning, has been and will continue to be provided to CBAS staff responsible for the certification, oversight and monitoring of CBAS centers. Staff will participate in developing the survey tools the State will use to determine CBAS center compliance with the HCB Settings requirements.

The CBAS Stakeholder Outreach Flyer and Fact is one strategy already being implemented with the assistance of CBAS providers to educate and inform CBAS participants and their family/caregivers about the HCB Settings requirements. CDA has incorporated into its onsite monitoring surveys a review of CBAS center postings to ensure that CBAS providers have made the Outreach Flyer and Fact Sheet available for viewing by participants and caregivers. In addition, CDA survey staff will interview and educate CBAS participants and caregivers about the HCB Settings requirements and determine from participants' and caregivers' perspectives if the center is meeting their needs and preferences and protecting their rights. During the onsite survey and compliance monitoring, CDA survey staff will use the CBAS Participant Setting



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Assessment Tool that will be developed with participant and family/caregiver input. Refer to Section 3 for more information about the Participant Setting Assessment Tool.

Stakeholder education and outreach activities will continue through March 17, 2019, to promote stakeholder engagement in, and oversight of, the implementation of the CBAS HCB Settings Transition Plan. The State will keep stakeholders informed and seek stakeholder input throughout the implementation process.

The following table captures Education and Outreach Milestones/Timelines:

**Table 1 - Milestones/Timelines**

<b>1. Education and Outreach Milestones/Timelines</b>		
<b>Milestone</b>	<b>Target Start Date</b>	<b>Target End Date</b>
A. Participation on Planning Committee for CAADS Annual Conference (to work in collaboration with providers and managed care plans to develop presentations and training workshops)	July 2015	November 2018
B. Present at CAADS Annual and Spring Conferences	November 16, 2015	November 2018
C. Work with stakeholders to identify education and training needs of CBAS providers, participants and family/caregivers, and the broader stakeholder community develop and implement education/training strategy, and post materials on website.	July 2015	March 17, 2019 and Ongoing
D. Train CBAS Staff on HCB Setting Requirements and CBAS Center Oversight and Monitoring Processes and Tools to determine CBAS center compliance with HCB Setting requirements	December 2015	January 31, 2016



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**SECTION 2: ASSESSMENT OF STATUTES, REGULATIONS, WAIVER, POLICIES, AND OTHER REQUIREMENTS**

***Initial and Comprehensive Reviews***

Review of ADHC/CBAS<sup>2</sup> laws, regulations, waiver, policies, and other requirements to determine whether they align with HCB Settings regulations began with the first CBAS stakeholders meeting on February 24, 2015. At this meeting, stakeholders completed a group exercise during which they discussed and answered the CMS *Exploratory Questions to Assist States in Assessment of Non-Residential Home and Community-Based Service (HCBS) Settings*, considering current CBAS program requirements pertaining to the question areas. Subsequently, DHCS and CDA added statutory and regulatory references that supported/addressed responses given during the meeting and added them to the CMS *Exploratory Questions* work tool, located on the CDA website at:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/Key\\_Documents/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/Key_Documents/)

Additionally, DHCS and CDA completed a more comprehensive review of ADHC/CBAS laws, regulations, waiver, policies, and other requirements to determine whether they are silent, conflict with, or align with the HCB Settings regulations. Results indicate that CBAS program requirements address all HCB Settings regulations and do not conflict. Minimal work may be necessary to clarify and reinforce existing CBAS policies. This can be accomplished through All Center Letters, Medi-Cal Provider Bulletins, and Medi-Cal Manual updates. With the exception of a few minor areas where guidance may be needed, CBAS requirements align with HCB Settings regulations. Reference Appendix -V for supporting analysis.

***Secure Perimeters and Delayed Egress***

During the review of the ADHC/CBAS laws and regulations, stakeholders and the State paid careful attention to the subject of secure perimeters as defined in law and used in centers to ensure the safety of individuals at risk of wandering.

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<sup>2</sup> CBAS requirements include all current ADHC laws and regulations.



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The Alzheimer's Association and other advocates have made it clear in their public comments that the availability of CBAS centers with delayed egress is essential for individuals at risk of wandering who would otherwise not have a community-based option and would be required for safety and security reasons to be placed in a skilled nursing facility. Statistics indicate that 60 percent 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 that he/she can no longer adequately monitor their loved one and the loved one needs the additional support that the CBAS center's staff and safety measures provide. 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 family caregivers.

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, as 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 an egress door opening. The exit door is not allowed to be locked; it opens after a short delay of 10 - 30 seconds. There are extensive detailed California 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, being injured or dying as a consequence of wandering behaviors involved in the disease process.

***Further Stakeholder Engagement on Assessment of Laws, Regulations, Waiver, Policies, and Other Requirements***

DHCS and CDA will work with stakeholders to identify areas of current ADHC/CBAS program requirements that may need strengthening and in developing appropriate guidance as shown in the table below. These discussions will also include opportunities for standardizing certain center protocols and forms (e.g., participation agreement, care planning tools, etc.) that would support consistent implementation of HCB Settings requirements, as stakeholders noted during the February, March, and April 2015 meetings.



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**Note:** If stakeholders determine during the review described above that statutory changes beyond administratively issued policy and guidance letters are needed to enhance HCB Settings requirements, DHCS and CDA will propose such changes to be addressed legislatively prior to March 17, 2019.

The following table captures Assessment of Statutes, Regulations, Policies and Other Requirements Milestones/Timelines:

**Table 2 - Milestones/Timelines**

<b>2. Assessment of Statutes, Regulations, Policies and Other Requirements - Milestones/Timelines</b>		
<b>Milestone</b>	<b>Target Start Date</b>	<b>Target End Date</b>
A. Work with stakeholders to identify CBAS program requirements that may need strengthening to enhance compliance with HCB Settings regulations (to include possible standardization of center protocols and forms)	July 2015	July 31, 2016
B. Develop Medi-Cal Manual revisions, Provider Bulletins, and All Center Letters to support implementation of the HCB Settings regulations	January 2015	June 30, 2016
C. Develop standardized center protocols and forms (e.g., participation agreement, care planning tools, etc.) to support implementation of the HCB Settings regulations	January 2015	June 30, 2017
D. Initiate statutory/regulatory changes if determined necessary.		March 17, 2019

**SECTION 3: COMPLIANCE DETERMINATION PROCESS FOR HCB SETTINGS**

CBAS centers are community-based settings and must conform to the HCB Settings Rule. As a managed care benefit, some of the requirements specified under the HCB Settings regulations,



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such as person-centered planning, are to be met at the managed care plan level and/or are a shared responsibility between the managed care plans and CBAS centers.

***Initial and Ongoing Compliance Determination Process***

CDA, in coordination with DHCS, will verify compliance of all CBAS centers and begin steps to ensure ongoing compliance through and beyond March 17, 2019. To determine initial levels of compliance, remediate non-compliance, and maintain full and continuous compliance, the state will use existing oversight and monitoring mechanisms required by state law. CDA is the lead state agency for CBAS provider oversight.

To ensure that all stakeholders continue to be informed of initial and ongoing compliance review results, CDA will publish survey reports on a flow basis and provide summaries of statewide compliance annually on the CDA website. By State law, all CBAS providers must reapply for continuing participation in the Medi-Cal program at least every two years. This certification renewal process begins with an application (e.g., standardized disclosure forms, provider agreements, and various other program documents) and includes a desk review, an onsite survey of the center, and statements of deficiency and corrective action plans as indicated. With input from stakeholders, CDA will add the following to the CBAS provider certification renewal process to determine compliance with HCB Settings regulations:

1. Provider Self-Assessment Tool to be submitted at the time of the CBAS provider's application for certification renewal and the Participant Setting Assessment to be made available to participants/family/caregivers during the onsite survey and evaluated as part of the survey
2. Process for review of the Provider Self-Assessment Tool during the in-house "desk review"
3. Validation processes incorporated into the onsite survey instrument and process currently used, including participant interviews, observations, and review of specific health and administrative records.

***Provider and Participant Assessment Tools***

The Provider Self-Assessment Tool developed with stakeholders as part of California's *Statewide Transition Plan* will be piloted in CBAS centers and modified as necessary to address CBAS setting characteristics. The modified CBAS Provider Self-Assessment Tool will be used during onsite monitoring and oversight surveys for all CBAS centers. The CBAS Provider Self-



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Assessment Tool will include core question areas provided by CMS and will focus on the center's compliance with the HCB Settings requirements

The CBAS Participant Setting Assessment Tool will be developed as part of California's *Statewide Transition Plan* with input from stakeholders, including CBAS participants and their families/caregivers, and will focus on the CBAS participants' (and to the extent possible, their caregivers') goals and satisfaction with the center's:

- Person-centered planning process
- Affording participants choices regarding services, the center staff who provide them, and freedom of movement through the center
- Respect for participants' rights of privacy, dignity and respect, and freedom from coercion and restraint

The addition of a CBAS Participant Setting Assessment Tool that is understandable to participants with a range of cognitive abilities and literacy levels will ensure that the onsite CBAS center monitoring and oversight survey process includes meaningful consumer/beneficiary participation.

***Provider Deficiencies***

Current state law defines oversight and monitoring processes that are designed to allow CBAS providers the opportunity to correct deficient practices. Rarely are providers found to be substantially out-of-compliance with program requirements. When they are found to be so, in nearly all cases they regain compliance through a structured corrective action process.

DHCS and CDA anticipate all CBAS centers either will be in full compliance with the HCB Settings regulations, or can be brought into full compliance, before March 17, 2019. Therefore, the need to relocate CBAS participants from non-compliant centers is not anticipated.

The following table captures Compliance Determination Milestones/Timelines for both the initial review of CBAS centers for HCB Settings compliance and ongoing compliance beyond March 2019:



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**Table 3 - Milestones/Timelines**

<b>3. Initial and Ongoing Compliance Determination Milestones/Timelines</b>		
<b>Milestone</b>	<b>Target Start Date</b>	<b>Target End Date</b>
A. Development of CBAS Provider Self-Assessment Tool with Stakeholder Input (coincides with STP tool)	May, 22, 2015	September 1, 2015
B. Pilot Testing of CBAS Provider Self-Assessment Tool	October 1, 2015	October 31, 2015
C. Modification of Provider Self-Assessment Tool Based on Pilot Results	November 1, 2015	December 31, 2015
D. Development of CBAS Participant Setting Assessment Tool with Stakeholder Input	July 2015	December 31, 2015
E. Modification of CDA Certification Renewal Processes and Tools with Stakeholder Input	September 2015	December 31, 2015
F. Initial Provider Self-Assessment and Participant Setting Assessment Conducted with Certification Renewal	January 1, 2016	December 31, 2017
G. Provider Self-Assessment Validation at Time of Certification Renewal for all CBAS centers during onsite surveys	February 1, 2016	July 31, 2018
H. Provider Remediation Plans Submitted and Approved (Plans of Correction)	December 1, 2015	December 31, 2018
I. Full Compliance Achieved		March 17, 2019
J. Ongoing Compliance Determination		Ongoing (beyond March 17, 2019)



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**SECTION 4: PERSON-CENTERED PLANNING**

***CMS Directives to California in 1115 Waiver Special Terms and Conditions (STCs)***

Through CBAS 1115 Waiver STCs 95(c) and 96(c), CMS directed the State to conduct a stakeholder process to develop a transition plan for ensuring that CBAS centers meet HCB Settings regulations. CMS added the following person-centered plan directives to STC 96(c):

CBAS centers must comply with the requirements of 42 CFR 441.301(c)(1) through (3) in care plans and planning processes, including addressing: “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.”

***CBAS Stakeholder Process and Person-Centered Planning***

Person-centered planning (PCP) is defined in the Affordable Care Act as a process directed by the person with long term services and supports needs to identify his/her strengths, goals, preferences, needs and desired outcomes. This process may include a representative who the person has freely chosen, and/or who is authorized to make personal or health decisions for the person. It may also include family members, legal guardians, friends, caregivers and others the person or his/her representative wishes to include. Even if the person has a legal representative, PCP should involve the individuals receiving services and supports to the maximum extent possible. The role of home and community-based service providers in the PCP process is to enable and assist the individual to identify and access services (paid and unpaid) to meet their needs, and to provide support during the planning process. The person-centered planning process results in the development of a strengths-based person-centered service plan that specifies the services and supports to be provided and by whom to meet the needs, preferences and choices identified by the individual.<sup>3</sup> The State’s oversight and monitoring activities and tools will ensure that CBAS centers meet the federal standards for the person centered planning process and include the required elements in the person-centered service plan.

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<sup>3</sup> Guidance to HHS Agencies for Implementing Principles of Section 2402(a) of the Affordable Care Act: Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs  
<http://www.acl.gov/Programs/CDAP/OIP/docs/2402-a-Guidance.pdf>



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CMS has indicated in its transition plan review tool, “HCBS Basic Element Review Tool for Statewide Transition Plans Version 1.0, that transition plans should not include “substantial extraneous information such as how it is complying with the person-centered planning process and person-centered service plan requirements.” Given this direction, DHCS and CDA assure CMS that the CBAS HCB Settings Stakeholder Process included significant educational efforts around person-centered planning and discussion during public meetings, including one meeting on March 17, 2015, that focused entirely on person-centered care.

Stakeholder comments during and after the CBAS HCB Setting Stakeholder Meetings conveyed the view that ADHC/CBAS regulations and the program model comport well with HCB Settings regulations. Refer to Appendix VI to view all stakeholder comments and documents. Current ADHC/CBAS regulations address participant engagement in the care planning process, participant rights to care and services of their preference and choice, face-to-face assessments to determine needs and goals, and the development of an individualized plan of care. Additionally The California Association of Adult Day Services (CAADS) provider association is taking a lead role in promoting educational efforts to improve person-centered care. CAADS has hired national experts to make presentations and conduct workshops during conferences and provide support to centers working to operationalize new programming that improves the quality of person-centered care in the adult day setting.

To further promote person-centered planning and quality services and outcomes, DHCS and CDA will convene stakeholder workgroups in July 2015 to begin consideration of CBAS processes for person-centered planning and quality services and outcomes, and the forms and processes that support them (e.g., the Individual Plan of Care, assessment processes). We anticipate that the workgroup will identify revisions to the IPC that will better support person-centered planning and care, including taking into consideration the person-centered planning that is required at the managed care plan level for CBAS participants. CBAS will revise its Individual Plan of Care (IPC) to include all of the required elements of the person-centered service plan identified in 42 CFR 441.301(c)(2).

The following table captures Person-Centered Planning Milestones/Timelines:



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**Table 4 - Milestones/Timelines**

<b>4. Person-Centered Planning Milestones/Timelines</b>		
<b>Milestone</b>	<b>Target Start Date</b>	<b>Target End Date</b>
A. Convene Stakeholder Workgroups to Revise CBAS Individual Plan of Care (IPC) to meet CMS requirements of Person-Centered Planning and to develop a quality strategy for service delivery and participant outcomes	July 2015	June 2016
B. Develop and provide training on implementation of revised IPC	July 2016	December 2016 and ongoing as needed

**SECTION 5: APPEAL PROCESS**

Processes currently in place for CBAS participants, their family/caregivers/authorized representatives and providers to file appeals and grievances offer strong protections and support compliance with HCB Settings regulations.

***CBAS Participant Appeal and Grievance Rights***

All Medi-Cal beneficiaries have the right to file an appeal and/or grievance under state law when they receive a written notice of action regarding a loss of benefits or a denial or reduction of CBAS services. Additionally, all managed care members may file a grievance with their managed care plans at any time that they experience dissatisfaction with the services or quality of care provided to them.

Additionally, CBAS regulations afford participants the right to file grievances at their CBAS centers to address problems they identify in the delivery of their care at the CBAS center and in the center’s compliance with HCB Settings Requirements.

CBAS providers are required to inform participants and their family/caregivers/authorized agents about their grievance rights and protections as part of the Participation Agreement they must sign before they begin receiving services at a CBAS center. These rights and protections should be posted for public view in a conspicuous place at the CBAS center in the predominant languages spoken by center participants. The State will enhance existing processes for monitoring CBAS centers to determine if CBAS participants and their



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family/caregivers/authorized representatives have been informed about and received a copy of their grievance rights and protections, that policies and procedures for filing grievances/complaints are in place, and that grievances and subsequent actions taken are documented and available for review by the State. In addition, the State must ensure that there are no retaliatory actions toward anyone filing a grievance/complaint or appeal. More discussion with stakeholders about modifications to CDA's monitoring tools is scheduled in Section 3, Table 3 Milestones/Timelines, Item E.

***CBAS Provider Appeal Process***

CBAS providers may dispute deficiency findings through the Statement of Deficiency and Plan of Correction process.

In cases where the State brings a case against a provider for substantial non-compliance, the State notifies the provider of termination or non-renewal of certification and the provider has rights to a full evidentiary hearing in front of a State administrative law judge to appeal their case.

The vast majority of disputes are resolved during the corrective action phase. Formal due process structures are in place to resolve the more significant appeals of certification termination or non-renewal.

**SECTION 6: COMPLIANCE MONITORING**

***Existing Monitoring Processes***

Under an interagency agreement with DHCS, CDA is responsible for CBAS provider oversight. Managed care plans have additional responsibilities for credentialing of and contracting with providers to ensure quality service delivery to their members. Communication and collaboration among DHCS, CDA, and managed care plans will continue to develop as the CBAS provisions of the 1115 Waiver and the HCB Settings regulations are implemented. The compliance discussion here focuses on the CDA certification process.

As discussed in Section 3 – Compliance Determination Process – CDA will determine initial levels of compliance, remediate non-compliance, and assure full and ongoing compliance, using existing oversight and monitoring mechanisms required by state law that will be modified to include review of HCB Settings requirements.

Key features of CBAS oversight include the following:



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1. Ensuring that providers maintain an ADHC license in good standing at all times
2. Monitoring for compliance with Medi-Cal certification standards: [www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2013/2013\\_0830\\_CBAS\\_Certification\\_Standards.pdf](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2013/2013_0830_CBAS_Certification_Standards.pdf)
3. Conducting certification renewal of each provider at least every two years.

**Note:** This means that half of all CBAS providers apply for renewal and receive an onsite survey every year.

Certification renewal steps include:

- a. **Application** – including filing standardized disclosure forms, a provider agreement, and staffing sheets
- b. **Desk Review** – including reviewing provider records, compliance history, staffing levels, and cross-comparing application documents
- c. **Onsite Survey** – performed by nurses and analysts, including review of participant health records, observing service delivery and participant and family/caregiver interviews, reviewing center administrative records, general observation of the facility and program activities, and interviewing key staff to determine compliance with program standards. Onsite surveys focus on the care planning process – from assessment by the MDT, to development, implementation and revision of the individual plan of care (IPC), to determine whether desired outcomes and goals are met.
- d. **Remediation of Deficient Practice** – by issuing a Statement of Deficiency report and completing a Plan of Correction process

With input from stakeholders, CDA will add the following elements to the CBAS provider certification renewal process to ensure compliance with the HCB Settings regulations:

1. Provider Self-Assessment Tool to be submitted at time of application for certification renewal and Participant Setting Assessment to be made available to participants and their family/caregivers/authorized agent for their completion during or after the onsite survey.
2. A process for reviewing the Provider Self-Assessment Tool during the in-house “desk review”
3. Validation processes for the Provider Self-Assessment Tool incorporated into the onsite certification survey instrument currently used, including participant interviews observations, and review of specific health and administrative records.



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4. Review and follow-up processes for the Participant Setting Assessments obtained during and after the onsite survey.

Settings found to be out of compliance with the new regulations during these routine reviews will be required to submit and have approved a corrective action plan which includes a timeframe for its completion. Failure to complete that plan may jeopardize the provider's certification and participation in the CBAS program. However, as mentioned in Section 3 above, providers rarely fail to regain compliance during the corrective action process.

Initial assessment of all CBAS centers will be completed by December 31, 2017. However, implementation of the Provider Self-Assessment and Participant Setting Assessment Tools will continue indefinitely to ensure full and ongoing compliance beyond March 17, 2019. The State is committed to ensuring compliance with HCB Settings requirements on an ongoing basis, but it should be noted that efforts described in this *Plan* represent significant workload increases for the State and, as expressed in public comments, cost increases to providers associated with complying with new unfunded mandates.



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**APPENDICES**

***Appendix I - CBAS HCB Settings Transition Plan Summary Timeline***

***Appendix II – CBAS HCB Settings Transition Plan Summary Milestones***

***Appendix III - CBAS Center and Participant Statistics***

***Appendix IV - Distribution of Meeting Announcements, Public Comment Notices and Informational Materials***

***Appendix V - Assessment of ADHC/CBAS Laws, Regulations, Waiver and Other Requirements***

***Appendix VI – Public Comment Log/Documents***



# **Appendix I**

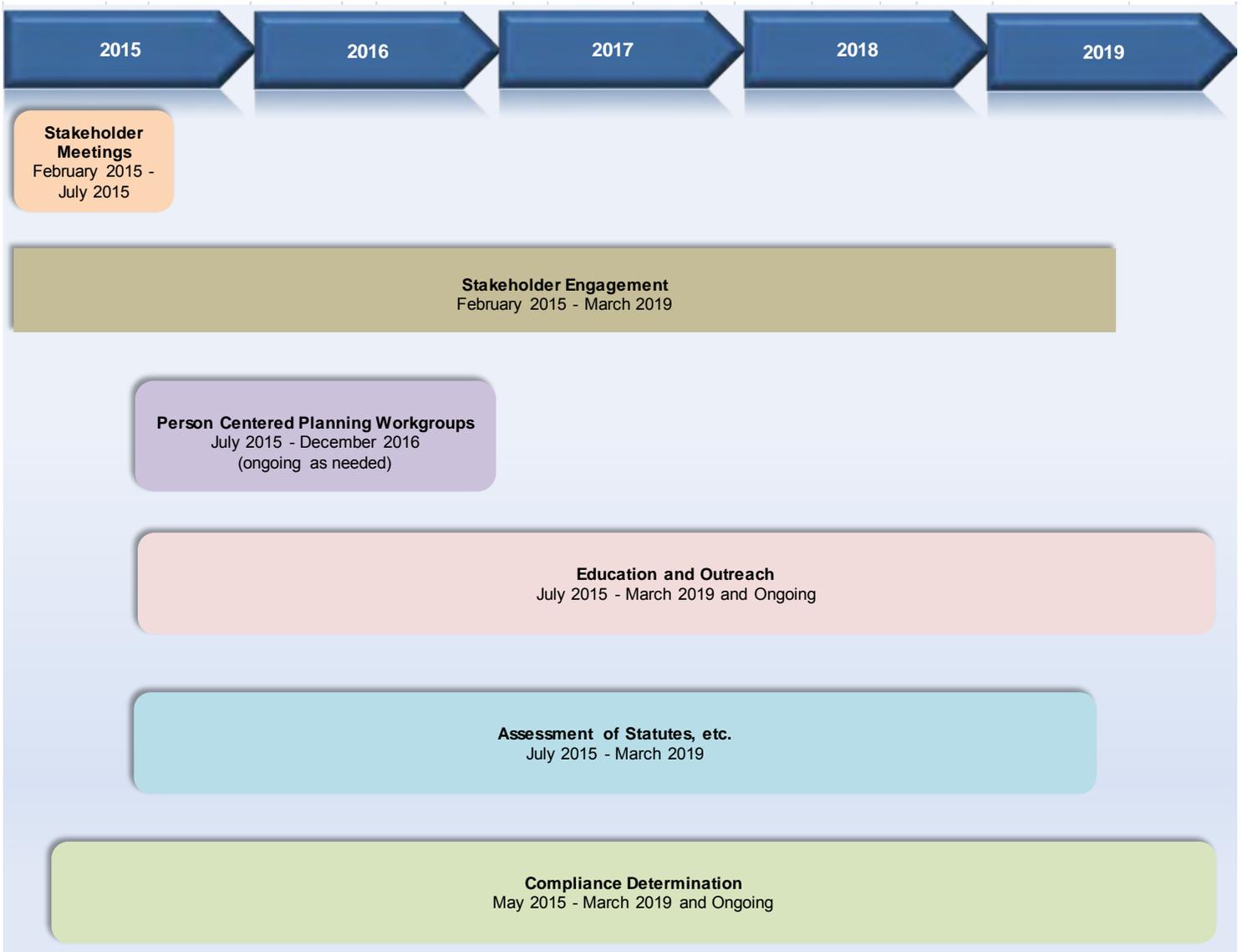
## **CBAS HCB Settings Transition Plan Summary Timeline**



# Community-Based Adult Services (CBAS) Revised Draft Home and Community-Based (HCB) Settings Transition Plan



## CBAS HCB Settings Transition Plan Summary Timeline





# **Appendix II**

## **CBAS HCB Settings Transition Plan Summary Milestones**



# Community-Based Adult Services (CBAS) Revised Draft Home and Community-Based (HCB) Settings Transition Plan



## CBAS HCB Settings Transition Plan Summary Milestones

Activity Type	Milestone	Start Date	End Date
Stakeholder Meeting	Kick Off	February 24, 2015	
Stakeholder Meeting	Completion of CMS Exploratory Questions		
Stakeholder Meeting	Plan Development	March 17, 2015	
Stakeholder Meeting	Person-Centered Planning		
Stakeholder Meeting	Plan Development	April 23, 2015	
Stakeholder Meeting	Completion of Draft Plan Work Tool		
Stakeholder Meeting	Release of Draft CBAS HCB Settings Transition Plan	May 19, 2015	
Stakeholder Meeting	30-day Public Comment Period Begins		
Stakeholder Meeting	Review of Revised Draft CBAS HCB Settings Transition Plan for Inclusion in California's Statewide Transition Plan	July 8, 2015	
Person Centered Planning Workgroups	Convene Stakeholder Workgroups to Revise CBAS Individual Plan of Care (IPC) to meet CMS requirements of Enhance Person-Centered Planning and to develop a quality strategy for service delivery and participant outcomes	July 2015	June 2016
Person Centered Planning Workgroups	Develop and provide training on implementation of revised IPC	July 2016	December 2016 and ongoing as needed
Education and Outreach	Participation on Planning Committee for CAADS Annual Conference	July 2015	November 2018
Education and Outreach	Present at CAADS Annual and Spring Conferences	November 16, 2015	November 2018
Education and Outreach	Work with stakeholders to identify education and training needs of CBAS providers, participants/family/caregivers, and the broader stakeholder community, develop and implement education/training strategy, and deliver training via webinars, and post materials on website.	July 2015	March 17, 2019 and Ongoing
Education and Outreach	Train CBAS Staff on HCB Setting Requirements and CBAS Center Oversight and Monitoring Processes and Tools to determine CBAS center compliance with HCB Setting requirements	December 2015	January 31, 2016
Assessment of Statutes, etc.	Work with stakeholders to identify CBAS program requirements that may need strengthening to enhance HCB Settings regulations (to include possible standardization of center protocols and forms)	July 2015	July 31, 2016
Assessment of Statutes, etc.	Develop Medi-Cal Manual revisions, Provider Bulletins, and All Center Letters to support HCB Settings regulations	January 2015	June 30, 2016
Assessment of Statutes, etc.	Develop standardized center protocols and forms (e.g., participation agreement, care planning tools, etc.) to support implementation of HCB Settings regulations	January 2015	June 30, 2017
Assessment of Statutes, etc.	Initiate statute/regulation changes if determined necessary.		March 17, 2019
Compliance Determination	Development of CBAS Provider Self-Assessment Tool with Stakeholder Input (coincides with STP tool)	May 22, 2015	September 1, 2015
Compliance Determination	Pilot Testing of CBAS Provider Self-Assessment Tool	October 1, 2015	October 31, 2015
Compliance Determination	Modification of Provider Self-Assessment Tool Based on Pilot Results	November 1, 2015	December 31, 2015
Compliance Determination	Development of CBAS Participant Setting Assessment Tool with Stakeholder Input	July 2015	December 31, 2015
Compliance Determination	Modification of CDA Certification Renewal Processes and Tool with Stakeholder Input	September 2015	December 31, 2015
Compliance Determination	Initial Provider and Participant Self-Assessment Conducted with Certification Renewal	January 1, 2016	December 31, 2017
Compliance Determination	Provider Self-Assessment Validation at Time of Certification Renewal for all CBAS centers during onsite surveys	February 1, 2016	July 31, 2018
Compliance Determination	Provider Remediation Plans Submitted and Approved (Plans of Correction)	December 1, 2015	December 31, 2018
Compliance Determination	Full Compliance Achieved		March 17, 2019
Compliance Determination	Ongoing Compliance Determination		Ongoing (beyond March 17, 2019)



## **Appendix III**

### **CBAS Center and Participant Statistics**



# Community-Based Adult Services Program



## Quicks Facts

### CBAS Enrollment & Utilization Statistics\*

<b>Total Participants</b>	<b>32,839</b>	
CBAS Medi-Cal Participants	31,075	95%
<i>Managed Care</i>	30,592	98%
<i>Fee-for-Service</i>	483	2%
ADHC Private Pay Participants	1,764	5%

Newly Eligible Participants	797
Discharged Participants	846

License Capacity	29,629
Average Daily Attendance (ADA)	19,781
Average Days Attended/Week	2.9
Program Utilization Rate*	67%

\*Utilization rate includes total enrolled participants.  
Utilization Rate=ADA/License Capacity

\*All Enrollment and Utilization Statistics as of 2/28/15

### CBAS Participant Profile

<b>Diagnoses*</b>	
Mental Health Diagnosis	51%
Dementia	35%
Intellectually/Developmentally Disabled	7%

\*CDA collects data for only the diagnostic fields listed above

The highest acuity of need is across instrumental activities of daily living, such as:

- Accessing Resources
- Meal Preparation
- Transportation
- Money Management
- Medication Management

Source: CDA Participant Characteristics Report, FY 2013-14

### CBAS Center Statistics\*

<b>Center Status</b>	
Open CBAS Centers	243
Not Currently Open Centers*	8

\*Not currently open centers means these centers are certified for CBAS, but their license is in suspense for various reasons.

<b>Distribution of Centers</b>	
6 or more Centers	5 counties
5 or fewer Centers	13 counties
1 Center	8 counties
No Centers	32 counties

Counties with most CBAS Centers are:  
Los Angeles,  
Orange,  
San Diego,  
San Francisco,  
and Santa Clara.  
See CBAS Center Distribution Map on CBAS Dashboard for specifics.  
([www.aging.ca.gov](http://www.aging.ca.gov))

### Center Type



\*All Center Statistics as of 4/25/15

### Most Common Languages Spoken at Centers

Spanish; Tagalog; Russian; Mandarin; Armenian

### Contact CBAS:

Telephone: 916.419.7545 E-mail: [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov)



## **Appendix IV**

### **Distribution of Meeting Announcements, Public Comment Notices and Informational Materials**



# CBAS/ADHC - Community-Based Adult Services/Adult Day Health Care

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1115 Bridge to Reform Waiver - CMS Approved CBAS Amendment

Program Overview

Program Narratives and Statistical Fiscal Fact Sheets

Program Requirements

Center Listing

Forms & Instructions *(New Forms Available)*

Training

Archives

## Related Links



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If you are within California and are looking for services call **1-800-510-2020**  
If you are outside California call **1-800-677-1116**

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 Learn more about CBAS Centers, participant characteristics, and CDA oversight

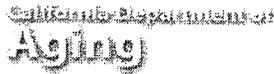
**HCBS Settings Stakeholder Process** Learn more about the process to develop a Home and Community-Based Settings CBAS transition plan

 **All Center Letters** Learn more about the latest CBAS Center notifications and announcements

**Links to External Resources** Learn more about additional resources available to CBAS providers



Updated April 1, 2015



## HCB Settings Stakeholder Process

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The Department of Health Care Services (DHCS) and the California Department of Aging (CDA) will convene 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. Meetings will begin in February 2015. The preliminary framework for this Stakeholder process is as follows:

**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, Items 95 and 96.

**Participants:** Stakeholders will include, but are not limited to:

- Managed Care Plans
- CBAS Providers
- Advocates
- CBAS Participants and Caregivers
- Legislative Staff
- State Departments

Draft CBAS Transition Plan and Public Comment Process

Key Documents

Meetings

Sign Up or Unsubscribe for Notifications

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**Programs & Services**

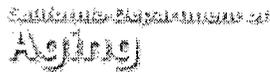
**Where To Call For Local Services**

**Additional Resources**

**Contact CDA**

Contact Us	
Written Feedback	Mail: California Department of Aging CBAS Branch 1300 National Drive, Suite 200 Sacramento, CA 95834-1992  Email: <a href="mailto:cbascdca@aging.ca.gov">cbascdca@aging.ca.gov</a>
Phone	(916) 419-7545

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## Draft CBAS Transition Plan and Public Comment Process

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### Related Links

The California Department of Health Care Services (DHCS) and the California Department of Aging (CDA) welcome the comments of stakeholders and interested parties on the Draft Community-Based Adult Services (CBAS) Home and Community-Based (HCB) Settings Transition Plan.

[Draft CBAS HCB Settings Transition Plan](#)

Public Comment Submission: May 19, 2015 – June 22, 2015

Electronic Submission - [submit your comments here](#)

Non-Electronic Submission – contact the CBAS Branch for further instructions on submissions via mail or other non-electronic methods

Mail: California Department of Aging  
CBAS Branch  
1300 National Drive, Suite 200  
Sacramento, CA 95834-1992  
Phone: (916) 419-7545  
E-mail: [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov)



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## Key Documents

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### CBAS Waiver and Home and Community-Based (HCB) Settings Rule

1115 Bridge to Reform Waiver – CMS Approved CBAS Amendment

CBAS Waiver Requirements specific to HCB Settings

HCBS Final Regulations Referenced in CBAS Waiver (42 CFR 441.301; 441.710; 441.530)  
(Companion document to CBAS Waiver STCs 95(c) and 96(c))

### Centers for Medicare and Medicaid Services (CMS)

CMS Reference Documents on Home and Community-Based Services

CMS Exploratory Questions to Assist States in Assessment of Non-Residential Home and  
Community-Based Service (HCBS) Settings

CMS Q&A (companion document to CMS Exploratory Questions for Non-Residential  
Settings)

CMS Statewide Transition Plan Toolkit for Alignment with the Home and Community-Based  
Services (HCBS) Final Regulation's Setting Requirements (9/5/14)

HCBS Basic Element Review Tool for Statewide Transition Plans

### HCB Settings Transition Plans

California's Statewide Transition Plan

State Transition Plan Timeline (19 Dec 14)

### Person-Centered Planning (NEW)

Guidance for Implementing Standards for Person-Centered Planning and Self-Direction in  
Home and Community-Based Services Programs

Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term  
Services and Supports (Refer to Essential Element #6: Person-centered Processes)

DHCS Duals Plan Letter 15-001: Interdisciplinary Care Team and Individual Care Plan  
Requirements for Medicare-Medicaid Plans

### Stakeholder Process

CMS Q&A regarding Public Notice and Comments

Common Issues, Model Comments, and State Samples for HCBS Transition Plans

DHCS Stakeholder Engagement Initiative **UPDATED**

Click on the above link to submit your public comments for California Statewide Transition  
Plan Draft Assessment Tools

Stakeholder Input Log

Outreach and Education

Flyer and Fact Sheet – Overview of HCB Settings Process

Flyer and Fact Sheet – Public Comment Process

### Work Tools

## Related Links



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If you are within California and are looking for services  
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call **1-800-677-1116**

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Programs & Services

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Additional Resources

Contact CDA

CMS Exploratory Questions (completed) 

Outline for DRAFT CBAS Transition Plan (with input from April 23 Stakeholder Meeting) 

Updated June 10, 2015

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Home | ProgramsProviders | ADHC-CBAS | HCB Settings Stakeholder Process | Meetings

## Meetings

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The meetings will take place in Sacramento and via webinars for remote participation.

If attending in person, no RSVP is required. The meetings will be held at the California Department of Aging, 1300 National Drive, Suite 200, Sacramento, CA 95834. If you require special accommodations, we request that you contact the CBAS Branch at (916) 419-7545 no later than five working days prior to each meeting.

If participating via webinar, you may register at the links provided below.

Date	Time	Subject (Click on link(s) below to access meeting materials)	Webinar Link
February 24, 2015	2 - 5 PM	Kick Off	Register for Webinar
March 17, 2015	2 - 5 PM	Plan Development	Register for Webinar
April 23, 2015	2 - 5 PM	Plan Development	Register for Webinar
May 19, 2015	2 - 5 PM	Release of <i>Draft CBAS HCB Settings Transition Plan</i>	Register for Webinar
July 8, 2015	2 - 5 PM	Review of revised <i>Draft CBAS HCB Settings Transition Plan</i> for Inclusion in the <i>California Statewide Transition Plan</i>	Register for Webinar

Updated June 12, 2015

## Related Links



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If you are within California and are looking for services call **1-800-510-2020**  
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## Stakeholder Engagement Initiative

Welcome to the **Stakeholder Engagement Initiative!**

This page has been created to serve as the single point of access for all stakeholder information. To receive relevant updates on department program initiatives or new projects for which stakeholder input is desired, sign up for the [DHCS Stakeholder Announcements](#).

Do you want to get involved? Not sure where to start?

Contact us at [DHCSGetInvolved@dhcs.ca.gov](mailto:DHCSGetInvolved@dhcs.ca.gov).

We'll help you connect with groups that match your policy interests.

### Background

DHCS is committed to effective stakeholder engagement. Together we can improve Medi-Cal and fulfill the vision of the Triple Aim of improving patient experience of care, health outcomes and reducing overall costs. Your input and participation is essential to help us achieve our mission, vision, and core values, to ensure that policy and operational decisions are developed with the best available information.

DHCS will take a multi-phase approach in evaluating and redeveloping the current stakeholder processes. Please read the [DHCS Stakeholder Engagement Initiative \(PDF\)](#), which provides a summary of our efforts as well as a general overview of the actions the department plans to undertake as part of this process.

### Stakeholder Survey

DHCS launched the Stakeholder Engagement process with a Stakeholder Survey, administered from September 5-26, 2014, with 14 questions about ongoing and future DHCS stakeholder engagement efforts. The department received 139 responses, all of which have been reviewed and shared across the department. From those responses, the department gathered common themes of recommendations for areas of improvement. As a result, DHCS has implemented a department-wide protocol to implement best practices across all DHCS stakeholder groups. The initial series of changes include prompt calendaring of public stakeholder meetings on the external calendar, development of websites for all stakeholder efforts with agendas and meeting material, and posting meeting materials in advance. DHCS is planning additional changes to internal processes, such as standards for meeting summaries and action item follow-up, once we have consistently implemented these initial changes. DHCS will also be encouraging discussion about survey results in our various stakeholder meetings in 2015.

A Summary of Results and the complete survey responses with all comments can be accessed below.

[Summary of Results](#)

[Stakeholder Engagement Survey with Questions and Responses](#)

DHCS commits to seek, receive and actively consider stakeholder recommendations while continuously improving a consistent feedback mechanism. We look forward to our continued work with stakeholders to help us continue improving the Medi-Cal program to best meet the needs of beneficiaries.

### Stakeholder Meetings and Engagement Resources

For a schedule of stakeholder meetings, please look at the calendar of events or select from one of the lists below for more information on specific meetings or events.

[List of Stakeholder Engagement, by subject](#)

[List of Stakeholder Engagement, alphabetical order](#)

[List of Stakeholder Communication Updates](#)

## Contact Us

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Contact us: [DHCSGelinvolved@dhcs.ca.gov](mailto:DHCSGelinvolved@dhcs.ca.gov).

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## DHCS Calendar of Events

Below are some of the scheduled events for the current year hosted (or attended) by the Department of Health Care Services.

[Jan](#) | [Feb](#) | [Mar](#) | [Apr](#) | [May](#) | [Jun](#) | [Jul](#) | [Aug](#) | [Sept](#) | [Oct](#) | [Nov](#) | [Dec](#)

### January 2015

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- 01/05 Medi-Cal Children's Health Advisory Panel
- 01/05 Waiver Advisory Group for the Drug Medi-Cal - Organized Delivery System
- 01/07 1115 Waiver Renewal - Workforce Expert Stakeholder Workgroup
- 01/07 Behavioral Health Forum
- 01/12 1115 Waiver Renewal - Safety Net Financing (DSH/SNCP Bundled Payments) Expert Stakeholder Workgroup
- 01/13 1115 Waiver Renewal - DSRIP 2.0 Expert Stakeholder Workgroup
- 01/14 1115 Waiver Renewal - Housing/Shelter Expert Stakeholder Workgroup
- 01/16 January CCI Stakeholder Meeting
- 01/22 Behavioral Health Treatment Stakeholder Meeting
- 01/22 Medi-Cal Dental Advisory Committee (MDAC) meeting
- 01/23 Affordability and Benefit Program Stakeholder Meeting
- 01/23 CCS Redesign Stakeholder Advisory Meeting
- 01/23 1115 Waiver Renewal - MCO/Provider Incentives Expert Stakeholder Workgroup
- 01/26 1115 Waiver Renewal - DSRIP 2.0 Expert Stakeholder Workgroup
- 01/28 1115 Waiver Renewal - Housing/Shelter Expert Stakeholder Workgroup
- 01/30 1115 Waiver Renewal - Federal/State Shared Savings Expert Stakeholder Workgroup
- 01/30 Long-Term Services and Supports (LTSS) Advisory Committee Meeting

### February 2015

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- 02/03 1115 Waiver Renewal - DSRIP 2.0 Expert Stakeholder Workgroup
- 02/09 DHCS Family Planning Stakeholder Meeting
- 02/11 DHCS Stakeholder Advisory Committee
- 02/12 AB 1296 & Eligibility Expansion Stakeholder Workgroups
- 02/12 Los Angeles Stakeholder Meeting
- 02/13 Drug Medi-Cal Organized Delivery System Waiver Advisory Group
- 02/19 Behavioral Health Treatment Stakeholder Meeting – Cancelled
- 02/19 Governor's Prevention Advisory Council (GPAC)
- 02/19 Coordinated Care Initiative (CCI) Stakeholder Call
- 02/20 Affordability and Benefit Program Stakeholder Meeting
- 02/23 SB1004/Palliative Care Stakeholder Meeting
- 02/24 LEA Medi-Cal Billing Option Program Stakeholder Meeting
- 02/24 CBAS Home and Community-Based Settings Stakeholder Process
- 02/27 EPSDT Stakeholder Advisory Committee Meeting

## March 2015

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- 03/02 1915(b) SMHS Waiver Renewal
- 03/02 Driving Under the Influence Advisory Group
- 03/03 1115 Waiver Renewal - Safety Net Financing (DSH/SNCP Bundled Payments) Expert Stakeholder Workgroup
- 03/03 Medi-Cal Tribal and Indian Health Program Designee Annual Meeting
- 03/04 Data Symposium on High Utilizers of Medi-Cal Services
- 03/10 1115 Waiver Renewal IHSS Provider Training Proposal Stakeholder Meeting
- 03/12 Managed Care Advisory Group Meeting
- 03/17 CBAS Home and Community-Based Settings Stakeholder Process
- 03/18 Medi-Cal Children's Health Advisory Panel
- 03/18 Narcotic Treatment Programs Advisory Committee
- 03/18 Superior Systems Waiver Renewal Stakeholder Meeting
- 03/18 DHCS Stakeholder Webinar - 1115 Waiver Renewal Application
- 03/19 Behavioral Health Treatment Stakeholder Meeting
- 03/20 Affordability and Benefit Program Stakeholder Meeting
- 03/20 CCS Redesign Stakeholder Advisory Meeting
- 03/23 Drug Medi-Cal Organized Delivery System Waiver Advisory Group
- 03/25 March 2015 Coordinated Care Initiative (CCI) Stakeholder Update - Register

## April 2015

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- 04/01 LEA Medi-Cal Billing Option Program Stakeholder Meeting
- 04/02 Denti-Cal Stakeholder Committee
- 04/06 Behavioral Health Forum
- 04/08 DMC Rate Setting Meeting
- 04/08 CCS Title V Needs Assessment 2015 Action Plan Stakeholder Workgroup #1: Organization of Services
- 04/09 Los Angeles Stakeholder Meeting
- 04/09 CCS Title V Needs Assessment 2015 Action Plan Stakeholder Workgroup #3: Transition
- 04/13 Palliative Care and SB 1004
- 04/14 CCS Title V Needs Assessment 2015 Action Plan Stakeholder Workgroup #3: Transition
- 04/15 DHCS Webinar to Review Concept Paper Draft Version 2.0 for ACA Section 2703 Health Homes
- 04/16 Superior Systems Waiver Renewal Stakeholder Meeting
- 04/16 CCS Title V Needs Assessment 2015 Action Plan Stakeholder Workgroup #1: Organization of Services
- 04/16 CCS Title V Needs Assessment 2015 Action Plan Stakeholder Workgroup #4: Improve Access
- 04/17 AB 1296 Meeting
- 04/21 Behavioral Health Services Growth Special Account
- 04/21 Medi-Cal Dental Services Division Stakeholders
- 04/22 Coordinated Care Initiative Stakeholder Update Call April 2015
- 04/23 Behavioral Health Treatment Stakeholder Meeting
- 04/23 CBAS Home and Community-Based Settings Stakeholder Process
- 04/24 Affordability and Benefit Program Stakeholder Meeting
- 04/28 Medi-Cal Children's Health Advisory Panel

## May 2015

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- 05/07 Interagency Prevention Advisory Council (IPAC)
- 05/11 DHCS Family Planning Stakeholder Meeting
- 05/15 SUD Cost Report Training Webinar
- 05/18 SUD Cost Report Training Webinar
- 05/19 SUD Cost Report Training Webinar
- 05/19 CBAS Home and Community-Based Settings Stakeholder Process

- 05/20 DHCS Stakeholder Advisory Committee
- 05/21 Coordinated Care Initiative Stakeholder Update Call May 2015
- 05/22 Behavioral Health Treatment Stakeholder Meeting
- 05/22 Affordability and Benefit Program Stakeholder Meeting -- Cancelled
- 05/22 Medi-Cal Children's Health Advisory Panel
- 05/26 Release of Performance Outcomes System (POS) System Plan
- 05/28 Drug Medi-Cal Organized Delivery System Conference Call
- 05/29 CCS Redesign Stakeholder Advisory Meeting

### June 2015

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- 06/03 LEA Medi-Cal Billing Option Program Stakeholder Meeting
- 06/04 New Versions of the Medi-Cal Disclosure Statement and Rendering Provider Application/Disclosure Forms
- 06/05 SB 1004/Palliative Care
- 06/10 DMC Emergency Regulation Stakeholder meeting
- 06/11 Managed Care Advisory Group Meeting
- 06/11 Los Angeles Stakeholder Meeting
- 06/18 Behavioral Health Treatment Stakeholder Meeting
- 06/19 Affordability and Benefit Program Stakeholder Meeting
- 06/22 CCS Redesign Stakeholder Advisory Meeting

### July 2015

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- 07/06 Behavioral Health Forum
- 07/08 CBAS Home and Community-Based Settings Stakeholder Process
- 07/16 Medi-Cal Children's Health Advisory Panel
- 07/16 Interagency Prevention Advisory Council (IPAC)
- 07/17 CCS Redesign Stakeholder Advisory Meeting
- 07/22 DHCS Stakeholder Advisory Committee

### August 2015

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- 08/13 Los Angeles Stakeholder Meeting
- 08/20 DHCS Family Planning Stakeholder Meeting

### September 2015

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- 09/01 CBAS Home and Community-Based Settings Stakeholder Process
- 09/10 Managed Care Advisory Group Meeting
- 09/10 Medi-Cal Children's Health Advisory Panel
- 09/30 Behavioral Health Forum

### October 2015

---

- 10/05 DHCS Stakeholder Advisory Committee
- 10/08 Los Angeles Stakeholder Meeting
- 10/15 Interagency Prevention Advisory Council (IPAC)
- 10/26 DHCS Substance Use Disorder Statewide Conference
- 10/27 DHCS Substance Use Disorder Statewide Conference

### November 2015

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- 11/09 DHCS Family Planning Stakeholder Meeting
- 11/16 Medi-Cal Children's Health Advisory Panel

## December 2015

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12/10 Managed Care Advisory Group Meeting

12/10 Los Angeles Stakeholder Meeting

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# CBAS/ADHC - Community-Based Adult Services/Adult Day Health Care

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1115 Bridge to Reform Waiver - CMS Approved CBAS Amendment

Program Overview

Program Narratives and Statistical Fiscal Fact Sheets

Program Requirements

Center Listing

Forms & Instructions *(New Forms Available)*

Training

Archives

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 **CBAS Dashboard**  
Learn more about CBAS Centers, participant characteristics, and CDA oversight

**HCB Settings Stakeholder Process**  
Learn more about the process to develop a Home and Community-Based Settings CBAS transition plan

 **All Center Letters**  
Learn more about the latest CBAS Center notifications and announcements

**Links to External Resources**  
Learn more about additional resources available to CBAS providers



Updated April 1, 2015



## Past CBAS Updates

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05/13/2015 - [CBAS Updates, May 2015](#)

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04/20/2015 - [CBAS Updates, April 2015](#)

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04/15/2015 - [Upcoming 4/23/15 CBAS HCB Settings Stakeholder Meeting](#)

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03/16/2015 - [3/17/15 CBAS HCB Settings Stakeholder Meeting Reminder](#)

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03/09/2015 - [HCB Settings Stakeholder Process Updates](#)

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02/17/2015 - [CBAS Updates, February 2015](#)

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12/24/2014 - [December 2014 CBAS Updates](#)

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11/19/2014 - [Welcome to CBAS Updates](#)

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# CBAS Updates

November 2014

## Welcome to *CBAS Updates*

The California Department of Aging (CDA) is pleased to introduce our new format for sharing news of interest to the CBAS stakeholder community. You have received this notice today because:

- You are a CBAS provider; or
- You are a stakeholder who signed up to receive information during the CBAS waiver amendment process.\*

If you are a CBAS provider, you will automatically receive future copies of *CBAS Updates*. If you are **not** a CBAS provider and wish to receive future copies of *CBAS Updates*, click the link below or sign up via the "[Subscribe to Receive CBAS Updates](#)" button on the CDA [website](#). We hope you find this CBAS newsletter informative. Our goal is to share information of relevance to the CBAS provider and stakeholder community in a clear and brief manner. We welcome your feedback and suggestions to help us accomplish our goal.

\*CDA will discontinue sending notices via the current CBAS stakeholder distribution list until approval of the CBAS Waiver Amendment by CMS. Stakeholders wishing to continue receiving updates on the CBAS program may sign up to receive *CBAS Updates*.

## CBAS Waiver Amendment

The CBAS benefit under the California Bridge to Reform (BTR) Section 1115(a) Medicaid Demonstration Waiver (BTR 1115 Waiver) was extended until November 30, 2014 by the Centers for Medicare and Medicaid (CMS). The California Department of Health Care Services (DHCS) and CDA anticipate an approval by CMS by the end of

November 2014. Additional information about the grant and waiver process is available on the [Stakeholder Process](#) section of the CDA website.

**SAVE THE DATE:** A tentative webinar to review the approved document is scheduled on December 2, 2014. See the **WEBINARS** section below for specifics.

### **Funding Opportunity**

The Archstone Foundation has announced the release of the *Care Partners: Bridging Families, Clinics, and Communities to Advance Late-Life Depression Care* Request for Proposals (RFP) for non-profit 501(c)(3) Community-Based Organizations (CBOs), such as Community-Based Adult Services (CBAS). To learn more about this funding opportunity, access the Archstone Foundation [website](#). Letters of Inquiry are due by **January 16, 2015**.

### **CBAS Rural Transition**

CBAS will become a Medi-Cal managed care benefit effective December 1, 2014 in the following rural counties: Butte, Imperial, Humboldt, Shasta. All CBAS participants in those counties who are eligible to enroll in Medi-Cal managed care and wish to continue receiving CBAS will be required to join a Medi-Cal managed care plan. With the December 1<sup>st</sup> transition, all currently operating CBAS centers in 26 counties will provide services in partnership with managed care plans.

### **Reminders**

Remember that all CBAS centers must maintain a current Participant Characteristics Report (PCR) at all times, available to CDA upon request. The next semi-annual submission is due **January 10, 2015**. See the **WEBINARS** section below for an upcoming training on this topic.



#### **WEBINARS**

CBAS Waiver Approval  
(Pending)

Tuesday, December 2,  
2014

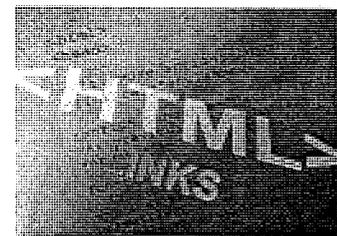
3:00 PM - 4:30 PM PDT



**CBAS Statistics**

Visit the CBAS

Dashboard to view the latest updates on center data and new content on languages spoken at centers. August 2014



For the latest updates on the Coordinated Care Initiative (CCI), visit the [CalDuals](#) website.

For more information on CCI and how to protect

Register  
CBAS Participant  
Characteristics Report  
(PCR) Training  
Tuesday, December 9,  
2014  
2:00 PM - 3:30 PM PDT  
Register

center enrollment data is  
now available.

Center Overview  
Distribution of Centers  
Participant Characteristics  
CDA Oversight

the rights of low income  
adults, visit the NSCLC  
website.

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**Contact us:**

Email: [CBAScda@aging.ca.gov](mailto:CBAScda@aging.ca.gov)

Phone: 916.419.7546 Fax: 916.928.2507

Mail: Community-Based Adult Services Branch  
1300 National Drive, Suite 200  
Sacramento, CA 95834

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# CBAS Updates

December 2014

## Happy Holidays from the CDA CBAS Branch

Before we say goodbye to 2014 and set our sights on 2015, we want to thank everyone in the CBAS stakeholder community who helped to develop the CBAS Waiver Amendment and ensure its approval effective December 1, 2014. Still more thanks for your help setting a course for future CBAS program activities – follow this [link](#) to a list of future workgroup efforts developed during the CBAS Stakeholder Process.

The coming year will be a busy one, with implementation of new Waiver requirements, including the Home and Community Based Settings (HCBS) stakeholder process slated to begin in February (more below). We look forward to working with the many providers, managed care plans, beneficiaries, advocates, and interested parties of all kinds who are willing to share their wisdom and energy to make CBAS the best it can be. You know who you are. Take a bow.

2015 here we come!

## CBAS Waiver Amendment Approval and Next Steps

The Centers for Medicare & Medicaid Services (CMS) approved the CBAS Waiver Amendment under California's Bridge to Reform Demonstration Waiver effective

December 1, 2014. This approval enables the state to continue providing the CBAS benefit to eligible Medi-Cal beneficiaries through managed care plans or fee-for-service for beneficiaries exempt from managed care.

### ***Noteworthy Changes***

Several new Waiver requirements have significant implications for CBAS providers and managed care plans, including new rules for contracting, reimbursement rates and methodologies, and care coordination.

Another major change is that CBAS centers must comply with the federal Home and Community-Based Settings (HCBS) Rule, which, among other things, includes person-centered service planning reflecting individual preferences and goals.

### ***Webinar and Related Materials***

The California Department of Health Care Services (DHCS) and California Department of Aging (CDA) held a joint webinar on December 2, 2014, to discuss the CBAS Waiver Amendment and its implications for providers, managed care plans and beneficiaries. The webinar slides, recording and referenced CBAS Waiver documents are posted on the [CDA website](#).

### ***Upcoming Stakeholder Process***

DHCS and CDA will conduct a series of Stakeholder meetings beginning in February 2015 to develop a CBAS HCBS Transition Plan to be submitted to CMS by September 1, 2015. The stakeholder process will include revising the CBAS Individual Plan of Care (IPC) to incorporate person-centered planning principles.

### ***New Center Applicant Pre-Screening***

CDA has posted a brief document outlining the much anticipated pre-screening process for prospective CBAS center applicants. This document is available on the [CDA website](#). DHCS and CDA will provide more information on the pre-screening and application processes in January 2015.

### ***Participant Characteristics Report (PCR)***

The vital data points transmitted in the PCR are used for program monitoring and reporting. Some of these data points are posted on the [CBAS Dashboard](#).

Providers can access the PCR form, instructions, and additional training material at the links below:

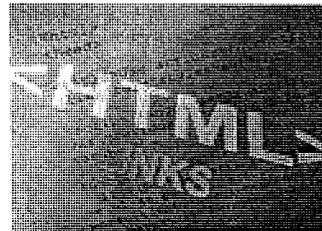
- [PCR Form](#)
- [PCR Instructions](#)
- [PCR FAQ Document](#)
- [PCR Training](#)

The next semi-annual submission is due **January 10, 2015**.

***Remember, the PCR should only be transmitted to CDA via the secure e-mail you receive from our Branch.***



**CBAS Statistics**



**WEBINARS**

Incident Report and Discharge Summary Reporting  
Wednesday, January 28, 2015  
2:30 PM - 4:00 PM PDT  
[Register](#)

Visit the CBAS Dashboard to view the latest updates on center data. September 2014 center enrollment data is now available.

- [Center Overview](#)
- [Distribution of Centers](#)
- [Participant Characteristics](#)
- [CDA Oversight](#)

Additional information about the HCBS Rule is available on the [Medicaid](#) and [CMS](#) websites.

For more information about Person-Centered Planning, [click here](#).

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*Email:* [CBAScda@aging.ca.gov](mailto:CBAScda@aging.ca.gov)  
*Phone:* 916.419.7545 *Fax:* 916.928.2507  
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# CBAS Updates

February 2015

## February is Here...

And it's a busy time for CBAS. Seems it's pretty much always a busy time for CBAS!

The main activity we will turn our attention to this month is the kick-off of the CBAS Home and Community-Based (HCB) settings stakeholder process. More detail is below and much more will follow in the coming weeks and months. We invite everyone who has an interest or *stake* in CBAS to join in this very important conversation. The Department of Health Care Services (DHCS) and California Department of Aging (CDA) commit to making this upcoming CBAS HCB settings stakeholder process an open, responsive, and productive one.

Also on the agenda for February, CDA and DHCS continue to develop the new CBAS center pre-screening and application processes, forms, and resources which we anticipate posting on the CDA website in the coming weeks.

February holds in store also the usual CBAS Branch business, including staff monitoring of CBAS centers around the State, assisting CBAS providers with all

manner of licensing and certification activities, application processing, and working with providers on new processes and forms for participant characteristics, discharge, and incident reporting.

Don't forget take a look at the CBAS Dashboard on the CDA website. Once we review and perform data validation of CBAS provider reports, we load the Dashboard with interesting program and participant statistics.

As always, there's lots of CBAS work to be done and collaboration needed to do it. Good thing we have a strong and active CBAS stakeholder community!

## **Stakeholder Process**

The Centers for Medicare & Medicaid Services (CMS) added requirements to the CBAS provisions of the recently approved 1115 Waiver, specifying that "the state will engage in a CBAS stakeholder process to amend the HCB settings statewide transition plan. . ." The amended plan is due to CMS by September 1, 2015. The plan must ensure that CBAS settings comply with the new federal rules by March 2019, including those for person-centered care.

To begin this stakeholder process, the California Department of Aging (CDA) and the Department of Health Care Services (DHCS) have scheduled a kick-off meeting and webinar for Tuesday, February 24, 2015, from 2:00 to 5:00 PM. Please see the link in the "Webinars" section below and share the link with others you believe may be interested in participating. Most important, please join us and help in this effort. And stay tuned to the CDA [website](#) for postings about future meetings/webinars and key documents and information related to this stakeholder process.

Those wishing to attend the meeting in person are welcome. No RSVP is required for those wishing to attend the meeting in person. If you have any questions or need special accommodations, please call the CBAS Branch at (916) 419-7545 by Wednesday, February 18, 2015. The meeting location is as follows:

California Department of Aging  
1300 National Drive, Suite 200  
Sacramento, CA 95834-1992

## **Discharge and Incident Report Requirements and Training**

On January 28, 2015, CDA provided training on the new discharge and incident forms and reporting requirements. Links to the training webinar recording and the new standardized *CBAS Discharge Summary Report* (CDA 4008) and *CBAS Incident Report* (CDA 4009) and instructions are available on the CDA website at the links

below:

- [Webinar Recording](#)
- [Forms and Instructions](#)

## Participant Characteristics Report (PCR)

We are currently reviewing all PCR submissions from January 2015 and are working closely with providers to ensure the accuracy of the information submitted. We hope to publish new and exciting data points from this latest submission sometime in Spring 2015. You may access previous PCR data [here](#).

## Suicide Prevention Webinar Series

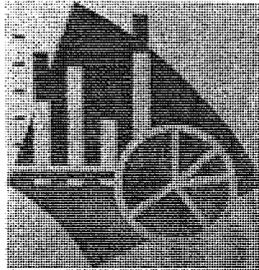
CBAS center participants may be at risk for suicide due to their medical, mental health, functional and socio-demographic status. Therefore, it is important that all staff at CBAS centers be aware of the risk factors, signs and symptoms associated with suicide, including prevention and intervention resources.

In February 2014, the National Action Alliance for Suicide Prevention released ***A Prioritized Research Agenda for Suicide Prevention: An Action Plan to Save Lives***. The ***Prioritized Research Agenda*** is organized around the following six key questions, each of which will be addressed in a series of free webinars sponsored by the [National Council for Behavioral Health](#) in collaboration with the Action Alliance and the National Institute of Mental Health.

- January 29: Why do people become suicidal? [Archived](#)
- February 24: How can we better detect/predict suicide risk?
- April 2: What interventions prevent suicidal behavior?
- April 29: What are the most effective services to treat and prevent suicidal behavior?
- May 27: What suicide interventions outside of health care settings reduce risk?
- June 24: What research infrastructure do we need to reduce suicidal behavior?

For more information and to register for the webinar series, visit the National Council's [website](#).

More suicide prevention and intervention resources are provided in the "Links" section below.



**CBAS Statistics**



**WEBINARS**

HCB Settings  
Stakeholder Kick-Off Meeting  
Tuesday, February 24, 2015  
2:00 PM - 5:00 PM  
[Register](#)

Visit the CBAS Dashboard to view the latest updates on center data. November 2014 center enrollment data is now available.

- [Center Overview](#)
- [Distribution of Centers](#)
- [Participant Characteristics](#)
- [CDA Oversight](#)

[Suicide Prevention Resource Center](#)

[SAFE-T \(Suicide Assessment\)](#)

[Safety Planning Guide](#)

[Patient Safety Plan Template](#)

[National Suicide Prevention Lifeline](#)

[Substance Abuse Mental Health Services Administration](#)

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Email: [CBAScda@aging.ca.gov](mailto:CBAScda@aging.ca.gov)  
Phone: 916.419.7545 Fax: 916.928.2507

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# CBAS Home and Community-Based (HCB) Settings Updates

**March 2015**

Dear CBAS HCB Settings Stakeholders and CBAS Providers,

The next CBAS HCB Settings Stakeholder meeting is scheduled for **March 17, 2015, from 2 – 5 PM**, and will focus on person-centered planning in the CBAS setting. Please join us for this important discussion on how CBAS currently supports participant choice and participation in care and what opportunities exist to further promote person-centered care in the CBAS setting.

You may join the meeting in person or via webinar for remote participation.

### Attending in Person

California Department of Aging  
1300 National Drive, Suite 200  
Sacramento, CA 95834

No RSVP required. If you require special accommodations, we request that you contact the CBAS Branch at (916) 419-7545 no later than March 10, 2015.

### Attending via Webinar

You may register for the webinar by following this [link](#).

### Additional Instructions

- Choose "Mic and Speakers" options on the webinar control panel to participate through your computer speakers/microphone or a headset.
- If unavailable, connect to the webinar, choose "Telephone" option on the webinar panel and dial the number displayed on the screen.
- If you do not have access to a computer and cannot attend in person, but would still like to listen to the webinar, contact the CBAS Branch at (916) 419-7545 for assistance.

### **February 24, 2015 Kick Off Meeting Materials**

The following materials from the February 24, 2015 stakeholder meeting are now available on the CDA website. Please follow the links below to access this information.

- [Webinar Slides](#)
- [Webinar Recording](#)
- [CMS Exploratory Questions](#)
- [Outline for CBAS Transition Plan](#)

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Dear CBAS HCB Settings Stakeholders and CBAS Providers,

Please remember to register for the next CBAS HCB Settings Stakeholder meeting scheduled for tomorrow, **March 17, 2015, from 2 – 5 PM**. The meeting will focus on person-centered planning in the CBAS setting.

You may register for the webinar by following this [link](#). We will email all registrants a copy of the slides before the webinar.

Additional information is available on the [HCB Settings Stakeholder Process](#) section of the CDA Website.

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*Phone:* 916.419.7545 *Fax:* 916.928.2507

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# CBAS Home and Community-Based (HCB) Settings Updates

April 2015

Dear CBAS HCB Settings Stakeholders and CBAS Providers,

The next CBAS HCB Settings Stakeholder meeting is scheduled for **April 23, 2015, from 2 – 5 PM**. This will be the final discussion prior to release of the Draft CBAS HCB Settings Transition Plan.

You may join the meeting in person or via webinar for remote participation.

### Attending in Person

California Department of Aging  
1300 National Drive, Suite 200  
Sacramento, CA 95834

No RSVP required. If you require special accommodations, we request that you contact the CBAS Branch at (916) 419-7545 no later than April 20, 2015.

### Attending via Webinar

You may register for the webinar by following this [link](#).

#### Additional Instructions

- Choose "Mic and Speakers" options on the webinar control panel to participate through your computer speakers/microphone or a headset.
- If unavailable, connect to the webinar, choose "Telephone" option on the webinar panel and dial the number displayed on the screen.
- If you do not have access to a computer and cannot attend in person, but would still like to listen to the webinar, contact the CBAS Branch at (916) 419-7545 for assistance.

#### March 17, 2015 Meeting Materials

The following materials from the March 17, 2015 stakeholder meeting are now available on the CDA website. Please follow the links below to access this information.

- [Webinar Slides](#)
- [Webinar Recording](#)

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*Phone:* 916.419.7545 *Fax:* 916.928.2507

*Mail:* California Department of Aging  
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# CBAS Updates

April 2015

## What's Up With April?

Answer - A lot! Here are just a couple noteworthy activities:

### ***Continuation of the CBAS Home and Community-Based Settings Stakeholder Process***

We meet one final time prior to release of the DRAFT CBAS HCB Settings Transition Plan on May 19th. Share your thoughts during the meeting/webinar if you'd like to participate in shaping the Plan before it's drafted and released for official public comment. More information and links below.

### ***CAADS Annual Spring Conference – April 29, 30, and May 1, Berkeley***

The theme of this year's conference is "Partnering for Success." CDA and DHCS will join our CAADS partners to present updates at this important event. It's a great opportunity for state representatives to share information and to meet and hear from all of you. We look forward to spending time with CBAS providers, managed care plans, and all who attend.

Read on to learn about other CBAS news and upcoming events. Be sure to check out highlighted links to access resources and other information you need to stay up-to-date.

Happy Spring! Don't forget to smell the flowers.

## **CBAS HCB Settings Stakeholder Process News**

The next meeting will be April 23, 2-5 p.m.. This will be the final discussion prior to release of the Draft CBAS HCB Settings Transition Plan. Please [join us](#).

As discussed in the March 17th meeting, in the coming months CDA and DHCS will convene two work groups – one to revise the CBAS Individual Plan of Care (IPC) and one to develop a CBAS Quality Strategy. More about the work groups to be discussed during the April 23rd meeting.

We appreciate stakeholder comments during and between meetings. Please keep them coming. Check out what others are saying in the [Stakeholder Log](#).

The following materials from the March 17th stakeholder meeting are now available on the CDA website. Please follow the links below to access:

- [Webinar Slides](#)
- [Webinar Recording](#)

## **CBAS Participant and Family/Caregiver Outreach and Engagement**

CDA and DHCS want to ensure that CBAS participants and their families, caregivers or their authorized designees are aware of the new federal Home and Community Based (HCB) Settings requirements that impact CBAS, and that they have an opportunity to participate in the CBAS Stakeholder Process currently underway.

Anyone can participate through meetings (in-person, by telephone or computer) and by submitting comments or questions to the CBAS Branch (by e-mail, mail, or telephone).

CDA and DHCS ask that CBAS providers share information about the CBAS HCB Settings Stakeholder Process with participants and their families, caregivers or authorized designees and encourage them to participate. To assist providers, we have developed a Flyer and Fact Sheet that can be posted and distributed at the center. The

Flyer and Fact Sheet are available as an attachment to [All Center Letter 15-03](#) on the CDA website.

We ask that providers use these tools to start the conversation about federal HCB setting requirements and person-centered planning that will impact CBAS care planning, service delivery, and quality of care. We hope that participants and their families, caregivers or authorized designees will join the conversation at upcoming meetings or by sending their comments. Click [here](#) to access information on upcoming meetings.

## Reporting Requirements

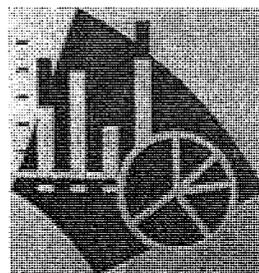
Beginning in December 2014, the CBAS Branch implemented several new/revised reporting requirements for reporting participant characteristics (PCR) (CDA CBAS 293), discharge summaries (CDA 4008), and incident reports (CDA 4009). Branch staff is working with each provider to identify and correct errors, and to obtain delinquent reports. Some of the common reporting errors include the following:

- Reports not submitted
- Report submitted on modified forms
- Reports submitted on old forms
- Incomplete reports with blank fields
- Over-reporting (e.g., sending Discharge or Incident Reports when not required)
- Not following provided definitions

The forms, training, instructions, and other helpful material can be accessed on the [Training](#) and [Reporting Requirements](#) sections of the CDA website. All providers should be familiar with these reporting requirements and follow the provided instructions.

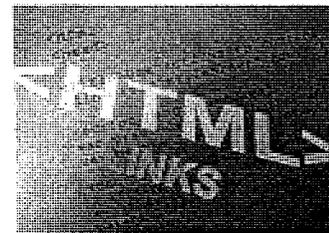


**WEBINARS**  
HCB Settings



**CBAS Statistics**

Visit the CBAS  
Dashboard to view the



DHCS Letters to  
Managed Care Plans

Stakeholder  
Plan Development  
Meeting  
Thursday, April 23, 2015  
2:00 PM - 5:00 PM  
[Register](#)

latest updates on center  
data. January  
2015 center enrollment  
data is now available.

that Relate to CBAS

[Continuity of Care](#)

[Care Plan Requirements](#)

[Center Overview](#)

[Distribution of Centers](#)

[Participant Characteristics](#)

[CDA Oversight](#)

[Care Coordination](#)

Person-Centered Care  
Planning  
Presented by Justice in  
Aging  
Wednesday, April 29,  
2015  
11:00 AM - 12:00 NOON  
[Register](#)

Suicide Prevention  
Presented by National  
Action Alliance for  
Suicide Prevention  
Wednesday, April 29,  
2015  
11:00 AM  
[Register](#)

## CONFERENCES

CAADS Conference,  
"State Update"  
Thursday, April 30, 2015  
Berkeley, CA  
[Additional Information](#)

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# CBAS Updates

May 2015

## CBAS HCB Settings Stakeholder Process News

The next meeting will take place on Tuesday, May 19, 2-5 p.m. Please [join us](#) for the release of the Draft CBAS HCB Settings Transition Plan and the opening of the public comment period which will last until June 22, 2015. The California Department of Aging (CDA) and Department of Health Care Services (DHCS) will review the Draft Plan, discuss the public comment process, and answer questions and address public comments raised at that time.

All public input will be documented, posted and made available to CMS by September 1, 2015, at the time California's Statewide Transition Plan is submitted to the Centers for Medicare & Medicaid Services (CMS).

More information will be available on the [Draft CBAS HCB Settings Transition Plan and Public Comment Process](#) section of the CDA website after the May 19th meeting.

Information about the federal requirements and the CBAS HCB Settings Stakeholder Process is available on the CDA website at this [link](#).

### ***Stakeholder Outreach Flyer and Fact Sheet***

CMS requires that all states: 1) inform interested stakeholders, particularly beneficiaries, about the HCB Setting federal requirements; and 2) notify stakeholders about how to participate in the development and implementation of compliance plans. CDA is reaching out to interested stakeholders to encourage participation in the CBAS HCB Settings Stakeholder Process/Meetings to develop the CBAS HCB Settings Transition Plan.

CDA and DHCS have developed a Flyer and Fact Sheet to assist CBAS center staff in providing information about the federal requirements and the CBAS Stakeholder Process/Meetings. We ask that CBAS providers post this Flyer and Fact Sheet, which include updated information about the upcoming public comment process, in a prominent place at the center, make copies available to participants and families/caregivers, and use these materials as the basis for conversations between participants, families/caregivers and CBAS staff.

### ***CBAS IPC Revision and Quality Strategy Work Groups***

As discussed in the April 23rd meeting, during the coming months CDA and DHCS will convene two work groups – one to revise the CBAS Individual Plan of Care (IPC) and one to develop a CBAS Quality Strategy. Many of you have already volunteered to participate in these workgroups. CDA encourages anyone wishing to participate who has not yet volunteered to provide us with your name and contact information. Please send us an email at [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov) or call us at (916) 419-7545 to express your interest in participating. We anticipate convening the first of several meetings in June.

### ***Stakeholder Comments/Feedback***

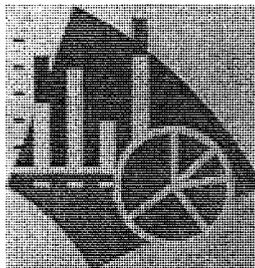
We appreciate stakeholder comments during and between meetings. Please keep them coming. You can read what others are saying in the Stakeholder Log.

You may submit comments during the upcoming May 19th Stakeholder Meeting (and via webinar if you will be participating online). You may also submit comments electronically or by mail to the CBAS Branch at CDA [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov) or 1300 National Drive, Suite 200, Sacramento, CA 95834. Contact CDA directly for further assistance at 916-419-7545.

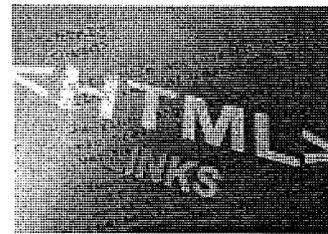
### ***April 23, 2015 Stakeholder Meeting Materials***

The following materials from the April 23rd stakeholder meeting are now available on the CDA website. Please follow the links below to access these materials:

- [Webinar Slides](#)
- [Webinar Recording](#)
- [CBAS Transition Plan Outline \(with input from the April 23rd Stakeholder Meeting\)](#)



**CBAS Statistics**



### **WEBINARS**

HCB Settings  
 Stakeholder  
 Draft Transition Plan  
 Release Meeting  
 Tuesday, May 19, 2015  
 2:00 PM - 5:00 PM

[Register](#)

Visit the CBAS  
 Dashboard to view the  
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 data. February  
 2015 center enrollment  
 data is now available.

[Center Overview](#)

[Distribution of Centers](#)

[Participant Characteristics](#)

[CDA Oversight](#)

Click [here](#) to access  
 the Person-Centered  
 Care Planning Issue  
 Brief and accompanying  
 Webinar by Justice in  
 Aging.

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**June 1, 2015**

Dear CBAS Home and Community-Based (HCB) Settings Stakeholders and CBAS Providers,

The California Department of Health Care Services (DHCS) has released and posted for stakeholder input the drafts of the On-Site Assessment and Provider Self Survey tools for both residential and non-residential settings. The 30-day public comment period for providing feedback on these tools began on Friday, May 22 and ends on Tuesday, June 30, 2015.

California's *Statewide Transition Plan* and the *Draft CBAS HCB Settings Transition Plan* (which will be integrated into California's Statewide Transition Plan) indicate that tools will be developed to assess and ensure that all HCB Settings comply with the Centers for Medicare and Medicaid Services' (CMS) HCB Settings requirements. The draft On-Site Assessment and Provider Self Survey will be used to determine the CBAS Program's compliance with the HCB Settings requirements for non-residential settings. Consequently, it is important that CBAS providers and other interested stakeholders provide DHCS with feedback on these draft tools before they are made final.

Please refer to the DHCS website for more information about these tools and the public comment process:

<http://www.dhcs.ca.gov/services/ltc/Pages/HCBSSstatewideTransitionPlan.aspx>

Contact the California Department of Aging CBAS Branch if you have any questions:  
(916) 419-7545 or [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov).

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# CBAS Updates

June 2015

## ***Let's Hear From You***

As June draws to a close and we approach the end of several months' work developing the Draft CBAS HCB Settings Transition Plan, we want to urge CBAS stakeholders one more time to participate in the public comment process currently underway (end date for comment is June 22, 2015). Tell us what you think – what works, what doesn't work, what changes you'd like to see. Whether it's thumbs up or thumbs down, we need to hear from you to ensure that our CBAS plan and our CBAS centers comply with the federal HCB Settings Regulations, the intent of which is to enhance the quality of home and community-based services and provide additional protections to individuals who receive these services. Tasks and timelines identified in the Plan will affect CBAS participants and providers for years to come.

You can find more information and links below. Thanks and we look forward to hearing from you.

## ***CBAS Home and Community-Based (HCB) Settings Stakeholder Process News***

The final in a series of five meetings/webinars that have been conducted since February 2015 will take place on Wednesday July 8th, from 2 to 5 p.m. Please join us for the release of the ***Revised Draft CBAS HCB Settings Transition Plan***, when the

California Department of Aging (CDA) and Department of Health Care Services (DHCS) will review the public comments submitted and discuss whether comments were or were not incorporated into the ***Revised Draft CBAS HCB Settings Transition Plan*** and the reasons why.

The public comment period for the Draft CBAS HCB Settings Transition Plan began on May 19th and will end on Monday, June 22nd. You may submit comments electronically, by mail or by phone to the CBAS Branch at CDA [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov) or 1300 National Drive, Suite 200, Sacramento, CA 95834. Contact CDA directly for further assistance at 916-419-7545.

Information about the CBAS HCB Settings Stakeholder Process, including a link to the Draft CBAS HCB Settings Transition Plan and public comment process, is available on the CDA website by clicking [here](#). To view the meeting minutes from the May 19, 2015 Stakeholder Meeting, click [here](#).

### ***California's Statewide Transition Plan Update***

California's Statewide Transition Plan will be amended to include the Revised Draft CBAS HCB Settings Transition Plan and will be posted on the DHCS website on Wednesday July 1st for a 30-day public comment period before it is submitted to the Centers for Medicare & Medicaid Services (CMS) by Friday August 14th. This public comment period will begin on Wednesday, July 1st and end Thursday, July 30th. CDA and DHCS encourage CBAS Stakeholders to provide comments on California's Statewide Transition Plan during the public comment period.

To assist stakeholders in commenting on HCB settings transition plans, the National Health Law Program has created the following document: [Common Issues, Model Comments & State Samples for HCBS Transition Plans: A Tool for Continued Advocacy from Comments on Draft and Final Plans Through Implementation Changes.](#)

Information about California's Statewide Transition Plan is posted on the DHCS website at this [link](#).

As a reminder, the California Department of Health Care Services (DHCS) released and posted for stakeholder input drafts of the On-Site Assessment and Provider Self Survey tools for both residential and non-residential settings. These tools will be used to assess and ensure that all HCB settings, including CBAS, comply with CMS' HCB Settings requirements. The 30-day public comment period for providing feedback on these tools began on Friday, May 22nd and ends on Tuesday, June 30th. Please refer to the DHCS website, [Statewide Transition Plan page](#), for more information.

**CBAS IPC Revision and Quality Strategy Work Groups**

CDA and DHCS will host a Kick-Off Webinar in July to convene two work groups – one to revise the CBAS Individual Plan of Care (IPC) and one to develop a CBAS Quality Strategy. Many of you have already volunteered to participate in these workgroups. CDA encourages anyone wishing to participate who has not yet volunteered to provide us with your name and contact information. Please send us an email at [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov) or call us at (916) 419-7545 if you would like to participate. The July Kick-Off Webinar will convene both work groups together.

**Training Opportunity on Person-Centered Care in Practice**

The California Association of Adult Day Services (CAADS) is offering a Special Training Day for ADS Care Team Members on Person-Centered Care in Practice presented by leading experts Beth Meyer-Arnold, RN, MS, and Lyn Geboy, PhD, from Cygnet Innovations Group LLC, Milwaukee, Wisconsin. This interactive workshop will cover the basics of Beth and Lyn's innovative model, PERSON-CENTERED CARE IN PRACTICE, and demonstrate tools for implementing positive, person-centered care practices in the adult day setting on Monday, June 29.

Space is limited. No on-site registrations will be accepted. For more information and to register contact CAADS at 916-552-7400 or download a registration form on the CAADS [website](#). Registration closes at 5:00 PM on Monday, June 22, 2015. See additional registration information in the *Upcoming Trainings and Events* section below.

**Participant Characteristics Report (PCR) Updates**

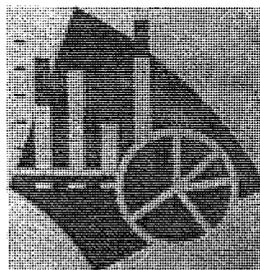
Earlier this month, staff at the California Department of Aging (CDA) concluded their review of the PCRs submitted by CBAS providers for participants served in December 2014. Throughout the review process, CDA staff contacted each center to review their report and to validate questionable data. Although CDA and providers subsequently corrected or resolved most issues with data accuracy, CDA still has concerns about the accuracy of some of the data reported. Concerns primarily stem from providers reporting some data fields in a manner that doesn't match definitions provided by CDA in the instructions.

CDA is currently in the process of aggregating the December 2014 PCRs and will post statewide totals on our website [Dashboard](#) soon.

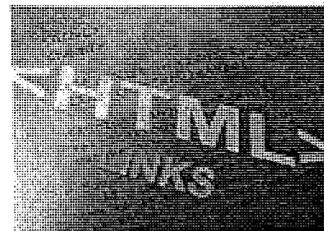
Additional information and resources for the PCR, including a new checklist designed to assist providers with preparation of the report, are available in [All Center Letter 15-06](#).

**Reminder: The next PCR submission for the June 1 – 30, 2015, reporting period**

is due by July 31, 2015.



**CBAS Statistics**



## WEBINARS

CBAS HCB Settings  
Stakeholder Meeting  
*Revised Draft Transition  
Plan Review*  
Wednesday,  
July 8, 2015  
2:00 PM - 5:00 PM  
[Register](#)

AARP Webinar,  
*Care Coordination in  
Managed Long Term  
Services and Supports*  
Wednesday,  
July 1, 2015  
10:00 - 11:00 AM  
[Register](#)

(Archived)  
Justice in Aging,  
*Just like Home: The  
Impact of the Federal  
HCBS Regulations on  
Older Adults*  
[Webinar Link](#)  
[Issue Brief Link](#)

## TRAINING

CAADS, On-Site  
Training

Visit the CBAS  
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latest updates on center  
data. March 2015 center  
enrollment data is now  
available.

[Center Overview](#)  
[Distribution of Centers](#)  
[Participant Characteristics](#)  
[CDA Oversight](#)

[California Healthier  
Living Coalition](#)

[National Institute of  
Health \(NIH\) Senior  
Health](#) (health and  
wellness information for  
older adults and their  
family members –  
videos, fact sheets on  
wide range of topics)

[National Association of  
States United for Aging  
and Disabilities  
\(NASUAD\)](#)  
o [HCBS  
Clearinghouse](#)

[Justice in Aging](#)  
o [New Federal Home  
and Community-Based  
Service Rule Resources](#)

*Person-Centered Care in  
Practice*

Monday, June 29, 2015

9:00 AM - 4:00 PM

Oakland, CA

[Register](#)

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**Contact us:**

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**CALIFORNIA  
DEPARTMENT OF AGING (CDA)**

**ACL #15-03**

**FAX Cover**

**TO: All Community-Based Adult Services (CBAS) Providers**

**FROM: CBAS Branch**

**DATE: April 17, 2015**

**SUBJECT: New Federal Home and Community-Based (HCB) Settings Requirements and Stakeholder Process**

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This fax is being sent to provide information to share with CBAS participants and their families, caregivers or authorized designees about the new federal Home and Community-Based (HCB) Settings requirements, and to encourage them to participate in the CBAS Stakeholder Process.

**For More Information:**

Access the CDA CBAS website at:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp)

Contact CDA at:

- ✓ Email – [CBAScda@aging.ca.gov](mailto:CBAScda@aging.ca.gov)
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- 

Number of pages (including this page) 5

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**ACL # 15-03**

Date: April 17, 2015

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: CBAS Branch

Subject: New Federal Home and Community-Based (HCB) Settings Requirements and Stakeholder Process

**Purpose**

This letter provides information for CBAS providers to share with CBAS participants and their families, caregivers or authorized designees (and anyone else interested in CBAS) about the new federal HCB Settings requirements that impact CBAS and to encourage them to participate in the CBAS HCB Settings Stakeholder Process/Meetings.

**Background**

The Centers for Medicare & Medicaid Services (CMS) have directed the California Department of Health Care Services (DHCS) and the California Department of Aging (CDA) to do the following:

- (1) Ensure that CBAS settings have all of the qualities required by the Home and Community-Based regulations and other such qualities determined to be appropriate based on the needs of the individual as indicated in their person-centered plan, and
- (2) Engage in a CBAS stakeholder process to develop a *CBAS Transition Plan* that will amend *California's Statewide Transition Plan* for submission to CMS by September 1, 2015, that will bring CBAS centers into compliance with these federal requirements by March 17, 2019.

Information about the federal requirements and the CBAS HCB Settings Stakeholder Process is available on the CDA website at:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/)

**Notification Requirements**

CMS requires that all states: 1) inform interested stakeholders, particularly beneficiaries, about these federal requirements; and 2) notify stakeholders as to how to participate in the development and implementation of compliance plans. CDA is sending this letter to encourage participation in the process to develop the CBAS HCB Transition Plan.

CDA and DHCS have developed the attached Flyer and Fact Sheet to assist CBAS center staff in providing information about the federal requirements and the CBAS Stakeholder Process/Meetings. Please post the Flyer and Fact Sheet in a prominent place in the center, make copies available for participants and families/caregivers, and use as the basis for conversations between participants, families/caregivers and CBAS staff.

***Flyer and  
Fact Sheet for  
Centers to  
Share***

CBAS providers are in a unique position to share this information with their center participants and families, caregivers and authorized designees. This is an opportunity for CBAS centers to hear from their participants about how to improve the quality of CBAS services to meet their needs and how to include them in the care planning process.

***Upcoming  
CBAS  
Stakeholder  
Meetings and  
Public  
Comment  
Periods***

CBAS Stakeholder Meetings and Public Comment Periods are scheduled as follows:

<u>Date/Time</u>	<u>Subject</u>
Thursday, April 23 2-5pm	<ul style="list-style-type: none"><li>• CBAS Transition Plan Development</li></ul>
Tuesday, May 19 2-5pm	<ul style="list-style-type: none"><li>• Release of Draft CBAS Transition Plan</li><li>• Start of 30-Day Public Comment Period on the CBAS Transition Plan</li></ul>
Wednesday, July 8 2-5pm	<ul style="list-style-type: none"><li>• Review Revised CBAS Transition Plan for inclusion in CA Statewide Transition Plan</li></ul>
TBD	<ul style="list-style-type: none"><li>• Release of CA Statewide Transition Plan and Public Comment Period</li></ul>
Stakeholder meetings after September 1, 2015, to be determined.	

Please see the Flyer and Fact Sheet for more information about participating.

***Questions***

For questions about this letter, please call the CBAS Branch at (916) 419-7545.

## Please Join the CBAS Conversation!

<b>WHAT</b>	<ul style="list-style-type: none"> <li>➤ We need to hear from you about how Community-Based Adult Services (CBAS) centers can improve quality of care and better meet your needs</li> <li>➤ Learn about new federal rules that could affect you</li> </ul>
<b>WHO</b>	Anyone interested in CBAS
<b>WHEN</b>	<p><b><i>Thursday April 23rd (2-5p.m.)</i></b></p> <p>Next Meeting: Tuesday May 19th (2-5p.m.)</p> <p>Hosted by the California Department of Aging (CDA) and the Department of Health Care Services (DHCS) and held at CDA. (Refer to address below.)</p>
<b>HOW</b>	<p>Participate on the phone, in-person, or by computer.</p> <p>If interested, or if you have questions or need assistance to participate, please contact:</p> <p>Phone: (916) 419-7545</p> <p>Email: <a href="mailto:cbascda@aging.ca.gov">cbascda@aging.ca.gov</a></p> <p>Mail: CDA, CBAS Branch 1300 National Drive, Suite 200 Sacramento, CA 95834</p>

Refer to the attached Fact Sheet for more information

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## **FACT SHEET ON NEW FEDERAL REQUIREMENTS AFFECTING COMMUNITY-BASED ADULT SERVICES (CBAS)**

The California Department of Aging (CDA) and the Department of Health Care Services (DHCS) want you to know about new federal Home and Community-Based (HCB) Settings requirements that affect CBAS, and give you an opportunity to participate in the CBAS Stakeholder Process that is currently underway.

CDA and DHCS will develop a CBAS Transition Plan to ensure that CBAS centers comply with these federal requirements. We want your opinion as an important stakeholder (someone who attends a CBAS center or who is a family member or a caregiver of someone receiving CBAS) so we have informed community input.

Please refer to the CDA website for more information about these federal requirements and the CBAS Stakeholder meetings:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/)

### **CBAS Centers must meet participants' needs in the following ways:**

- Protect participants' privacy and treat them with dignity and respect.
- Support participants' right to make choices, including choices about the services they receive and who provides them.
- Support participants in staying connected with the community outside the CBAS center.
- Enable participants (and whomever else they choose) to be part of discussions and decisions about how CBAS services meet their needs and preferences.

**PLEASE CONTACT CDA IF YOU HAVE ANY QUESTIONS  
OR NEED ASSISTANCE TO PARTICIPATE:**

**PHONE: (916) 419-7545**

**E-MAIL: [CBASCD@AGING.CA.GOV](mailto:CBASCD@AGING.CA.GOV)**



**CALIFORNIA  
DEPARTMENT OF AGING (CDA)**

**ACL #15-05**

**FAX Cover**

**TO: All Community-Based Adult Services (CBAS) Providers**

**FROM: CBAS Branch**

**DATE: May 14, 2015**

**SUBJECT: Public Comment Period Notice for *Draft CBAS HCB Settings Transition Plan***

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This fax is being sent to inform CBAS providers, CBAS participants and their families, caregivers and authorized designees, and other interested stakeholders about the 30-day public comment period for the *Draft CBAS HCB Settings Transition Plan*. This public comment period will begin on Tuesday, May 19, 2015 and end on Monday, June 22, 2015.

**For More Information:**

Access the CDA CBAS website at:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp)

Contact CDA at:

- ✓ Email – [CBAScda@aging.ca.gov](mailto:CBAScda@aging.ca.gov)
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Number of pages (including this page) 5

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TEL (916) 419-7545  
FAX (916) 928-2507

**ACL # 15-05**

Date: May 14, 2015

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: CBAS Branch

Subject: Public Comment Period Notice for *Draft CBAS HCB Settings Transition Plan*

**Purpose**

This letter and the attached CBAS Stakeholder Outreach Flyer and Fact Sheet are to inform CBAS providers, CBAS participants and their families, caregivers or authorized designees, and other interested stakeholders about the start of the 30-day public comment period for the *Draft CBAS HCB Settings Transition Plan*. CDA and DHCS request that CBAS providers post and distribute the updated Flyer and Fact Sheet in their CBAS centers to assist the State in meeting the Centers for Medicare & Medicaid Services' (CMS) public notice requirements.

**Public Comment Period**

The public comment period will begin on Tuesday, May 19, 2015, and end on Monday, June 22, 2015. There will be a CBAS Stakeholder Meeting and Webinar on Tuesday, May 19<sup>th</sup>, from 2 p.m. to 5 p.m., to review the *Draft CBAS HCB Settings Transition Plan* and the process for making public comments. All public input will be documented, posted, and made available to CMS by September 1, 2015, when the *CBAS HCB Settings Transition Plan* is submitted to CMS.

To view the *Draft CBAS HCB Settings Transition Plan* and register for the May 19<sup>th</sup> CBAS HCB Settings Stakeholder Meeting and Webinar, follow the links below to materials posted to the CDA website:

- Draft CBAS HCB Settings Transition Plan:  
[http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/Transition\\_Plan/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/Transition_Plan/)
- Registration Link for May 19th Stakeholder Meeting/Webinar:  
<https://attendee.gotowebinar.com/register/8757305915020072449>

**Back-ground**

CMS has directed the California Department of Health Care Services (DHCS) and the California Department of Aging (CDA) to do the following:

(1) Ensure that CBAS settings have all of the qualities required by the Home and Community-Based Settings regulations and other such qualities determined to be appropriate based on the needs of the individual as indicated

in their person-centered care plan; and

(2) Engage in a CBAS stakeholder process to develop a *CBAS HCB Settings Transition Plan* for submission to CMS by September 1, 2015, to bring CBAS centers into compliance with these federal requirements by March 17, 2019. The *CBAS HCB Settings Transition Plan* will amend *California's Statewide Transition Plan* for HCB Settings.

**Notification Requirements**

CMS requires that all states: 1) inform interested stakeholders, particularly beneficiaries, about the HCB Settings requirements; and 2) notify stakeholders about how to participate in the development and implementation of transition plans including public comment opportunities.

**Flyer and Fact Sheet for Centers to Share**

The attached Flyer (updated since April) and Fact Sheet will assist CBAS center staff in providing information about the federal HCB Settings requirements and the CBAS Stakeholder Process Meetings/Webinars. Please post the updated Flyer and Fact Sheet in a prominent place in the center, make copies available to participants and their families, caregivers and authorized representatives, and use these materials as the basis for conversations among participants, their families, caregivers and authorized representatives, and CBAS staff.

CBAS providers are in a unique position to share this information with their center participants and their families, caregivers, and authorized representatives. Posting and distributing these materials will provide CBAS centers with opportunities to hear from their participants about how to include them in the care planning process and improve the quality of CBAS services to meet their needs.

**Upcoming CBAS Stakeholder Meetings and Public Comment Period**

CBAS Stakeholder Meetings/Webinars and Public Comment Periods are scheduled as follows:

Date/Time	Subject
Tuesday, May 19 2 p.m. to 5 p.m.	<ul style="list-style-type: none"><li>• Release Draft CBAS Transition Plan</li><li>• Start 30-Day Public Comment Period on the CBAS Transition Plan which will end on Monday, June 22, 2015</li></ul>
Wednesday, July 8 2 p.m. to 5 p.m.	<ul style="list-style-type: none"><li>• Review Revised CBAS Transition Plan for inclusion in CA Statewide Transition Plan</li></ul>

Please see the attached Flyer and Fact Sheet for more information.

**Questions**

For questions about this letter, please call the CBAS Branch at (916) 419-7545.

## Please Join the CBAS Conversation!

<b>WHAT</b>	<ul style="list-style-type: none"> <li>➤ We need to hear from you about how Community-Based Adult Services (CBAS) centers can better meet your needs and improve quality of care</li> <li>➤ Learn about new federal rules that could affect you</li> </ul>
<b>WHO</b>	Anyone interested in CBAS
<b>WHEN</b>	<ul style="list-style-type: none"> <li>➤ <b>Tuesday, May 19 (2-5p.m.)</b> <ul style="list-style-type: none"> <li>❖ Release Draft CBAS Transition Plan</li> <li>❖ Start 30-Day Public Comment Period - Public Comment Period Ends on Monday, June 22, 2015</li> </ul> </li> </ul> <p>Hosted by the California Department of Aging (CDA) and the Department of Health Care Services (DHCS) and held at CDA. (Refer to address below.)</p>
<b>HOW</b>	<p>Participate on the phone, in-person, or by computer.</p> <p>If interested, or if you have questions or need assistance to participate, please contact:</p> <p>Phone: (916) 419-7545</p> <p>Email: <a href="mailto:cbascda@aging.ca.gov">cbascda@aging.ca.gov</a></p> <p>Mail: CDA, CBAS Branch 1300 National Drive, Suite 200 Sacramento, CA 95834</p>

Refer to the attached Fact Sheet for more information

---

## FACT SHEET ON NEW FEDERAL REQUIREMENTS AFFECTING COMMUNITY-BASED ADULT SERVICES (CBAS)

The California Department of Aging (CDA) and the Department of Health Care Services (DHCS) want you to know about new federal Home and Community-Based (HCB) Settings requirements that affect CBAS, and provide you with an opportunity to participate in the CBAS Stakeholder Process that is currently underway.

CDA and DHCS will develop a CBAS Transition Plan to ensure that CBAS centers comply with these federal requirements. We want your opinion as an important stakeholder (someone who attends a CBAS center or who is a family member or a caregiver of someone receiving CBAS) so we have informed community input.

Please refer to the CDA website for more information about these federal requirements and the CBAS Stakeholder meetings:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/)

### **CBAS Centers must meet participants' needs in the following ways:**

- Protect participants' privacy and treat them with dignity and respect.
- Support participants' right to make choices, including choices about the services they receive and who provides them.
- Support participants in staying connected with the community outside the CBAS center.
- Enable participants (and whomever else they choose) to be part of discussions and decisions about how CBAS services meet their needs and preferences.

**PLEASE CONTACT CDA IF YOU HAVE ANY QUESTIONS  
OR NEED ASSISTANCE TO PARTICIPATE:**

**PHONE: (916) 419-7545**

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# California Regulatory Notice Register

REGISTER 2015, NO. 21-Z

PUBLISHED WEEKLY BY THE OFFICE OF ADMINISTRATIVE LAW

MAY 22, 2015

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**DEPARTMENT OF HEALTH  
 CARE SERVICES/DEPARTMENT OF  
 AGING**

**PUBLIC COMMENT PERIOD STARTING MAY  
 19, 2015, FOR THE DRAFT CBAS TRANSITION  
 PLAN TO MEET FEDERAL HOME AND  
 COMMUNITY-BASED (HCB)  
 SETTINGS REQUIREMENTS**

The California Department of Health Care Services partners with the California Department of Aging to oversee the Community-Based Adult Services (CBAS) Program. CBAS is a Medi-Cal managed care benefit provided in an outpatient, facility-based day program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, care coordination and transportation to eligible Medi-Cal beneficiaries. CBAS recipients are age 18 and older, and have chronic medical, cognitive, or mental health conditions and/or disabilities that place them at risk of needing institutional care.

The CBAS benefit is authorized under California's 1115 Bridge to Reform Demonstration Waiver. The Waiver's Standard Terms and Conditions (STC) 95 and 96 direct the State to engage in a stakeholder process to develop a CBAS HCB Settings Transition Plan that will bring CBAS centers into compliance with the requirements of the HCB Settings rule as specified in 42 CFR 441.301(c)(4). The State is to amend and submit its Statewide Transition Plan to the Centers for Medicare & Medicaid Services (CMS) no later than September 1, 2015 to ensure all California's HCB Settings comply with the HCB Settings requirements by March 17, 2019. The State will incorporate CBAS HCB Settings Transition Plan into the Statewide Transition Plan.

This notice is to inform interested parties of the start of the 30-day public comment period on the Draft CBAS HCB Settings Transition Plan. The public comment period will begin on Tuesday, May 19, 2015 and end on Monday, June 22, 2015. There was a CBAS Stakeholder Meeting and Webinar on Tuesday, May 19th, 2-5 p.m., to review the Draft CBAS HCB Settings Transition Plan and the public comment process. Refer to the links below to view the Draft CBAS HCB Set-

tings Transition Plan, listen to the webinar recording and learn more about the new federal HCB Settings requirements. All public input will be documented, posted and made available to CMS by September 1, 2015, at the time California's Statewide Transition Plan is submitted to CMS.

- Draft CBAS HCB Settings Transition Plan: [https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/Transition\\_Plan/](https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/Transition_Plan/)

May 19th Webinar Recording: [https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/Meetings/](https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/Meetings/)

- CBAS provisions of the 1115 Waiver — Special Terms and Conditions (STCs): [https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2015/2015\\_0227\\_CMS\\_Approved\\_CBAS\\_STCs\\_Pages\\_64-74.pdf](https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2015/2015_0227_CMS_Approved_CBAS_STCs_Pages_64-74.pdf)
- Federal HCB Settings requirements: <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>

[http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/Key\\_Documents/Docs/HCBS\\_Final\\_Regulations\\_Referenced\\_in\\_CBAS\\_Waiver\\_\(Excerpts\).pdf](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/Key_Documents/Docs/HCBS_Final_Regulations_Referenced_in_CBAS_Waiver_(Excerpts).pdf)

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 Long-Term Care Division  
[jalal.haddad@dhcs.ca.gov](mailto:jalal.haddad@dhcs.ca.gov)

**DEPARTMENT OF HEALTH  
 CARE SERVICES**

**FINAL RULES, CMS-2249-F, REQUIRE HOME  
 AND COMMUNITY-BASED (HCB) SETTING  
 COMPLIANCE ON-SITE ASSESSMENT TOOL  
 AND PROVIDER SELF-SURVEY TOOL**

The Department of Health Care Services (DHCS) is developing "On-Site Assessment Tools" for Home and Community-based settings that are residential and non-residential. The On-Site Assessment Tool will be used when state-trained assessment teams visit providers and review that features of the settings comply with

the HCB Settings rules. DHCS is also developing residential and non-residential “Provider Self-Survey Tools” that will be distributed to providers statewide. This tool will allow providers to self-assess their compliance with the HCB Settings rules.

This notice is to inform the public that the Tools are available on the DHCS website: <http://www.dhcs.ca.gov/services/ltc/Pages/HCBSSStatewideTransitionPlan.aspx>. The State invites all interested parties to review the tools using the “On-Site Assessment Tool — Public Comment Template” and “Provider Self-Survey Tool — Public Comment Template” which are also available on the DHCS website: <http://www.dhcs.ca.gov/services/ltc/Pages/HCBSSStatewideTransitionPlan.aspx>. We ask that comments, questions, and suggestions be recorded on the above-mentioned templates to provide the State ease of access for reviewing and incorporating public comment. There will be 30 days (ending June 30, 2015) to comment and review the Tools. Comments can be provided by email: [STP@dhcs.ca.gov](mailto:STP@dhcs.ca.gov), or by mail

ATTN: Jalal Haddad  
 Department of Health Care Services  
 Long-Term Care Division  
 1501 Capitol Avenue, MS 4503  
 P.O. Box 997437  
 Sacramento, CA 95899-7437

We will be holding a stakeholder call to discuss the comments received and inform the stakeholders of changes made to the Tools. Please refer to the website: <http://www.dhcs.ca.gov/services/ltc/Pages/HCBSSStatewideTransitionPlan.aspx> for date, time, and call-in information. We look forward to receiving your comments and suggestions.

More information about the new federal rules are available at: <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>.

**OFFICE OF ENVIRONMENTAL  
 HEALTH HAZARD ASSESSMENT**

**PROPOSED SECTION 25205  
 LEAD AGENCY WEBSITE  
 MAY 22, 2015**

As required by Government Code section 11346.8(c), and Title 1, section 44 of the California

Code of Regulations, the Office of Environmental Health Hazard Assessment (OEHHA) is providing notice of additional changes to the proposed regulation to add section 25205 to Title 27 of the California Code of Regulations.

This proposed regulation was originally the subject of a Notice of Proposed Rulemaking published on January 16, 2015, in the California Regulatory Notice Register (Register 2015, No. 8-Z), which initiated a public comment period. Twenty-four written comments from the public were received during the comment period that ended April 8, 2015. In addition, OEHHA heard comments at a public hearing on the proposed regulation held on March 25, 2015.

After careful consideration of the comments, OEHHA has modified the text of the proposed regulation. Non-substantive changes were made to subsection (b) regarding OEHHA’s disclaimer on the website. Subsection (b)(10) was modified to limit the scope of the information OEHHA may request to information concerning exposures to listed chemicals for which warnings are being provided under Health and Safety Code Section 25249.6. A new subsection (c) was added to state that testing is not required for the sole purpose of providing information in response to a request for information under this section. Additionally, the fifteen (15) day notice period required for notification of a business under section (d) has been extended to thirty (30) days to allow a business additional time to provide additional justification or initiate legal proceedings to protect the claimed trade secrets. Finally, the term “Confidential Business Information” has been replaced with the term “trade secret” for consistency with the use of the term in the California Evidence Code and Public Records Act. The term “trade secret” is now defined by reference to Civil Code section 3426.1.

Included with this notice are copies of the regulatory language with the modified language provided in underline and strikethrough format. These modifications are also available on the OEHHA website at [www.oehha.ca.gov](http://www.oehha.ca.gov), and may be requested from Monet Vela at the OEHHA Legal Office at (916) 323-2517.

OEHHA will accept written comments on the amendments to the proposed regulation until **June 6, 2015 at 5:00 p.m.**

We encourage you to submit comments in electronic form, rather than in paper form.

Comments transmitted by e-mail should be addressed to [P65Public.comments@oehha.ca.gov](mailto:P65Public.comments@oehha.ca.gov). Please include “Lead Agency Website” in the subject line. Comments submitted in paper form may be mailed, faxed, or delivered in person to the address below.



**CALIFORNIA  
DEPARTMENT OF AGING (CDA)**

**ACL #15-05**

**FAX Cover**

**TO: All Community-Based Adult Services (CBAS) Providers**

**FROM: CBAS Branch**

**DATE: May 14, 2015**

**SUBJECT: Public Comment Period Notice for *Draft CBAS HCB Settings Transition Plan***

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This fax is being sent to inform CBAS providers, CBAS participants and their families, caregivers and authorized designees, and other interested stakeholders about the 30-day public comment period for the *Draft CBAS HCB Settings Transition Plan*. This public comment period will begin on Tuesday, May 19, 2015 and end on Monday, June 22, 2015.

**For More Information:**

Access the CDA CBAS website at:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp)

Contact CDA at:

- ✓ Email – [CBAScda@aging.ca.gov](mailto:CBAScda@aging.ca.gov)
- ✓ Phone – (916) 419-7545

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Number of pages (including this page) 5

CALIFORNIA DEPARTMENT OF AGING  
COMMUNITY-BASED ADULT SERVICES BRANCH  
1300 NATIONAL DRIVE, SUITE 200  
SACRAMENTO, CA 95834  
Internet Home Page [www.aging.ca.gov](http://www.aging.ca.gov)  
TDD 1-800-735-2929  
TEL (916) 419-7545  
FAX (916) 928-2507

**ACL # 15-05**

Date: May 14, 2015

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: CBAS Branch

Subject: Public Comment Period Notice for *Draft CBAS HCB Settings Transition Plan*

**Purpose**

This letter and the attached CBAS Stakeholder Outreach Flyer and Fact Sheet are to inform CBAS providers, CBAS participants and their families, caregivers or authorized designees, and other interested stakeholders about the start of the 30-day public comment period for the *Draft CBAS HCB Settings Transition Plan*. CDA and DHCS request that CBAS providers post and distribute the updated Flyer and Fact Sheet in their CBAS centers to assist the State in meeting the Centers for Medicare & Medicaid Services' (CMS) public notice requirements.

**Public Comment Period**

The public comment period will begin on Tuesday, May 19, 2015, and end on Monday, June 22, 2015. There will be a CBAS Stakeholder Meeting and Webinar on Tuesday, May 19<sup>th</sup>, from 2 p.m. to 5 p.m., to review the *Draft CBAS HCB Settings Transition Plan* and the process for making public comments. All public input will be documented, posted, and made available to CMS by September 1, 2015, when the *CBAS HCB Settings Transition Plan* is submitted to CMS.

To view the *Draft CBAS HCB Settings Transition Plan* and register for the May 19<sup>th</sup> CBAS HCB Settings Stakeholder Meeting and Webinar, follow the links below to materials posted to the CDA website:

- Draft CBAS HCB Settings Transition Plan:  
[http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/Transition\\_Plan/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/Transition_Plan/)
- Registration Link for May 19th Stakeholder Meeting/Webinar:  
<https://attendee.gotowebinar.com/register/8757305915020072449>

**Back-ground**

CMS has directed the California Department of Health Care Services (DHCS) and the California Department of Aging (CDA) to do the following:

(1) Ensure that CBAS settings have all of the qualities required by the Home and Community-Based Settings regulations and other such qualities determined to be appropriate based on the needs of the individual as indicated

in their person-centered care plan; and

(2) Engage in a CBAS stakeholder process to develop a *CBAS HCB Settings Transition Plan* for submission to CMS by September 1, 2015, to bring CBAS centers into compliance with these federal requirements by March 17, 2019. The *CBAS HCB Settings Transition Plan* will amend *California's Statewide Transition Plan* for HCB Settings.

**Notification Requirements**

CMS requires that all states: 1) inform interested stakeholders, particularly beneficiaries, about the HCB Settings requirements; and 2) notify stakeholders about how to participate in the development and implementation of transition plans including public comment opportunities.

**Flyer and Fact Sheet for Centers to Share**

The attached Flyer (updated since April) and Fact Sheet will assist CBAS center staff in providing information about the federal HCB Settings requirements and the CBAS Stakeholder Process Meetings/Webinars. Please post the updated Flyer and Fact Sheet in a prominent place in the center, make copies available to participants and their families, caregivers and authorized representatives, and use these materials as the basis for conversations among participants, their families, caregivers and authorized representatives, and CBAS staff.

CBAS providers are in a unique position to share this information with their center participants and their families, caregivers, and authorized representatives. Posting and distributing these materials will provide CBAS centers with opportunities to hear from their participants about how to include them in the care planning process and improve the quality of CBAS services to meet their needs.

**Upcoming CBAS Stakeholder Meetings and Public Comment Period**

CBAS Stakeholder Meetings/Webinars and Public Comment Periods are scheduled as follows:

Date/Time	Subject
Tuesday, May 19 2 p.m. to 5 p.m.	<ul style="list-style-type: none"><li>• Release Draft CBAS Transition Plan</li><li>• Start 30-Day Public Comment Period on the CBAS Transition Plan which will end on Monday, June 22, 2015</li></ul>
Wednesday, July 8 2 p.m. to 5 p.m.	<ul style="list-style-type: none"><li>• Review Revised CBAS Transition Plan for inclusion in CA Statewide Transition Plan</li></ul>

Please see the attached Flyer and Fact Sheet for more information.

**Questions**

For questions about this letter, please call the CBAS Branch at (916) 419-7545.

## Please Join the CBAS Conversation!

<b>WHAT</b>	<ul style="list-style-type: none"> <li>➤ We need to hear from you about how Community-Based Adult Services (CBAS) centers can better meet your needs and improve quality of care</li> <li>➤ Learn about new federal rules that could affect you</li> </ul>
<b>WHO</b>	Anyone interested in CBAS
<b>WHEN</b>	<ul style="list-style-type: none"> <li>➤ <b>Tuesday, May 19 (2-5p.m.)</b> <ul style="list-style-type: none"> <li>❖ Release Draft CBAS Transition Plan</li> <li>❖ Start 30-Day Public Comment Period - Public Comment Period Ends on Monday, June 22, 2015</li> </ul> </li> </ul> <p>Hosted by the California Department of Aging (CDA) and the Department of Health Care Services (DHCS) and held at CDA. (Refer to address below.)</p>
<b>HOW</b>	<p>Participate on the phone, in-person, or by computer.</p> <p>If interested, or if you have questions or need assistance to participate, please contact:</p> <p>Phone: (916) 419-7545</p> <p>Email: <a href="mailto:cbascda@aging.ca.gov">cbascda@aging.ca.gov</a></p> <p>Mail: CDA, CBAS Branch 1300 National Drive, Suite 200 Sacramento, CA 95834</p>

Refer to the attached Fact Sheet for more information

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## **FACT SHEET ON NEW FEDERAL REQUIREMENTS AFFECTING COMMUNITY-BASED ADULT SERVICES (CBAS)**

The California Department of Aging (CDA) and the Department of Health Care Services (DHCS) want you to know about new federal Home and Community-Based (HCB) Settings requirements that affect CBAS, and provide you with an opportunity to participate in the CBAS Stakeholder Process that is currently underway.

CDA and DHCS will develop a CBAS Transition Plan to ensure that CBAS centers comply with these federal requirements. We want your opinion as an important stakeholder (someone who attends a CBAS center or who is a family member or a caregiver of someone receiving CBAS) so we have informed community input.

Please refer to the CDA website for more information about these federal requirements and the CBAS Stakeholder meetings:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/)

### **CBAS Centers must meet participants' needs in the following ways:**

- Protect participants' privacy and treat them with dignity and respect.
- Support participants' right to make choices, including choices about the services they receive and who provides them.
- Support participants in staying connected with the community outside the CBAS center.
- Enable participants (and whomever else they choose) to be part of discussions and decisions about how CBAS services meet their needs and preferences.

**PLEASE CONTACT CDA IF YOU HAVE ANY QUESTIONS  
OR NEED ASSISTANCE TO PARTICIPATE:**

**PHONE: (916) 419-7545**

**E-MAIL: [CBASCD@AGING.CA.GOV](mailto:CBASCD@AGING.CA.GOV)**

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# CBAS Updates

May 2015

## CBAS HCB Settings Stakeholder Process News

The next meeting will take place on Tuesday, May 19, 2-5 p.m. Please [join us](#) for the release of the Draft CBAS HCB Settings Transition Plan and the opening of the public comment period which will last until June 22, 2015. The California Department of Aging (CDA) and Department of Health Care Services (DHCS) will review the Draft Plan, discuss the public comment process, and answer questions and address public comments raised at that time.

All public input will be documented, posted and made available to CMS by September 1, 2015, at the time California's Statewide Transition Plan is submitted to the Centers for Medicare & Medicaid Services (CMS).

More information will be available on the [Draft CBAS HCB Settings Transition Plan and Public Comment Process](#) section of the CDA website after the May 19th meeting.

Information about the federal requirements and the CBAS HCB Settings Stakeholder Process is available on the CDA website at this [link](#).

### ***Stakeholder Outreach Flyer and Fact Sheet***

CMS requires that all states: 1) inform interested stakeholders, particularly beneficiaries, about the HCB Setting federal requirements; and 2) notify stakeholders about how to participate in the development and implementation of compliance plans. CDA is reaching out to interested stakeholders to encourage participation in the CBAS HCB Settings Stakeholder Process/Meetings to develop the CBAS HCB Settings Transition Plan.

CDA and DHCS have developed a Flyer and Fact Sheet to assist CBAS center staff in providing information about the federal requirements and the CBAS Stakeholder Process/Meetings. We ask that CBAS providers post this Flyer and Fact Sheet, which include updated information about the upcoming public comment process, in a prominent place at the center, make copies available to participants and families/caregivers, and use these materials as the basis for conversations between participants, families/caregivers and CBAS staff.

### ***CBAS IPC Revision and Quality Strategy Work Groups***

As discussed in the April 23rd meeting, during the coming months CDA and DHCS will convene two work groups – one to revise the CBAS Individual Plan of Care (IPC) and one to develop a CBAS Quality Strategy. Many of you have already volunteered to participate in these workgroups. CDA encourages anyone wishing to participate who has not yet volunteered to provide us with your name and contact information. Please send us an email at [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov) or call us at (916) 419-7545 to express your interest in participating. We anticipate convening the first of several meetings in June.

### ***Stakeholder Comments/Feedback***

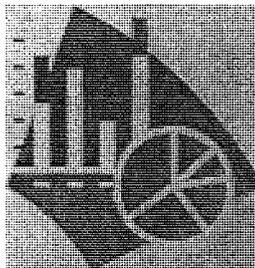
We appreciate stakeholder comments during and between meetings. Please keep them coming. You can read what others are saying in the Stakeholder Log.

You may submit comments during the upcoming May 19th Stakeholder Meeting (and via webinar if you will be participating online). You may also submit comments electronically or by mail to the CBAS Branch at CDA [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov) or 1300 National Drive, Suite 200, Sacramento, CA 95834. Contact CDA directly for further assistance at 916-419-7545.

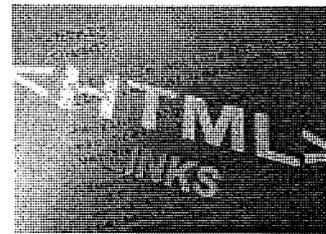
### ***April 23, 2015 Stakeholder Meeting Materials***

The following materials from the April 23rd stakeholder meeting are now available on the CDA website. Please follow the links below to access these materials:

- [Webinar Slides](#)
- [Webinar Recording](#)
- [CBAS Transition Plan Outline \(with input from the April 23rd Stakeholder Meeting\)](#)



**CBAS Statistics**



### **WEBINARS**

HCB Settings  
 Stakeholder  
 Draft Transition Plan  
 Release Meeting  
 Tuesday, May 19, 2015  
 2:00 PM - 5:00 PM

[Register](#)

Visit the CBAS  
 Dashboard to view the  
 latest updates on center  
 data. February  
 2015 center enrollment  
 data is now available.

[Center Overview](#)

[Distribution of Centers](#)

[Participant Characteristics](#)

[CDA Oversight](#)

Click [here](#) to access  
 the Person-Centered  
 Care Planning Issue  
 Brief and accompanying  
 Webinar by Justice in  
 Aging.

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#### **Contact us:**

*Email:* [CBAScda@aging.ca.gov](mailto:CBAScda@aging.ca.gov)

*Phone:* 916.419.7545 *Fax:* 916.928.2507

*Mail:* California Department of Aging  
 Community-Based Adult Services Branch  
 1300 National Drive, Suite 200  
 Sacramento, CA 95834

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## Please Join the CBAS Conversation!

<b>WHAT</b>	<ul style="list-style-type: none"> <li>➤ We need to hear from you about how Community-Based Adult Services (CBAS) centers can better meet your needs and improve quality of care</li> <li>➤ Learn about new federal rules that could affect you</li> </ul>
<b>WHO</b>	Anyone interested in CBAS
<b>WHEN</b>	<ul style="list-style-type: none"> <li>➤ <b>Tuesday, May 19 (2-5p.m.)</b> <ul style="list-style-type: none"> <li>❖ Release Draft CBAS Transition Plan</li> <li>❖ Start 30-Day Public Comment Period - Public Comment Period Ends on Monday, June 22, 2015</li> </ul> </li> </ul> <p>Hosted by the California Department of Aging (CDA) and the Department of Health Care Services (DHCS) and held at CDA. (Refer to address below.)</p>
<b>HOW</b>	<p>Participate on the phone, in-person, or by computer.</p> <p>If interested, or if you have questions or need assistance to participate, please contact:</p> <p>Phone: (916) 419-7545</p> <p>Email: <a href="mailto:cbascda@aging.ca.gov">cbascda@aging.ca.gov</a></p> <p>Mail: CDA, CBAS Branch 1300 National Drive, Suite 200 Sacramento, CA 95834</p>

Refer to the attached Fact Sheet for more information

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## FACT SHEET ON NEW FEDERAL REQUIREMENTS AFFECTING COMMUNITY-BASED ADULT SERVICES (CBAS)

The California Department of Aging (CDA) and the Department of Health Care Services (DHCS) want you to know about new federal Home and Community-Based (HCB) Settings requirements that affect CBAS, and provide you with an opportunity to participate in the CBAS Stakeholder Process that is currently underway.

CDA and DHCS will develop a CBAS Transition Plan to ensure that CBAS centers comply with these federal requirements. We want your opinion as an important stakeholder (someone who attends a CBAS center or who is a family member or a caregiver of someone receiving CBAS) so we have informed community input.

Please refer to the CDA website for more information about these federal requirements and the CBAS Stakeholder meetings:

[www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB\\_Settings\\_Stakeholder\\_Process/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB_Settings_Stakeholder_Process/)

### **CBAS Centers must meet participants' needs in the following ways:**

- Protect participants' privacy and treat them with dignity and respect.
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- Support participants in staying connected with the community outside the CBAS center.
- Enable participants (and whomever else they choose) to be part of discussions and decisions about how CBAS services meet their needs and preferences.

**PLEASE CONTACT CDA IF YOU HAVE ANY QUESTIONS  
OR NEED ASSISTANCE TO PARTICIPATE:**

**PHONE: (916) 419-7545**

**E-MAIL: [CBASCD@AGING.CA.GOV](mailto:CBASCD@AGING.CA.GOV)**

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**From:** Zubiata, Andrea (PRIHD)@DHCS  
**Sent:** Friday, May 22, 2015 3:22 PM  
**To:** DHCSINDIANHEALTHHEXCDIRECTORS@MAILLIST.DHS.CA.GOV;  
'dhcsindianhealth@maillist.dhs.ca.gov' (dhcsindianhealth@maillist.dhs.ca.gov)  
**Subject:** Department of Health Care Services & California Department of Aging Request for Feedback On the Draft Community-Based Adult Services, Home and Community-Based Settings Transition Plan

Dear Stakeholders,

The Department of Health Care Services (DHCS) and the California Department of Aging (CDA) would like to inform Tribes and Indian Health Programs of a public comment period regarding the Draft Community-Based Adult Services (CBAS) Home and Community-Based (HCB) Settings Transition Plan. We invite all interested parties to provide feedback on the Draft CBAS HCB Settings Transition Plan by June 30, 2015.

### **Background**

DHCS partners with CDA to oversee the CBAS Program. CBAS is a Medi-Cal managed care benefit provided in an outpatient, facility-based day program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, care coordination and transportation to eligible Medi-Cal beneficiaries. CBAS recipients are age 18 and older, and have chronic medical, cognitive, or mental health conditions and/or disabilities that place them at risk of needing institutional care.

The CBAS benefit is authorized under California's 1115 Bridge to Reform Demonstration Waiver. The Waiver's Standard Terms and Conditions (STC) 95 and 96 direct the State to engage in a stakeholder process to develop a CBAS HCB Settings Transition Plan that will bring CBAS centers into compliance with the requirements of the HCB Settings rule as specified in 42 CFR 441.301(c)(4), 441.301(c)(4)(vi) 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."

The State is to amend and submit California's *Statewide Transition Plan* to the Centers for Medicare & Medicaid Services (CMS) no later than September 1, 2015 to ensure all California's HCB settings comply with the HCB Settings requirements by March 17, 2019. The State will incorporate the *CBAS HCB Settings Transition Plan* into California's *Statewide Transition Plan*.

### **Notice of Public Comment Period**

This notice is to inform stakeholders of the start of the 30-day public comment period on the *Draft CBAS HCB Settings Transition Plan*. The public comment period began on Tuesday, May 19, 2015 and end on Tuesday, June 30, 2015.

There was a CBAS Stakeholder Meeting and Webinar on Tuesday, May 19<sup>th</sup>, from 2 p.m. to 5 p.m., to review the *Draft CBAS HCB Settings Transition Plan* and the public comment process. All public input will be documented, posted and submitted to CMS when the *California Statewide Transition Plan* is submitted to CMS by September 1, 2015.

Refer to the links below to view the *Draft CBAS HCB Settings Transition Plan*, listen to the May 19<sup>th</sup> Meeting and Webinar recording describing the *Draft CBAS HCB Settings Transition Plan* and public comment process, and learn more about the CBAS HCB Settings Stakeholder Process.

- **Draft CBAS HCB Settings Transition Plan and Public Comment Process:**  
[http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB Settings Stakeholder Process/Transition Plan/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB%20Settings%20Stakeholder%20Process/Transition%20Plan/)
- **May 19<sup>th</sup> CBAS Stakeholder Meeting and Webinar Recording**  
[https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB Settings Stakeholder Process/Transition Plan/Release of Draft CBAS HCB Settings Transition Plan.aspx](https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB%20Settings%20Stakeholder%20Process/Transition%20Plan/Release%20of%20Draft%20CBAS%20HCB%20Settings%20Transition%20Plan.aspx)
- **CBAS HCB Settings Stakeholder Process**  
[http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB Settings Stakeholder Process/](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/HCB%20Settings%20Stakeholder%20Process/)

### **Public Comment Process**

Stakeholders may submit comments electronically, in writing, or by phone anytime during the public comment period (Tuesday, May 19, 2015 through Tuesday, June 30, 2015). The methods of public comment submission are as follows:

➤ **Electronic Submission:**

- CDA Website Link: <https://www.surveymonkey.com/s/TDH7WSB>
- CDA, CBAS Branch E-mail: [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov)

➤ **Non-Electronic Submission:**

- **Mail:** California Department of Aging, CBAS Branch  
1300 National Drive, Suite 200  
Sacramento, CA 95834-1992

- Phone: California Department of Aging, CBAS Branch  
(916) 419-7545

If you have any questions about this public notice or how to submit public comments, please contact the California Department of Aging, CBAS Branch:

**California Department of Aging, CBAS Branch**  
**1300 National Drive, Suite 200**  
**Sacramento, CA 95834-1992**  
**(916) 419-7545**  
**[cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov)**



## **Appendix V**

### **Assessment of ADHC/CBAS Laws, Regulations, Waiver and Other Requirements**



**Draft CBAS HCB Settings Transition Plan  
Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements**

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
1. Being integrated in and supporting 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.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p><b>HSC §1570.2 – Legislative Finding and Declaration</b>            The Legislature hereby finds and declares that there exists a pattern of overutilization of long-term institutional care for elderly persons or adults with disabilities, and that there is an urgent need to establish and to continue a community-based system of quality adult day health care which will enable elderly persons or adults with disabilities to maintain maximum independence. While recognizing that there continues to be a substantial need for facilities providing custodial care, overreliance on this type of care has proven to be a costly panacea in both financial and human terms, often traumatic, and destructive of continuing family relationships and the capacity for independent living.</p> <p>It is, therefore, the intent of the Legislature in enacting this chapter and related provisions to provide for the development of policies and programs that will accomplish the following:</p> <p>(a) Ensure that elderly persons and adults with disabilities are not institutionalized inappropriately or prematurely.</p> <p>(b) Provide a viable alternative to institutionalization for those elderly persons and adults with disabilities who are capable of living at home with the aid of appropriate health care or rehabilitative and social services.</p> <p>(c) Establish adult day health centers in the community for this purpose, that will be easily accessible to all participants, including economically disadvantaged elderly persons and adults with disabilities, and that will</p>	<p>By definition, CBAS is a community-based setting. Centers operate as a part of local communities and meet local needs. Individuals who attend CBAS centers make the informed choice to participate and choose from among various options depending on their local communities and the availability of other community-based services that can meet their needs. For those individuals that do not have decision-making capacity, their authorized representatives make choices on their behalf that ensure that their needs and rights are protected. Statewide, all CBAS participants may choose to receive In-Home Supportive Services (IHSS), which is a consumer-directed model of in-home care. Approximately 65 percent of all CBAS participants also receive IHSS. CBAS participants live in their own homes. With the formal and/or informal help of the IHSS Program and other caregivers, the support of their managed care plan care coordinators, and the assistance of the CBAS center, CBAS participants – exercise choice and continue to participate in community life to a degree that is equal to – if not greater than – individuals with similar needs who do not receive HCB services.</p> <p>All CBAS participants are assessed by a core</p>		

**Draft CBAS HCB Settings Transition Plan  
Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements**

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
<p>1. Being integrated in and supporting 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.</p>	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>provide outpatient health, rehabilitative, and social services necessary to permit the participants to maintain personal independence and lead meaningful lives.</p> <p><b>HSC §1570.7 – Definitions</b>            (a) "Adult day health care" means an organized day program of therapeutic, social, and skilled nursing health activities and services provided pursuant to this chapter to elderly persons or adults with disabilities with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care. Provided on a short-term basis, adult day health care serves as a transition from a health facility or home health program to personal independence. Provided on a long-term basis, it serves as an alternative to institutionalization in a long-term health care facility when 24-hour skilled nursing care is not medically necessary or viewed as desirable by the recipient or his or her family.</p> <p><b>T-22 §54001 – General</b>            (a) Adult day health care providers shall:            (2) Promote the social, emotional, and physical well-being of impaired individuals living in the community, alone or with others, in order to maintain them or restore them to their optimal functional potential and to help them remain at or return to their homes.</p>	<p>multidisciplinary team (e.g., RN, Social Worker, Activity Coordinator, Physical and Occupational Therapists) to determine their medical, functional, and psychosocial status and develop an individualized plan of care designed to meet the participants' needs.</p> <p>Participants receive at least four hours of daily services 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, centers must have space to accommodate both indoor and outdoor activities and may provide activities in the community as indicated by participants' needs and interests.</p> <p>Center social workers provide counseling and referral to available community resources. Based on assessment of the needs, abilities, and wishes of individual participants, referral may be made for vocational assessment of work opportunities in the community and this issue/personal goal would be included in the participant's care plan.</p> <p>CBAS centers have no authority to control participants' personal resources. However, if there is a problem or</p>		



**Draft CBAS HCB Settings Transition Plan  
Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements**

<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
1. Being integrated in and supporting 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.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p><b>T-22 §78301 – Basic Program Services; General</b>            (b) Each participant shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence.</p> <p><b>WIC §14550 – Required Services</b>            (g) Planned recreational and social activities suited to the needs of the participants and designed to encourage physical exercise, to prevent deterioration, and to stimulate social interaction.</p> <p><b>WIC §14529 – Multidisciplinary Health Team</b>            (d) The assessment team shall:            (1) Determine the medical, psychosocial, and functional status of each participant.            (2) Develop an individualized plan of care, including goals, objectives, and services designed to meet the needs of the person</p> <p><b>T-22 §54207 – Multidisciplinary Team Assessment</b>            (a) The assessment shall include:            (2) Assessment of the home environment based on a home visit within the last 12 months. The assessment shall include:</p>		concern expressed by participants about the lack of control of their personal resources then the social worker and MDT would address it in the care plan.	

**Draft CBAS HCB Settings Transition Plan  
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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
1. Being integrated in and supporting 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.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>(A) Living arrangements            (B) Relationship with family or other person            (E) Access to transportation, shopping, church or other needs of the individual</p> <p><b>T-22 §78303 – Basic Program Services: Assessment</b>            The multidisciplinary team, in collaboration with the participant or the participant’s authorized representative and the placement agency, if any, shall assess each participant’s need for service</p> <p><b>T-22 §54211 – Multidisciplinary Team</b>            (b) The multidisciplinary assessment team shall:            (1) Determine the medical, psychosocial and functional status of each participant.            (2) Develop an individualized plan of care including goals, objectives and services designed to meet the needs of the person. The specific elements of the services which need to be identified with individual objectives, therapeutic goals and duration of treatment.            (A) The individualized plan of care shall include:            6. An individualized activity plan designed to meet the needs of the participant for social and therapeutic recreational activities.</p>			

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1. Being integrated in and supporting 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.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>7. Participation in specific group activities.            8. A plan to meet transportation needs.            10. A plan for other needed services which the adult day health center will coordinate.</p> <p><b>T-22 §78303 – Basic Program Services: Assessment</b>            (d) A written individualized plan of care shall be developed to meet the needs of each participant and shall include but not be limited to:            (5) Individualized objectives, therapeutic goals and duration of each service.            (6) An individualized activity plan designed to meet the needs of the participant for social and therapeutic recreational activities            (7) Participation in specific group activities.            (8) A plan for transportation needs.            (9) Therapeutic diet requirements and if indicated, the plan for dietary counselling and education.            10. A plan for other needed services which the adult day health center will coordinate.</p> <p><b>STC 96(c) – Individual Plan of Care (IPC)</b>            The IPC is a written plan designed to provide the CBAS beneficiary</p>			

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1. Being integrated in and supporting 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.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>with appropriate treatment in accordance with the assessed needs of the individual, as determined by the CBAS center and as specified in State law.</p> <p>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: A plan for any other necessary services that the CBAS center will coordinate.</p> <p>xi. IPCs will be reviewed and updated no less than every six</p>			

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<p>1. Being integrated in and supporting 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.</p>	Met	N/A	N/A
<b><u>Relevant or Conflicting Regulations / Policies / Procedures</u></b>		<b><u>Comments</u></b>	
<p>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.</p> <p><b>STC 98(c) – Coordination with CBAS Providers</b> The responsibilities of managed care plans for the CBAS benefit shall be consistent with each individual managed care plan’s contract with DHCS and with these STCs and shall include that plans do the following: (c) Coordination with CBAS Providers: Coordinate member care with CBAS providers to ensure the following: i. CBAS IPCs are consistent with members’ overall care plans and goals developed by the managed care plan. ii. Exchange of participant discharge plan information, reports of incidents that threaten the welfare, health and safety of the participant, and significant changes in participant condition are conducted in a timely manner and facilitate care coordination.</p> <p><b>SOP F – Individual Plan of Care</b> <b>The participant’s IPC shall:</b> 1. Be developed by the CBAS center’s multidisciplinary team and signed by representatives of each discipline required to participate</p>			



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<p>1. Being integrated in and supporting 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.</p>	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>in the multidisciplinary team assessment.</p> <p>2. Be the result of a collaborative process among the CBAS provider, the participant, and if applicable, the participant's authorized representative(s) and/or managed care plan.</p> <p>4. Be based on a person-centered planning process and meet the requirements specified in the CBAS STCs.</p> <p>5. Be based on assessment or reassessment conducted no more than 30 days prior to the start date of the IPC. <b>T-22 §54217 – Beneficiary Agreement of Participation</b></p> <p>(a) When the initial assessment has been completed and the individualized plan of care prepared, an agreement of participation on forms furnished by the Department shall be prepared by the adult day health care provider and discussed with the prospective participant or the participant's guardian or conservator.</p> <p>(b) If the terms of agreement are satisfactory, the participant shall sign the statement. The statement shall be sent to the Department with the initial Treatment Authorization Request. The signing of the agreement of participation does not mandate participation and the participant may end participation at any time.</p>			

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1. Being integrated in and supporting 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.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p><b>T-22 §54315 – Occupational Therapy Services</b>            (a) Occupational therapy services shall:            (3) Increase or maintain the participant's capability for independence.            (4) Enhance the participant's physical, emotional and social well-being.            (5) Develop function to a maximum level.            (6) Guide participants in the use of therapeutic, creative and self-care activities for improving function.</p> <p><b>T-22 §54339 – Activity Program</b>            (a) The activity program shall be staffed and equipped to meet the needs and interests of each participant and shall encourage self-care and resumption of normal activities. Participants shall be encouraged to participate in activities suited to their individual needs. The activity program shall provide a planned schedule of social and other purposeful independent or group activities. Opportunities shall be provided for involvement, both individual and group, in the planning and implementation of the activity programs.            (b) The primary objectives of activity programs shall be to encourage the participant toward restoration to self-care and the resumption of normal activities or for those who cannot realistically</p>			

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1. Being integrated in and supporting 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.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>resume normal activities, to prevent further mental or physical deterioration.</p> <p><b>T-22 §78341 – Basic Services Recreation or Planned Social Activities</b>            (c) The activity coordinator's duties shall include at least the following:            (4) Involvement of participants in the planning of the program.            (6) Utilization of adult day health center's transportation to provide activities in the community as indicated by participant's needs and interests.            (d) Each participant shall have time to engage in activities of the participant's own choosing</p> <p><b>T-22 §54329 – Medical Social Services</b>            (5) Provide counseling and referral to available community resources.            (6) Promote peer group relationship through problem-centered discussion group and task oriented committees.            (7) Serve as liaison with the participant's family and home.            (8) Serve as liaison with other community agencies who may be providing services to a participant and work with these agencies to</p>			



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<p>1. Being integrated in and supporting 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.</p>	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>coordinate all services delivered to the participant to meet the participant's needs and avoid duplication.</p> <p><b>T-22 §78505 – Space Requirements</b>            (a) Space shall be available to accommodate both indoor and outdoor activities and for storage of equipment and supplies.            (i) Space for outdoor activities shall be easily accessible to ambulatory and non-ambulatory participants and shall be protected from traffic.</p> <p><b>SOP D – Physical Plant and Health and Safety Requirements</b>            To ensure the health and safety of the CBAS participants, the physical plant of each center shall conform to the requirements of applicable sections of Title 22 of the CCR as described in part by the following:            Available space sufficient to accommodate both indoor and outdoor activities</p>			



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1. Being integrated in and supporting 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.	Met	N/A	N/A
<b><u>Relevant or Conflicting Regulations / Policies / Procedures</u></b>	<b><u>Comments</u></b>		



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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
2. Ensuring individuals' rights to select from among various setting options, including non-disability specific settings.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p><b>STC 95 – CBAS Eligibility &amp; Delivery System</b> Community Based Adult Services” is an outpatient, facility-based program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, <b>care coordination</b>, and transportation to eligible State Plan beneficiaries.</p> <p><b>WIC §14527 – Voluntary Participation</b> <b>Participation in an adult day health care program shall be voluntary. The participant may end the participation at any time.</b></p> <p><b>STC 98(c) – Coordination with CBAS Providers</b> The responsibilities of managed care plans for the CBAS benefit shall be consistent with each individual managed care plan’s contract with DHCS and with these STCs and shall include that plans do the following: (c) Coordination with CBAS Providers: <b>Coordinate member care with CBAS providers to ensure the following:</b> i. <b>CBAS IPCs are consistent with members’ overall care plans and goals developed by the managed care plan.</b></p> <p><b>STC 96(c) – Individual Plan of Care (IPC)</b> Development of the IPC is based on principles of Person-Centered Planning, which is an individualized and ongoing process to <b>develop individualized care plans that focus on a person’s abilities</b></p>	<p>CBAS participation is voluntary.</p> <p>Individuals who attend CBAS centers make the informed choice to participate and choose from among various options depending on their local communities and the availability of other community-based services that can meet their needs. For those individuals that do not have decision-making capacity, their authorized representatives make choices on their behalf that ensure that their needs and rights are protected. Statewide, all CBAS participants may choose to receive In-Home Supportive Services (IHSS), which is a consumer-directed model of in-home care. Approximately 65 percent of all CBAS participants also receive IHSS. CBAS participants live in their own homes. With the formal and/or informal help of the IHSS Program and other caregivers, the support of their managed care plan care coordinators, and the assistance of the CBAS center, CBAS participants – exercise choice and continue to participate in community life to a degree that is equal to – if not greater than – individuals with similar needs who do not receive HCB services.</p>		



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2. Ensuring individuals' rights to select from among various setting options, including non-disability specific settings.	Met	N/A	N/A
<b><u>Relevant or Conflicting Regulations / Policies / Procedures</u></b>		<b><u>Comments</u></b>	
<p>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.</p> <p><b>SOP F – Individual Plan of Care</b>  <b>The participant's IPC shall:</b></p> <ol style="list-style-type: none"> <li>1. Be developed by the CBAS center's multidisciplinary team and signed by representatives of each discipline required to participate in the multidisciplinary team assessment.</li> <li>2. Be the result of a collaborative process among the CBAS provider, the participant, and if applicable, the participant's authorized representative(s) and/or managed care plan.</li> <li>4. Be based on a person-centered planning process and meet the requirements specified in the CBAS STCs.</li> <li>5. Be based on assessment or reassessment</li> </ol>			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p><b>T-22 §78301 – Basic Program Services; General</b>            (b) Each participant shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence.            (c) Each participant shall be treated as an individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.</p> <p><b><u>Rights</u></b></p> <p><b>T-22 §78437 – Participant Rights</b>            (a) Each participant shall have rights which include, but are not limited to the following:            (1) To be fully informed by the multidisciplinary team of health and functional status unless medically contraindicated, as documented by a physician in the participant's health record.            (2) To participate in development and implementation of the participant's individual plan of care.            (3) To be fully informed regarding the services to be provided, including frequency of services and treatment objectives, as evidenced by the participant's written acknowledgement.            (4) To be fully informed in writing prior to or at the time of admission and during participation, of the services available at the center and of related charges including any charges for services</p>			<p>The list of CBAS participant rights specified in regulations is extensive. It includes the right to dignity, to privacy, confidentiality, and humane treatment, to be informed of and give consent to treatment, to refuse treatment, and to have freedom from harm or unnecessary restraint.</p> <p>Regulations require CBAS centers to inform participants of their rights and post them in a prominent place in the center including a list of participant rights in English and any other predominant language.</p> <p>CBAS providers are covered entities under HIPAA and must comply with HIPAA privacy rules.</p> <p>In the choice and delivery of care, respect of participant's preferences is central.</p> <p>Soft restraints may be used, but only under limited conditions specified in regulation for the purpose of protecting the participant's safety. For example:</p> <ul style="list-style-type: none"> <li>• Treatment restraints for protection during treatment and diagnostic procedures.</li> <li>• Supportive restraints for positioning</li> </ul>

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3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>not covered under the Medi-Cal program or not covered by the center's basic per diem rate.</p> <p>(5) To be fully informed of rights and responsibilities as a participant and of all rules and regulations governing participant conduct and responsibilities. Information shall be provided prior to or at the time of admission or in the case of participants already in the center, when this center adopts or amends participant rights policies, the receipt of this information shall be acknowledged by the participant or the participant's authorized representative in writing.</p> <p>(6) To treatment and rehabilitative services designed to promote the participant's functional ability to the optimal level and to encourage independence.</p> <p>(7) To have reasonable access to telephones, both to make and receive confidential calls, or to have such calls made for the participant, if necessary.</p> <p>(8) To be encouraged and assisted throughout the period of participation to exercise rights as a participant and civil and legal rights, and to this end to voice grievances and recommend changes in policies and services to center staff and to outside representatives of participant's choice, free from restraint, interference, coercion, discrimination or reprisal.</p> <p>(9) To have a fair hearing.</p> <p>(10) To end participation at the adult day health center at any time.</p>		<p>CBAS centers may utilize secure perimeter technology to meet the personal safety and supervision needs of persons with dementia. The law allowing use of secure perimeters is detailed and explicit in how and when devices may be used. Most notably, fences and delayed egress devices may only be used for the purpose of ensuring the safety of individuals with dementia and may not be used in lieu of the CBAS center having an adequate number of qualified staff and appropriate programming. Further, their use requires the CBAS center to secure the informed consent of all CBAS center participants and/or their authorized representatives.</p> <p>Allowances in law for secure perimeters ensure that individuals with clearly identified needs may remain in their homes and communities and enjoy freedoms that they may not otherwise have, particularly when they are in attendance at the center. Centers maintain all characteristics of the community setting, with necessary added protections, and individuals</p>	



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3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>(11) To <b>refuse treatment</b> and be informed of the consequences of such refusal.</p> <p>(12) To be discharged only for medical reasons, or for the participant's welfare or that of other participants or for nonpayment for his services and to be given reasonable advance notice to ensure orderly discharge. Such actions shall be documented in the participant's health record.</p> <p>(13) To be <b>insured of the confidential treatment</b> of all information contained in participant records, including information contained in an automatic data bank. The participant's written consent shall be required for the release of information to persons not otherwise authorized under law to receive it. Persons representing the news media shall not be given any information that identifies or leads to the identification of the participant, including photographs, unless the participant has given written consent. A participant may provide written consent which limits the degree of information and the persons to whom information may be given.</p> <p>(14) To not be required to perform services for the facility that are not included for therapeutic purposes in the participant's individual plan of care.</p> <p>(15) To <b>dignity, privacy and humane care, including privacy in treatment</b> and in care for personal needs.</p> <p>(16) To be <b>free from harm, including unnecessary physical restraint, or isolation, excessive medication, physical or mental</b></p>		<p>served have quality of life that is equal to or greater than that of persons with similar conditions who live in the community but who do not receive HCB services.</p> <p>If CBAS participants, their family/caregivers or authorized agents believe that any aspect of CBAS services violates their rights to privacy, dignity and respect, and freedom from coercion and restraint, they have the right to submit a grievance through the CBAS center's and/or managed care plan's grievance process.</p>	

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3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p><b>abuse or neglect.</b>            (17) To be free from hazardous procedures.            (b) Each adult day health center shall post in a prominent place in the center a list of participant rights in English and any other predominant language of the community.            (c) Participant rights shall be orally explained to each participant in a language understood by the participant.</p> <p><b>SOP D – Physical Plant and Health and Safety Requirements</b>            To ensure the health and safety of the CBAS participants, the physical plant of each center shall conform to the requirements of applicable sections of Title 22 of the CCR as described in part by the following:            1. Physical accommodations – Designed, equipped, and maintained to provide for a safe and healthful environment. Each center shall:            c. A secluded area that is set aside for participants who require bed rest and privacy during medical treatments or social service interventions.            4. Safety – Have appropriate protective devices to guard against hazards by means of supervision, instruction, and installation.</p> <p><b>T-22 §78315 – Nursing Services-Restraints</b>            (a) Restraints shall be used only as measures to protect the</p>			

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3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>participant from injury to self, based on the assessment of the participant by the multidisciplinary team.</p> <p>(b) Restraints shall be used only under the following conditions:</p> <p>(1) Treatment restraints for the protection of the participant during treatment and diagnostic procedures.</p> <p>(2) Supportive restraints for positioning the participant and to prevent the participant from falling out of a chair or from a treatment table or bed.</p> <p>(c) Acceptable forms of restraints shall include only cloth vests, soft ties, soft cloth mittens, seat belts and trays with spring release devices. Soft ties means soft cloth which does not cause skin abrasion and which does not restrict blood circulation.</p> <p>(d) Restraints shall not be used as punishment or as a substitute for medical and nursing care.</p> <p>(e) No restraints with locking devices shall be used or available for use.</p> <p>(f) Restraints shall be applied in a manner so that they can be speedily removed in case of fire or other emergency.</p> <p>(g) Various types of adult chairs referred to as geriatric chairs are not defined as a restraint if the type of closing mechanism of the chair and the physical and mental capability of the specific participant allow for easy removal.</p> <p><b>H&amp;S §1584 – Facilities for Alzheimer or Dementia Participants</b></p>			

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3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p><b>– Installation of Secure Perimeter Fences or Egress Control Devices; Emergency Evacuation Procedures</b></p> <p>(a) An adult day health care center that provides care for adults with Alzheimer's disease and other dementias may install for the safety and security of those persons secured perimeter fences or egress control devices of the time-delay type on exit doors.</p> <p>(b) As used in this section, "egress control device" means a device that precludes the use of exits for a predetermined period of time. These devices shall not delay any participant's departure from the center for longer than 30 seconds. Center staff may attempt to redirect a participant who attempts to leave the center.</p> <p>(c) Adult day health care centers installing security devices pursuant to this section shall meet all of the following requirements:</p> <p>(1) The center shall be subject to all fire and building codes, regulations, and standards applicable to adult day health care centers using egress control devices or secured perimeter fences and shall receive a fire clearance from the fire authority having jurisdiction for the egress control devices or secured perimeter fences.</p> <p>(2) The center shall maintain documentation of diagnosis by a physician of a participant's Alzheimer's disease or other dementia.</p> <p>(3) The center shall provide staff training regarding the use and operation of the egress control devices utilized by the center, the protection of participants' personal rights, wandering behavior and</p>			

**Draft CBAS HCB Settings Transition Plan  
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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>acceptable methods of redirection, and emergency evacuation procedures for persons with dementia.</p> <p>(4) All admissions to the center shall continue to be voluntary on the part of the participant or with consent of the participant's conservator, an agent of the participant under a power of attorney for health care, or other person who has the authority to act on behalf of the participant. Persons who have the authority to act on behalf of the participant include the participant's spouse or closest available relative.</p> <p>(5) The center shall inform all participants, conservators, agents, and persons who have the authority to act on behalf of participants of the use of security devices. The center shall maintain a signed participation agreement indicating the use of the devices and the consent of the participant, conservator, agent, or person who has the authority to act on behalf of the participant. The center shall retain the original statement in the participant's files at the center.</p> <p>(6) The use of egress control devices or secured perimeter fences shall not substitute for adequate staff. Staffing ratios shall at all times meet the requirements of applicable regulations.</p> <p>(7) Emergency fire and earthquake drills shall be conducted at least once every three months, or more frequently as required by a county or city fire department or local fire prevention district. The drills shall include all center staff and volunteers providing participant care and supervision. This requirement does not</p>			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>preclude drills with participants as required by regulations.</p> <p>(8) The center shall develop a plan of operation approved by the department that includes a description of how the center is to be equipped with egress control devices or secured perimeter fences that are consistent with regulations adopted by the State Fire Marshal pursuant to Section 13143. The plan shall include, but not be limited to, the following:</p> <p>(A) A description of how the center will provide training for staff regarding the use and operation of the egress control device utilized by the center.</p> <p>(B) A description of how the center will ensure the protection of the participant's personal rights consistent with applicable regulations.</p> <p>(C) A description of the center's emergency evacuation procedures for persons with Alzheimer's disease and other dementias.</p> <p>(d) This section does not require an adult day health care center to use security devices in providing care for persons with Alzheimer's disease and other dementias.</p> <p><b>WIC §14555 – Grievance Procedures</b> Each adult day health care provider shall establish a grievance procedure under which participants may submit their grievances.</p>			



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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p><b>T22 54407 – Grievance Procedure</b>            Each adult day health care provider shall establish and maintain a procedure for submittal, processing and resolution of grievances of participants regarding care and administration by the provider.</p> <p><b>STC 95(f) – Grievances and Appeals</b>            A CBAS participant may file a grievance with their Managed Care Organization as a written or oral complaint. The participant or their authorized representative may file a grievance with the participant's Managed Care Organization at any time they experience dissatisfaction with the services or quality of care provided to them, and as further instructed by the MCO.</p> <p><b>SOP H(9) – Organization and Administration – Grievance Procedures</b>            The CBAS center shall be organized and staffed to carry out the services and other requirements specified in the waiver. Such organization shall include:            9. A written grievance process whereby participants and family/caregivers can report and receive feedback regarding CBAS services.</p>			



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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p><b>T-22 §54001 – General</b>            (a) Adult day health care providers shall:            (2) Promote the social, emotional, and physical well-being of impaired individuals living in the community, alone or with others, in order to maintain them or restore them to their optimal functional potential and to help them remain at or return to their homes.</p> <p><b>T-22 §78301 – Basic Program Services; General</b>            (b) Each participant shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence.            (c) Each participant shall be treated as an individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.</p> <p><b>WIC §14550 – Required Services</b>            Adult day health care centers shall offer, and shall provide directly on the premises, at least the following services:            (g) Planned recreational and social activities suited to the needs of the participants and designed to encourage physical exercise, to prevent deterioration, and to stimulate social interaction.</p> <p><b>T-22 §54315 – Occupational Therapy Services</b>            (a) Occupational therapy services shall:</p>	<p>The CBAS model is explicitly designed to promote autonomy and independence and maximize individuals’ capacity for self-determination. It supports participants’ involvement in treatment planning decisions and engagement in activities of their own choosing that meet their needs, preferences and interests. In turn, participants may choose to end their participation at the CBAS center at any time.</p>		

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>(3) Increase or maintain the participant's capability for independence.</p> <p>(4) Enhance the participant's physical, emotional and social well-being.</p> <p>(5) Develop function to a maximum level.</p> <p>(6) Guide participants in the use of therapeutic, creative and self-care activities for improving function.</p> <p><b>T-22 §54339 – Activity Program</b></p> <p>(a) The activity program shall be staffed and equipped to meet the needs and interests of each participant and shall encourage self-care and resumption of normal activities. Participants shall be encouraged to participate in activities suited to their individual needs. The activity program shall provide a planned schedule of social and other purposeful independent or group activities. Opportunities shall be provided for involvement, both individual and group, in the planning and implementation of the activity programs.</p> <p>(b) The primary objectives of activity programs shall be to encourage the participant toward restoration to self-care and the resumption of normal activities or for those who cannot realistically resume normal activities, to prevent further mental or physical deterioration.</p> <p>(c) The individual plan of care of each participant shall include an individual activity plan. This plan shall be reviewed quarterly.</p>			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p><b>T-22 §54331 – Nutrition Service</b>            (b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.</p> <p><b>T-22 §78321 – Nutrition Services: Menus</b>            (a) Meals shall consist of a variety of food and shall be planned with consideration for medical needs, cultural and religious background and food habits and age of each participant served.            (b) Between meal nourishments shall consist of but not be limited to a beverage and either fruits, vegetables or a grain product such as crackers, cookies or bread.            (c) Menus for all meals, between meal nourishments, and for therapeutic diets shall be written one week in advance, approved by a dietitian and posted in the kitchen. Menus shall be available for review by each participant served or the participant's designated representative.</p> <p><b>T-22 §78341 – Basic Services Recreation or Planned Social Activities</b>            (c) The activity coordinator's duties shall include at least the following:            (4) Involvement of participants in the planning of the program.            (6) Utilization of adult day health center's transportation to provide</p>			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>activities in the community as indicated by participant's needs and interests.</p> <p>(d) Each participant shall have time to engage in activities of the participant's own choosing.</p> <p><b>T-22 §78437 – Participant Rights</b></p> <p>(a) Each participant shall have rights which include, but are not limited to the following:</p> <p>2) To participate in development and implementation of the participant's individual plan of care.</p> <p>(6) To treatment and rehabilitative services designed to promote the participant's functional ability to the optimal level and to encourage independence.</p> <p>(7) To have reasonable access to telephones, both to make and receive confidential calls, or to have such calls made for the participant, if necessary.</p> <p>(8) To be encouraged and assisted throughout the period of participation to exercise rights as a participant and civil and legal rights, and to this end to voice grievances and recommend changes in policies and services to center staff and to outside representatives of participant's choice, free from restraint, interference, coercion, discrimination or reprisal.</p> <p>(10) To end participation at the adult day health center at any time.</p> <p>(11) To refuse treatment and be informed of the consequences of</p>			



**Draft CBAS HCB Settings Transition Plan  
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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
4. Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.	Met	N/A	N/A
<b><u>Relevant or Conflicting Regulations / Policies / Procedures</u></b>		<b><u>Comments</u></b>	
such refusal.			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
5. Facilitating choice regarding services and supports, and who provides them.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>	<u>Comments</u>		
<p>(a) The activity program shall be staffed and equipped to meet the needs and interests of each participant and shall encourage self-care and resumption of normal activities. Participants shall be encouraged to participate in activities suited to their individual needs. The activity program shall provide a planned schedule of social and other purposeful independent or group activities. Opportunities shall be provided for involvement, both individual and group, in the planning and implementation of the activity programs.</p> <p><b>T-22 §54331 – Nutrition Service</b></p> <p>(b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.</p> <p><b>T-22 §78321 – Nutrition Services: Menus</b></p> <p>(a) Meals shall consist of a variety of food and shall be planned with consideration for medical needs, cultural and religious background and food habits and age of each participant served.</p> <p><b>T-22 §78341 – Basic Services Recreation or Planned Social Activities</b></p> <p>(c) The activity coordinator's duties shall include at least the following:</p> <p>(4) Involvement of participants in the planning of the program.</p>	<p>As highlighted in Question #4 above, the CBAS model is explicitly designed to promote autonomy and independence and maximize individuals' capacity for choice and self-determination. It supports participants' involvement in treatment planning decisions and engagement in activities of their own choosing that meet their needs, preferences and interests. There are opportunities through a grievance procedure to address participants' problems or concerns regarding the provision of CBAS services and supports; however, CBAS participants have the right to choose to end their participation at the CBAS center at any time for any reason.</p>		

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
5. Facilitating choice regarding services and supports, and who provides them.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>(d) Each participant shall have time to engage in activities of the participant's own choosing.</p> <p><b>T-22 §78437 – Participant Rights</b></p> <p>(a) Each participant shall have rights which include, but are not limited to the following:</p> <p>(2) To participate in development and implementation of the participant's individual plan of care.</p> <p>(3) To be fully informed regarding the services to be provided, including frequency of services and treatment objectives, as evidenced by the participant's written acknowledgement.</p> <p>(4) To be fully informed in writing prior to or at the time of admission and during participation, of the services available at the center and of related charges including any charges for services not covered under the Medi-Cal program or not covered by the center's basic per diem rate.</p> <p>(6) To treatment and rehabilitative services designed to promote the participant's functional ability to the optimal level and to encourage independence.</p> <p>(8) To be encouraged and assisted throughout the period of participation to exercise rights as a participant and civil and legal rights, and to this end to voice grievances and recommend changes in policies and services to center staff and to outside representatives of participant's choice, free from restraint,</p>			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
5. Facilitating choice regarding services and supports, and who provides them.	Met	N/A	N/A
<b><u>Relevant or Conflicting Regulations / Policies / Procedures</u></b>		<b><u>Comments</u></b>	
<p>interference, coercion, discrimination or reprisal.            (10) To end participation at the adult day health center at any time.            (11) To refuse treatment and be informed of the consequences of such refusal.            (b) Each adult day health center shall post in a prominent place in the center a list of participant rights in English and any other predominant language of the community.            (c) Participant rights shall be orally explained to each participant in a language understood by the participant.</p>			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
6. Allowing individuals to control their own schedules including access to food at any time.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p><b>T-22 §78301 – Basic Program Services; General</b>            (b) Each participant shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence.            (c) Each participant shall be treated as an individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.</p> <p><b>WIC §14550 – Required Services</b>            Adult day health care centers shall offer, and shall provide directly on the premises, at least the following services:            (g) Planned recreational and social activities suited to the needs of the participants and designed to encourage physical exercise, to prevent deterioration, and to stimulate social interaction.</p> <p><b>T-22 §54315 – Occupational Therapy Services</b>            (a) Occupational therapy services shall:            (3) Increase or maintain the participant's capability for independence.            (4) Enhance the participant's physical, emotional and social well-being.            (5) Develop function to a maximum level.            (6) Guide participants in the use of therapeutic, creative and self-care activities for improving function.</p>	<p>CBAS participants live in their own homes in their own communities and so have the freedom to make choices that anyone living in his or her own home enjoys, including controlling their daily schedule and their meals. CBAS participants voluntarily choose to attend the CBAS center, which on average means that they attend the center three days per week for approximately 5 hours per day. During the approximately five hour day (15 hours per week), participants engage in activities of their choosing, have the right to refuse services, treatments or interventions, and are served a meal and between meal snacks that meet their preferences and tastes.</p>		

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
6. Allowing individuals to control their own schedules including access to food at any time.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p><b>T-22 §54339 – Activity Program</b>            (a) The activity program shall be staffed and equipped to meet the needs and interests of each participant and shall encourage self-care and resumption of normal activities. Participants shall be encouraged to participate in activities suited to their individual needs. The activity program shall provide a planned schedule of social and other purposeful independent or group activities. Opportunities shall be provided for involvement, both individual and group, in the planning and implementation of the activity programs.            (b) The primary objectives of activity programs shall be to encourage the participant toward restoration to self-care and the resumption of normal activities or for those who cannot realistically resume normal activities, to prevent further mental or physical deterioration.            (c) The individual plan of care of each participant shall include an individual activity plan. This plan shall be reviewed quarterly.</p> <p><b>T-22 §54331 – Nutrition Service</b>            (b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.</p> <p><b>T-22 §78321 – Nutrition Services: Menus</b>            (a) Meals shall consist of a variety of food and shall be planned</p>			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
6. Allowing individuals to control their own schedules including access to food at any time.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>with consideration for medical needs, cultural and religious background and food habits and age of each participant served.</p> <p>(b) Between meal nourishments shall consist of but not be limited to a beverage and either fruits, vegetables or a grain product such as crackers, cookies or bread.</p> <p>(c) Menus for all meals, between meal nourishments, and for therapeutic diets shall be written one week in advance, approved by a dietitian and posted in the kitchen. <b>Menus shall be available for review by each participant served or the participant's designated representative.</b></p> <p><b>T-22 §78341 – Basic Services Recreation or Planned Social Activities</b></p> <p>(c) The activity coordinator's duties shall include at least the following:</p> <p>(4) <b>Involvement of participants in the planning of the program.</b></p> <p>(6) <b>Utilization of adult day health center's transportation to provide activities in the community as indicated by participant's needs and interests.</b></p> <p>(d) <b>Each participant shall have time to engage in activities of the participant's own choosing.</b></p> <p><b>T-22 §78437 – Participant Rights</b></p> <p>(a) Each participant shall have rights which include, but are not</p>			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
6. Allowing individuals to control their own schedules including access to food at any time.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>limited to the following:</p> <p>2) To participate in development and implementation of the participant's individual plan of care.</p> <p>(6) To treatment and rehabilitative services designed to promote the participant's functional ability to the optimal level and to encourage independence.</p> <p>(7) To have reasonable access to telephones, both to make and receive confidential calls, or to have such calls made for the participant, if necessary.</p> <p>(8) To be encouraged and assisted throughout the period of participation to exercise rights as a participant and civil and legal rights, and to this end to voice grievances and recommend changes in policies and services to center staff and to outside representatives of participant's choice, free from restraint, interference, coercion, discrimination or reprisal.</p> <p>10) To end participation at the adult day health center at any time.</p> <p>(11) To refuse treatment and be informed of the consequences of such refusal.</p>			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
7. Allowing individuals the freedom to have visitors at any time.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>	<u>Comments</u>		
<p><b>T-22 §78341 – Basic Services Recreation or Planned Social Activities</b>            (c) The activity coordinator's duties shall include at least the following:            (4) Involvement of participants in the planning of the program.            (6) Utilization of adult day health center's transportation to provide activities in the community as indicated by participant's needs and interests.            (d) Each participant shall have time to engage in activities of the participant's own choosing.</p> <p><b>T-22 §54337 – Program Aides</b>            (c) . . .volunteer participation shall be encouraged. . .            (d) The duties of volunteers shall be mutually determined by volunteers and staff and shall either supplement staff in established activities or by providing additional services to the program for which the volunteer has special talents, such as but not limited to:            (1) Art            (2) Music            (3) Flower arrangements            (4) Foreign language            (5) Creative skills or crafts</p>	<p>CBAS participants live in their own homes in their own communities and so have the freedom to make choices that anyone living in his or her own home enjoys, including having visitors at any time.</p> <p>CBAS participants voluntarily choose to attend the CBAS center, which on average means that they attend the center three days per week for approximately 5 hours per day. During the approximately five-hour day (15 hours per week), family members and or caregivers are welcome allowed at the center. Centers may also invite visitors and volunteers from the community to provide additional program activities such as art and music.</p> <p>There are no CBAS regulations, policies or procedures that would prohibit CBAS participants from having visitors.</p>		



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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
7. Allowing individuals the freedom to have visitors at any time.	Met	N/A	N/A
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>	<u>Comments</u>		
<p><b>HSC 1586.6 – Services; Family Members; Center Requirements</b>            Adult day health care centers may not require family members to attend the center or assist the participant with activities of daily living while at the center</p>			

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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
8. Ensuring a physically accessible setting.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p><b>T-22 §78501 – Physical Accommodations</b>            (a) Each center shall be designed, equipped and maintained to provide for a <b>safe and healthful environment</b> and shall meet the following requirements:            (1) Each <b>center shall comply with state and local building requirements.</b></p> <p><b>SOP D – Physical Plant and Health and Safety Requirements</b>            To ensure the health and safety of the CBAS participants, the physical plant of each center shall conform to the requirements of applicable sections of Title 22 of the CCR as described in part by the following:            1. <b>Physical accommodations – Designed, equipped, and maintained to provide for a safe and healthful environment.</b> Each center shall:            2. Space Requirements – Demonstrate all of the following, to include but not be limited to:            a. <b>Available space sufficient to accommodate both indoor and outdoor activities and store equipment and supplies.</b>            b. <b>A multipurpose room large enough for all participants to gather for large group activities and for meals.</b>            c. <b>A secluded area that is set aside for participants who require bed rest and privacy during medical treatments or social service interventions.</b>            3. Maintenance and Housekeeping – Be clean, safe, and in good</p>		<p>CBAS is provided in licensed adult day health care (ADHC) centers, which are evaluated for compliance with the Americans with Disabilities Act (ADA).</p> <p>Licensing regulations specify that centers shall be designed to provide for a safe and healthful environment and comply with state and local building code requirements.</p>	



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<u>HCBS Setting Requirement</u>	<u>Requirement Met, Not Met, Partially Met</u>	<u>Remedial Strategy</u>	<u>Timeline for Completion</u>
8. Ensuring a physically accessible setting.	Met	N/A	N/A
<b>Relevant or Conflicting Regulations / Policies / Procedures</b>		<b>Comments</b>	
<p>repair at all times; maintenance shall include provisions for cleaning and repair services.</p> <p>4. Safety – Have appropriate protective devices to guard against hazards by means of supervision, instruction, and installation.</p> <p><b>HSC 1586.7 – Discrimination; Eligibility</b></p> <p>(a) Adult day health care centers may not discriminate because of race, color, creed, national origin, sex, sexual orientation, or physical or mental disabilities. Centers shall accommodate individuals with physical disabilities by ensuring that they have access to bathrooms, hallways, and door entrances, and by providing safe and adequate parking and passenger loading areas. All staff at centers shall be trained and able to interact with participants with physical disabilities.</p> <p>(b) Notwithstanding subdivision (a), the program may not admit any participants to the program that, in the clinical judgment of those administering the program, cannot be appropriately cared for by the program.</p>			



**DRAFT CBAS HCB Settings Transition Plan  
Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements  
May 19, 2015**

Following is a comprehensive list of all ADHC/CBAS<sup>1</sup> laws, regulations, 1115 waiver special terms and conditions (STC) and standards of participation (SOP), policies, and other requirements that relate to the HCB Settings regulations.

ADHC/CBAS Laws and Regulations Legend	
Health and Safety Code (HSC)	Licensing laws
Welfare and Institutions Code (WIC)	Medi-Cal laws
Title 22, California Code of Regulations (T-22)	Licensing (78000 series) Medi-Cal Regulations (54000)
Special Terms and Conditions (STC) and Standards of Participation (SOP)	CBAS Provisions in the 1115 Waiver

**Program Intent and Model**

**HSC §1570.2 – Legislative Finding and Declaration**

The Legislature hereby finds and declares that there exists a pattern of overutilization of long-term institutional care for elderly persons or adults with disabilities, and that there is an urgent need to establish and to continue a community-based system of quality adult day health care which will enable elderly persons or adults with disabilities to maintain maximum independence. While recognizing that there continues to be a substantial need for facilities providing custodial care, overreliance on this type of care has proven to be a costly panacea in both financial and human terms, often traumatic, and destructive of continuing family relationships and the capacity for independent living.

It is, therefore, the intent of the Legislature in enacting this chapter and related provisions to provide for the development of policies and programs that will accomplish the following:

- (a) Ensure that elderly persons and adults with disabilities are not institutionalized inappropriately or prematurely.
- (b) Provide a viable alternative to institutionalization for those elderly persons and adults with disabilities who are capable of living at home with the aid of appropriate health care or rehabilitative and social services.
- (c) Establish adult day health centers in the community for this purpose, that will be easily accessible to all participants, including economically disadvantaged elderly persons and adults with disabilities, and that will provide outpatient health, rehabilitative, and social services necessary to permit the participants to maintain personal independence and lead meaningful lives.

<sup>1</sup> CBAS requirements include all current ADHC laws and regulations.





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**HSC §1570.7 – Definitions**

(a) "Adult day health care" means an organized day program of therapeutic, social, and skilled nursing health activities and services provided pursuant to this chapter to elderly persons or adults with disabilities with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care. Provided on a short-term basis, adult day health care serves as a transition from a health facility or home health program to personal independence. Provided on a long-term basis, it serves as an alternative to institutionalization in a long-term health care facility when 24-hour skilled nursing care is not medically necessary or viewed as desirable by the recipient or his or her family.

**T-22 §54001 – General**

- (a) Adult day health care providers shall:
- (2) Promote the social, emotional, and physical well-being of impaired individuals living in the community, alone or with others, in order to maintain them or restore them to their optimal functional potential and to help them remain at or return to their homes.

**T-22 §78301 – Basic Program Services; General**

- (a) Each adult day health center shall provide at the center the following basic services:
- (1) Rehabilitation services which include:
    - (A) Occupational therapy.
    - (B) Physical therapy.
    - (C) Speech therapy.
  - (2) Medical services.
  - (3) Nursing services.
  - (4) Nutrition services.
  - (5) Psychiatric or psychological services.
  - (6) Social work services.
  - (7) Planned recreational and social activities.
  - (8) Transportation services.
- (b) Each participant shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence.
- (c) Each participant shall be treated as an individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.

**WIC §14550 – Required Services**

Adult day health care centers shall offer, and shall provide directly on the premises, at least the following services:

- (a) Rehabilitation services, including the following:
- (1) Occupational therapy as an adjunct to treatment designed to restore impaired function of patients with physical or mental limitations.
  - (2) Physical therapy appropriate to meet the needs of the patient.
  - (3) Speech therapy for participants with speech or language disorders.
- (b) Medical services supervised by either the participant's personal physician or a staff physician, or both, which emphasize prevention treatment, rehabilitation, and continuity of care



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and also provide for maintenance of adequate medical records. To the extent otherwise permitted by law, medical services may be provided by nurse practitioners, as defined in Section 2835 of the Business and Professions Code, operating within the existing scope of practice, or under standardized procedures pursuant to Section 2725 of the Business and Professions Code, or by registered nurses practicing under standardized procedures pursuant to Section 2725 of the Business and Professions Code.

(c) Nursing services, including the following:

- (1) Nursing services rendered by a professional nursing staff, who periodically evaluate the particular nursing needs of each participant and provide the care and treatment that is indicated.
- (2) Self-care services oriented toward activities of daily living and personal hygiene, such as toileting, bathing, and grooming.

(d) Nutrition services, including the following:

- (1) The program shall provide a minimum of one meal per day which is of suitable quality and quantity as to supply at least one-third of the daily nutritional requirement, unless the participant declines the meal or medical contraindications exist, as documented in the participant's health record, that prohibit the ingestion of the meal at the adult day health care center. Additionally, special diets and supplemental feedings shall be available if indicated.
- (2) Dietary counseling and nutrition education for the participant and his or her family shall be a required adjunct of such service. Dietary counseling and nutrition education may be provided by a professional registered nurse, unless the participant is receiving a special diet prescribed by a physician, or a nurse determines that the services of a registered dietician are necessary.

(e) Psychiatric or psychological services which include consultation and individual assessment by a psychiatrist, clinical psychologist, or a psychiatric social worker, when indicated, and group or individual treatment for persons with diagnosed mental, emotional, or behavioral problems.

(f) Social work services to participants and their families to help with personal, family, and adjustment problems that interfere with the effectiveness of treatment.

(g) Planned recreational and social activities suited to the needs of the participants and designed to encourage physical exercise, to prevent deterioration, and to stimulate social interaction.

(h) Transportation service for participants, when needed, to and from their homes utilizing specially equipped vehicles to accommodate participants' needs. The transportation service may only exceed one hour when necessary to ensure regular and planned attendance at the adult day health care center and when there is documentation in the participant's health record that there is no medical contraindication.

### **STC 95 – CBAS Eligibility & Delivery System**

Community Based Adult Services” is an outpatient, facility-based program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, care coordination, and transportation to eligible State Plan beneficiaries.



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## **Assessment**

### **WIC §14529 – Multidisciplinary Health Team**

(d) The assessment team shall:

- (1) Determine the medical, psychosocial, and functional status of each participant.
- (2) Develop an individualized plan of care, including goals, objectives, and services designed to meet the needs of the person, which shall be signed by each member of the multidisciplinary team, except that the signature of only one physician member of the team shall be required.
- (3) At least biannually reassess the participant's individualized plan care and make any necessary adjustments to the plan.

### **T-22 §54207 – Multidisciplinary Team Assessment**

(a) Each applicant shall be assessed by a multidisciplinary team prior to acceptance into the program. The assessment shall be conducted by the adult day health care provider in order to ascertain the individual's pathological diagnosis, physical disabilities, functional abilities, psychological status and social and physical environment. The assessment shall include:

- (1) Contact with the applicant's physician to obtain the individual's medical history and a statement indicating the applicant's restrictions and medications and absence of infectious disease. If the applicant does not have a personal physician, the center shall assist the individual in finding one. An initial physical examination may be done by the staff physician or by a nurse practitioner under the supervision of a physician to the extent allowed under state law.
- (2) Assessment of the home environment based on a home visit within the last 12 months. The assessment shall include:
  - (A) Living arrangements
  - (B) Relationship with family or other person
  - (E) Access to transportation, shopping, church or other needs of the individual

### **T-22 §54211 – Multidisciplinary Team**

(a) The multidisciplinary team conducting the assessment pursuant to Section 54207 shall consist of at least a physician, nurse, social worker, occupational therapist and physical therapist. The physician may be either a salaried staff member of the adult day health center or the participant's physician. When indicated by the needs of the participant, a psychiatrist, psychologist, psychiatric social worker, speech therapist and dietitian shall be included as members of the assessment team and assist in the assessment.

(b) The multidisciplinary assessment team shall:

- (1) Determine the medical, psychosocial and functional status of each participant.
- (2) Develop an individualized plan of care including goals, objectives and services designed to meet the needs of the person. . .



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**T-22 §78303 – Basic Program Services: Assessment**

- (a) The multidisciplinary team shall be composed of at least a staff or attending physician, a registered nurse, a social worker, an occupational therapist and a physical therapist.
- (b) The multidisciplinary team, in collaboration with the participant or the participant's authorized representative and the placement agency, if any, shall assess each participant's need for service prior to the acceptance of that participant.

**Care Planning**

**T-22 §54211 – Multidisciplinary Team – Individual Plan of Care**

- (b) The multidisciplinary assessment team shall:
  - (2) Develop an individualized plan of care including goals, objectives and services designed to meet the needs of the person. . .
- (A) The individualized plan of care shall include:
  - 1. Medical diagnoses.
  - 2. Prescribed medications and frequency.
  - 3. Scheduled days of attendance.
  - 4. Specific type, number of units of service and frequency of individual services to be given on a monthly basis.
  - 5. The specific elements of the services which need to be identified with individual objectives, therapeutic goals and duration of treatment.
  - 6. An individualized activity plan designed to meet the needs of the participant for social and therapeutic recreational activities.
  - 7. Participation in specific group activities.
  - 8. A plan to meet transportation needs.
  - 9. Therapeutic diet requirements, dietary counseling and education if indicated.
  - 10. A plan for other needed services which the adult day health center will coordinate.
  - 11. Prognosis and prospective length of stay.

**T-22 §78303 – Basic Program Services: Assessment**

- (c) The multidisciplinary team shall determine and document in the participant's health record that:
  - (1) The amount of care, supervision and type of services required by the participant are available in the center.
  - (2) The participant is ready and can benefit from the program the center has to offer.
- (d) A written individualized plan of care shall be developed to meet the needs of each participant and shall include but not be limited to:
  - (1) Scheduled days of attendance.
  - (2) Medical diagnoses.
  - (3) Prescribed medications and frequency of administration.
  - (4) Specific element of the service needed.



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- (5) Individualized objectives, therapeutic goals and duration of each service.
- (6) An individualized activity plan designed to meet the needs of the participant for social and therapeutic recreational activities
- (7) Participation in specific group activities.
- (8) A plan for transportation needs.
- (9) Therapeutic diet requirements and if indicated, the plan for dietary counselling and education.
- (10) A plan for other services needed by the participant.
- (11) Discharge planning.
- (12) The signature of each member of the multidisciplinary team including a physician.

**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, 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 IPC will identify each enrollee's preferences, choices and abilities and the strategies to address those preferences, choices and abilities; 2) How the IPC 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 IPC will ensure that the enrollee has informed choices about treatment and service decisions; and 4) How the IPC 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:

- i. Medical diagnoses.
- ii. Prescribed medications.
- iii. Scheduled days at the CBAS center.



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- iv. Specific type, number of service units, and frequency of individual services to be rendered on a monthly basis.
- v. Elements of the services that need to be linked to individual objectives, therapeutic goals, and duration of service(s).
- vi. An individualized activity plan designed to meet the needs of the enrollee for social and therapeutic recreational activities.
- vii. Participation in specific group activities.
- viii. Transportation needs, including special transportation.
- ix. Special diet requirements, dietary counseling and education, if needed.
- x. A plan for any other necessary services that the CBAS center will coordinate.
- xi. 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.

**STC 98(c) – Coordination with CBAS Providers**

The responsibilities of managed care plans for the CBAS benefit shall be consistent with each individual managed care plan's contract with DHCS and with these STCs and shall include that plans do the following:

- (c) Coordination with CBAS Providers: Coordinate member care with CBAS providers to ensure the following:
- i. CBAS IPCs are consistent with members' overall care plans and goals developed by the managed care plan.
  - ii. Exchange of participant discharge plan information, reports of incidents that threaten the welfare, health and safety of the participant, and significant changes in participant condition are conducted in a timely manner and facilitate care coordination.
  - iii. Clear communication pathways to appropriate plan personnel having responsibility for member eligibility determination, authorization, care planning, including identification of the lead care coordinator for members who have a care team, and utilization management.

**SOP F – Individual Plan of Care**

The participant's IPC shall:

1. Be developed by the CBAS center's multidisciplinary team and signed by representatives of each discipline required to participate in the multidisciplinary team assessment.
2. Be the result of a collaborative process among the CBAS provider, the participant, and if applicable, the participant's authorized representative(s) and/or managed care plan.
4. Be based on a person-centered planning process and meet the requirements specified in the CBAS STCs.
5. Be based on assessment or reassessment conducted no more than 30 days prior to the start date of the IPC.



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## **Choice / Consent**

### **WIC §14527 – Voluntary Participation**

Participation in an adult day health care program shall be voluntary. The participant may end the participation at any time.

### **T-22 §54217 – Beneficiary Agreement of Participation**

(a) When the initial assessment has been completed and the individualized plan of care prepared, an agreement of participation on forms furnished by the Department shall be prepared by the adult day health care provider and discussed with the prospective participant or the participant's guardian or conservator.

(b) If the terms of agreement are satisfactory, the participant shall sign the statement. The statement shall be sent to the Department with the initial Treatment Authorization Request. The signing of the agreement of participation does not mandate participation and the participant may end participation at any time.

### **WIC §14555 – Grievance Procedures**

Each adult day health care provider shall establish a grievance procedure under which participants may submit their grievances. Such procedure shall be approved by the department prior to the approval of the certification. The department shall establish standards for such procedures to insure adequate consideration and rectification of participant grievances. A provider shall make written findings of fact in the case of each grievance processed, a copy of which shall be transmitted to the participant. If the Medi-Cal participant has an unresolved grievance, the fair hearing provided in Chapter 7 (commencing with Section 10950) of Part 2 of this division shall be available to resolve all grievances regarding care and administration by the adult day health care provider. The findings and recommendations of the department, based on the decision of the hearing officer, shall be binding upon the adult day health care provider.

### **T22 54407 – Grievance Procedure**

(a) Each adult day health care provider shall establish and maintain a procedure for submittal, processing and resolution of grievances of participants regarding care and administration by the provider. Such procedure shall be approved by the Department and shall provide for the following:

- (1) Recording each grievance in writing.
- (2) Maintaining a log of all grievances submitted, including notes on progress towards resolution.
- (3) A written finding of act and decision within 30 days of the recording of any grievance received.
- (4) Transmittal of the following to the participant within five days of decision:
  - (A) A written copy of the finding of fact.
  - (B) An explanation of the decision concerning the grievance.
  - (C) Information concerning the participant's right to a fair hearing in accordance with Section 54409.



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(b) The participant may request a fair hearing by the Department within 10 days following receipt of written decision concerning the grievance.

**STC 95(f) – Grievances and Appeals**

(f) A beneficiary who receives a written notice of action has the right to file an appeal and/or grievance under State and Federal Law.

ii. A CBAS participant may file a grievance with their Managed Care Organization as a written or oral complaint. The participant or their authorized representative may file a grievance with the participant's Managed Care Organization at any time they experience dissatisfaction with the services or quality of care provided to them, and as further instructed by the MCO.

**SOP H(9) – Organization and Administration – Grievance Procedures**

The CBAS center shall be organized and staffed to carry out the services and other requirements specified in the waiver. Such organization shall include:

9. A written grievance process whereby participants and family/caregivers can report and receive feedback regarding CBAS services.

**Independence, Autonomy, Choice of Daily Schedule**

**T-22 §54315 – Occupational Therapy Services**

(a) Occupational therapy services shall:

- (3) Increase or maintain the participant's capability for independence.
- (4) Enhance the participant's physical, emotional and social well-being.
- (5) Develop function to a maximum level.
- (6) Guide participants in the use of therapeutic, creative and self-care activities for improving function.

**T-22 §54339 – Activity Program**

(a) The activity program shall be staffed and equipped to meet the needs and interests of each participant and shall encourage self-care and resumption of normal activities. Participants shall be encouraged to participate in activities suited to their individual needs. The activity program shall provide a planned schedule of social and other purposeful independent or group activities. Opportunities shall be provided for involvement, both individual and group, in the planning and implementation of the activity programs.

(b) The primary objectives of activity programs shall be to encourage the participant toward restoration to self-care and the resumption of normal activities or for those who cannot realistically resume normal activities, to prevent further mental or physical deterioration.

(c) The individual plan of care of each participant shall include an individual activity plan. This plan shall be reviewed quarterly.



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**T-22 §54331 – Nutrition Service**

(b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.

**T-22 §78321 – Nutrition Services: Menus**

(a) Meals shall consist of a variety of food and shall be planned with consideration for medical needs, cultural and religious background and food habits and age of each participant served.

(b) Between meal nourishments shall consist of but not be limited to a beverage and either fruits, vegetables or a grain product such as crackers, cookies or bread.

(c) Menus for all meals, between meal nourishments, and for therapeutic diets shall be written one week in advance, approved by a dietitian and posted in the kitchen. Menus shall be available for review by each participant served or the participant's designated representative.

**T-22 §78341 – Basic Services Recreation or Planned Social Activities**

(c) The activity coordinator's duties shall include at least the following:

(4) Involvement of participants in the planning of the program.

(6) Utilization of adult day health center's transportation to provide activities in the community as indicated by participant's needs and interests.

(d) Each participant shall have time to engage in activities of the participant's own choosing.

**T-22 §54337 – Program Aides**

(c) . . . volunteer participation shall be encouraged. . .

(d) The duties of volunteers shall be mutually determined by volunteers and staff and shall either supplement staff in established activities or by providing additional services to the program for which the volunteer has special talents, such as but not limited to:

(1) Art

(2) Music

(3) Flower arrangements

(4) Foreign language

(5) Creative skills or crafts

**HSC 1586.6 – Services; Family Members; Center Requirements**

Adult day health care centers may not require family members to attend the center or assist the participant with activities of daily living while at the center.

**Rights**

**T-22 §78437 - Participant Rights**

(a) Each participant shall have rights which include, but are not limited to the following:

(1) To be fully informed by the multidisciplinary team of health and functional status unless medically contraindicated, as documented by a physician in the participant's health record.



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- (2) To participate in development and implementation of the participant's individual plan of care.
- (3) To be fully informed regarding the services to be provided, including frequency of services and treatment objectives, as evidenced by the participant's written acknowledgement.
- (4) To be fully informed in writing prior to or at the time of admission and during participation, of the services available at the center and of related charges including any charges for services not covered under the Medi-Cal program or not covered by the center's basic per diem rate.
- (5) To be fully informed of rights and responsibilities as a participant and of all rules and regulations governing participant conduct and responsibilities. Information shall be provided prior to or at the time of admission or in the case of participants already in the center, when this center adopts or amends participant rights policies, the receipt of this information shall be acknowledged by the participant or the participant's authorized representative in writing.
- (6) To treatment and rehabilitative services designed to promote the participant's functional ability to the optimal level and to encourage independence.
- (7) To have reasonable access to telephones, both to make and receive confidential calls, or to have such calls made for the participant, if necessary.
- (8) To be encouraged and assisted throughout the period of participation to exercise rights as a participant and civil and legal rights, and to this end to voice grievances and recommend changes in policies and services to center staff and to outside representatives of participant's choice, free from restraint, interference, coercion, discrimination or reprisal.
- (9) To have a fair hearing.
- (10) To end participation at the adult day health center at any time.
- (11) To refuse treatment and be informed of the consequences of such refusal.
- (12) To be discharged only for medical reasons, or for the participant's welfare or that of other participants or for nonpayment for his services and to be given reasonable advance notice to ensure orderly discharge. Such actions shall be documented in the participant's health record.
- (13) To be insured of the confidential treatment of all information contained in participant records, including information contained in an automatic data bank. The participant's written consent shall be required for the release of information to persons not otherwise authorized under law to receive it. Persons representing the news media shall not be given any information that identifies or leads to the identification of the participant, including photographs, unless the participant has given written consent. A participant may provide written consent which limits the degree of information and the persons to whom information may be given.
- (14) To not be required to perform services for the facility that are not included for therapeutic purposes in the participant's individual plan of care.
- (15) To dignity, privacy and humane care, including privacy in treatment and in care for personal needs.
- (16) To be free from harm, including unnecessary physical restraint, or isolation, excessive medication, physical or mental abuse or neglect.
- (17) To be free from hazardous procedures.
- (b) Each adult day health center shall post in a prominent place in the center a list of participant rights in English and any other predominant language of the community.
- (c) Participant rights shall be orally explained to each participant in a language understood by the participant.



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**SOP H(10) – Organization and Administration – Grievance Procedures**

The CBAS center shall be organized and staffed to carry out the services and other requirements specified in the waiver. Such organization shall include:

10. Civil Rights and Confidentiality – Adherence to all laws and regulations regarding civil rights and confidentiality of both participants and CBAS staff. CBAS providers are subject to Federal and State laws regarding discrimination and abuse and the reporting of such, inclusive of the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Information Practices Act (IPA).

**Community Activities**

**T-22 §54329 – Medical Social Services**

- (5) Provide counseling and referral to available community resources.
- (6) Promote peer group relationship through problem-centered discussion group and task oriented committees.
- (7) Serve as liaison with the participant's family and home.
- (8) Serve as liaison with other community agencies who may be providing services to a participant and work with these agencies to coordinate all services delivered to the participant to meet the participant's needs and avoid duplication.

**T-22 §78505 – Space Requirements**

- (a) Space shall be available to accommodate both indoor and outdoor activities and for storage of equipment and supplies.
- (i) Space for outdoor activities shall be easily accessible to ambulatory and non-ambulatory participants and shall be protected from traffic.

**Physically Accessible Setting**

**T-22 §78501 – Physical Accommodations**

- (a) Each center shall be designed, equipped and maintained to provide for a safe and healthful environment and shall meet the following requirements:
  - (1) Each center shall comply with state and local building requirements.

**SOP D – Physical Plant and Health and Safety Requirements**

To ensure the health and safety of the CBAS participants, the physical plant of each center shall conform to the requirements of applicable sections of Title 22 of the CCR as described in part by the following:



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1. Physical accommodations – Designed, equipped, and maintained to provide for a safe and healthful environment. Each center shall:
2. Space Requirements – Demonstrate all of the following, to include but not be limited to:
  - a. Available space sufficient to accommodate both indoor and outdoor activities and store equipment and supplies.
  - b. A multipurpose room large enough for all participants to gather for large group activities and for meals.
  - c. A secluded area that is set aside for participants who require bed rest and privacy during medical treatments or social service interventions.
3. Maintenance and Housekeeping – Be clean, safe, and in good repair at all times; maintenance shall include provisions for cleaning and repair services.
4. Safety – Have appropriate protective devices to guard against hazards by means of supervision, instruction, and installation.
5. Supplies – Maintain sufficient supplies for functional operation and meeting the needs of the participants.

**HSC 1586.7 – *Discrimination; Eligibility***

- (a) Adult day health care centers may not discriminate because of race, color, creed, national origin, sex, sexual orientation, or physical or mental disabilities. Centers shall accommodate individuals with physical disabilities by ensuring that they have access to bathrooms, hallways, and door entrances, and by providing safe and adequate parking and passenger loading areas. All staff at centers shall be trained and able to interact with participants with physical disabilities.
- (b) Notwithstanding subdivision (a), the program may not admit any participants to the program that, in the clinical judgment of those administering the program, cannot be appropriately cared for by the program.

**Safety**

**T-22 §78315 – *Nursing Services-Restraints***

- (a) Restraints shall be used only as measures to protect the participant from injury to self, based on the assessment of the participant by the multidisciplinary team.
- (b) Restraints shall be used only under the following conditions:
  - (1) Treatment restraints for the protection of the participant during treatment and diagnostic procedures.
  - (2) Supportive restraints for positioning the participant and to prevent the participant from falling out of a chair or from a treatment table or bed.
- (c) Acceptable forms of restraints shall include only cloth vests, soft ties, soft cloth mittens, seat belts and trays with spring release devices. Soft ties means soft cloth which does not cause skin abrasion and which does not restrict blood circulation.



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- (d) Restraints shall not be used as punishment or as a substitute for medical and nursing care.
- (e) No restraints with locking devices shall be used or available for use.
- (f) Restraints shall be applied in a manner so that they can be speedily removed in case of fire or other emergency.
- (g) Various types of adult chairs referred to as geriatric chairs are not defined as a restraint if the type of closing mechanism of the chair and the physical and mental capability of the specific participant allow for easy removal.

**H&S §1584 – Facilities for Alzheimer or Dementia Participants – Installation of Secure Perimeter Fences or Egress Control Devices; Emergency Evacuation Procedures**

- (a) An adult day health care center that provides care for adults with Alzheimer's disease and other dementias may install for the safety and security of those persons secured perimeter fences or egress control devices of the time-delay type on exit doors.
- (b) As used in this section, "egress control device" means a device that precludes the use of exits for a predetermined period of time. These devices shall not delay any participant's departure from the center for longer than 30 seconds. Center staff may attempt to redirect a participant who attempts to leave the center.
- (c) Adult day health care centers installing security devices pursuant to this section shall meet all of the following requirements:
  - (1) The center shall be subject to all fire and building codes, regulations, and standards applicable to adult day health care centers using egress control devices or secured perimeter fences and shall receive a fire clearance from the fire authority having jurisdiction for the egress control devices or secured perimeter fences.
  - (2) The center shall maintain documentation of diagnosis by a physician of a participant's Alzheimer's disease or other dementia.
  - (3) The center shall provide staff training regarding the use and operation of the egress control devices utilized by the center, the protection of participants' personal rights, wandering behavior and acceptable methods of redirection, and emergency evacuation procedures for persons with dementia.
  - (4) All admissions to the center shall continue to be voluntary on the part of the participant or with consent of the participant's conservator, an agent of the participant under a power of attorney for health care, or other person who has the authority to act on behalf of the participant. Persons who have the authority to act on behalf of the participant include the participant's spouse or closest available relative.
  - (5) The center shall inform all participants, conservators, agents, and persons who have the authority to act on behalf of participants of the use of security devices. The center shall maintain a signed participation agreement indicating the use of the devices and the consent of the participant, conservator, agent, or person who has the authority to act on behalf of the participant. The center shall retain the original statement in the participant's files at the center.
  - (6) The use of egress control devices or secured perimeter fences shall not substitute for adequate staff. Staffing ratios shall at all times meet the requirements of applicable regulations.
  - (7) Emergency fire and earthquake drills shall be conducted at least once every three months, or more frequently as required by a county or city fire department or local fire prevention district.



**DRAFT CBAS HCB Settings Transition Plan  
Analysis of Laws, Regulations, Waiver, Policies, and Other Requirements  
May 19, 2015**

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The drills shall include all center staff and volunteers providing participant care and supervision. This requirement does not preclude drills with participants as required by regulations.

(8) The center shall develop a plan of operation approved by the department that includes a description of how the center is to be equipped with egress control devices or secured perimeter fences that are consistent with regulations adopted by the State Fire Marshal pursuant to Section 13143. The plan shall include, but not be limited to, the following:

- (A) A description of how the center will provide training for staff regarding the use and operation of the egress control device utilized by the center.
- (B) A description of how the center will ensure the protection of the participant's personal rights consistent with applicable regulations.
- (C) A description of the center's emergency evacuation procedures for persons with Alzheimer's disease and other dementias.
- (d) This section does not require an adult day health care center to use security devices in providing care for persons with Alzheimer's disease and other dementias.



## **Appendix VI**

### **Public Comments Log/Documents**



June 26, 2015

Denise Peach  
California Department of Aging  
CBAS Branch  
1300 National Drive, Suite 200  
Sacramento, CA 95834  
By email: [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov)

RE: CBAS Transition Plan – AARP Comments

Dear Denise:

AARP appreciates the opportunity to comment on California's draft Community-Based Adult Services (CBAS) Home and Community-Based Services (HCBS) Settings Transition Plan (STP). AARP commends the efforts to date of the California Departments of Health Care Services and Aging (CDA) in putting the STP together. The new HCBS settings rule holds great promise for improving the Medicaid HCBS system and giving consumers and their families more choice and control over the services that enable them to live in their homes and communities. California's draft STP is a solid starting point for documenting state's completed and planned activities for achieving compliance with the HCBS settings rule. However, there are a number of areas where we believe the state can further strengthen the plan or add more detail so that the plan can function as intended and protect HCBS consumers.

#### **Undue Reliance on Provider Self-Assessments**

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 to 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.

#### **Greater Consumer Input and Engagement Needed**

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 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

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200 South Los Robles Avenue, Suite 400 Pasadena, CA 91101 phone 866-448-3615 fax 626-583-8500  
150 Post, Suite 450 San Francisco, CA 94108 phone 415-986-3468 fax 415-986-3467  
Jeannine English, President Jo Ann Jenkins, C.E.O. [www.aarp.org](http://www.aarp.org)

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.
- 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)<sup>1</sup>. We know there has been a discussion of such an assessment, and we encourage California to move forward on this.
- 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.

#### **Additional Detail Needed on the Plan for Monitoring and Ensuring Ongoing Compliance**

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.

Thank you again for this opportunity to comment on the state's CBAS HCBS Settings Transition Plan. We look forward to working with the state to ensure that the HCBS settings rule is implemented and monitored in a way that best serves the needs of California's CBAS consumers.

If you have any questions about our comments, please feel free to reach me at [nweiler@arp.org](mailto:nweiler@arp.org) or 916-556-3027.

Sincerely,



Nina Weiler-Harwell, Ph.D.  
Associate State Director – Advocacy  
AARP California

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<sup>1</sup> Citing the final, cross-cutting STP, which can be found at <http://dch.georgia.gov/sites/dch.georgia.gov/files/Georgia%20HCBS%20Transition%20Plan%2011042014.pdf>. See p. 13.

June 26, 2015

Lora Connolly, Director  
California Department of Aging  
1300 National Drive, Suite 200  
Sacramento, CA 95834

Jennifer Kent, Director  
California Department of Health Care Services  
P.O. Box 997413  
Sacramento, CA 95889

Dear Director Connolly and Director Kent:

The undersigned organizations write to share their support and recommendations for the draft transition plan for bringing Community-Based Adult Services (CBAS) into compliance with the new federal Home and Community Based Services (HCBS) regulations.

Our comments are based both on support for CBAS as an important piece of California's system of long-term services and supports, and with a belief that the CBAS system can be improved through implementation of the HCBS regulations.

**1) CBAS was created with the purpose of preventing institutionalization and facilitating community integration.**

CBAS was created under a federal court settlement agreement<sup>1</sup> 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.<sup>2</sup> 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."<sup>3</sup>

**2) Program standards require CBAS centers to be sensitive to participant acuity.**

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.<sup>4</sup> 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."<sup>5</sup>

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<sup>1</sup> *Darling v. Douglas*, Case No. C 09-3798 SBA, Settlement Agreement, Class Action (N.D. Cal. 2011), available at <http://www.dhcs.ca.gov/Documents/Darling%20v.%20Douglas%20Settlement%20Agreement.pdf>.

<sup>2</sup> *Brantley v. Maxwell-Jolly*, Case No. C 09-3798 SBA, Order Granting Plaintiffs' Motion for Preliminary Injunction, at 12-18 (N.D. Cal. Sept. 10, 2009).

<sup>3</sup> CBAS DRAFT Home and Community Based Settings Transition Plan at 3 (May 19, 2015) ("Draft Transition Plan").

<sup>4</sup> California Department of Aging, Community-Based Adult Services Eligibility Criteria, [http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2012/CBAS\\_Eligibility\\_Criteria-Table\\_05232012.pdf](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/forms/2012/CBAS_Eligibility_Criteria-Table_05232012.pdf).

<sup>5</sup> Draft Transition Plan at 4.

### **3) The CBAS system must be modified to come into compliance with the HCBS regulations.**

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.<sup>6</sup> 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.<sup>7</sup> 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.

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.<sup>8</sup> 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.

### **4) Use of “secure perimeters” does not obviate the need for community integration.**

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.”<sup>9</sup> 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.”<sup>10</sup>

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.

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.

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<sup>6</sup> Draft Transition Plan at 9.

<sup>7</sup> Draft Transition Plan at 11.

<sup>8</sup> Draft Transition Plan at 17.

<sup>9</sup> Draft Transition Plan at 4.

<sup>10</sup> Draft Transition Plan at 4.

**Conclusion**

We appreciate the State's recognition that full transition and compliance will require several years. Our organizations are encouraged by development of this draft transition plan and look forward to being involved in the process moving forward. Thank you for your important work in implementing the HCBS regulations. Please feel free to contact us at any time with questions or suggestions.

Sincerely,

Disability Rights California  
Disability Rights Education and Defense Fund  
Justice in Aging (formerly National Senior Citizens Law Center)

**From:** [Cathy.X.Lurty@kp.org](mailto:Cathy.X.Lurty@kp.org) [<mailto:Cathy.X.Lurty@kp.org>]

**Sent:** Monday, June 22, 2015 6:28 PM

**To:** CBAS@CDA

**Cc:** [Gwendolyn.LeakeIsaacs@kp.org](mailto:Gwendolyn.LeakeIsaacs@kp.org); [Sheila.Lawler@kp.org](mailto:Sheila.Lawler@kp.org); [Sarita.A.Mohanty@kp.org](mailto:Sarita.A.Mohanty@kp.org); [Christine.X.Nelson@kp.org](mailto:Christine.X.Nelson@kp.org)

**Subject:** DRAFT CBAS HCB Settings Transition Plan - Comments: Kaiser Permanente

Thank you for the opportunity to provide comments on this transition plan. KP's comments are below.

### **KAISER PERMANENTE - COMMENTS**

- 1)** 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.
- 2)** 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.
- 3)** 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.
- 4)** 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.
- 5)** 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.
- 6)** 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.
- 7)** 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;CBAS Center accountability to notify and provide discharge plan document to the MCO upon participant discharge from CBAS Center;

Please let us know if you have any questions.

Cathy S Lurty, MPH  
Project Management Consultant Specialist  
California Medi-Cal and State Sponsored Programs  
Kaiser Foundation Health Plan  
Cell: (626) 644-1962



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## CBAS HCB Settings Stakeholder Input Log

As of 5/19/15

Date Submitted	Subject	Comment/Question	Submission Type		Submission Method			
			Comment	Question	Email	Meeting	Phone	Mail
02/24/2015	Access (CMS Item #1)	1e - our center invites the community, example school children. 1k - we encourage our participants with center tasks like cleaning the table, setting the table for lunch, setting aside folders.	1			1		
02/24/2015	Access (CMS Item #1)	11 - have centers considered a height adjustable table for those participants on big and tall power wheelchairs?		1		1		
02/24/2015	Privacy/Dignity (CMS Item #3)	3e - although we do not have anyone on restraints, a postural support needs MD certification so it is not considered as a restraint but as a support. 3f - IPC needs to mention the behavioral approach specific to the individual with behavioral problem	1			1		
02/24/2015	Stakeholder Process	When does each center need to complete this document by?		1		1		
02/24/2015	Choice (CMS Item #5)	5e is a very important one; it seems how much the center gets involved with additional HCBS requests or changes varies greatly;	1			1		
02/24/2015	Setting Selection (CMS Item #2)	2b ".....to the extent that the individual is able to participate in such activities and still qualify for CBAS via their health challenges, they will be given the opportunity to participate in such settings."	1			1		
02/24/2015	Access (CMS Item #1)	#1 We have private pay as well as VA participants in our facilities,so I see our activities and thrapies are in a community setting seem very relevant. 1.i Demand response transportation is available and mobility training is offered to our participants.	1			1		
02/24/2015	Access (CMS Item #1)	OT and the activites director work together regarding each person. Cooking, Sewing, cutting,etc.	1			1		
02/24/2015	Access (CMS Item #1)	1a population with that ratio. so answer is yes and no. We coordinate with the caregiver. The most important area is access to transportation. Service at our center is available all day, although could change later so we do not limit the day to 4 hours. If we do the answer is no, we can not accomodate the need of the caregiver 1C- Yes - we try to provide culturally sensitive activities - 1d- for our population grouping them is more apporpriate. This is participants with Alzheimer's and dementia. smaller groups and infrastructure design is important. so Yes we have low fencing as higher fencing reflects instituatization. however, we have issues with elopement. we have guards at the exit doors all the time.	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	4e - yes, we also do training, in-service	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	I am wondering since alcohol was a question is smoking allowable?? We have smoking policy in the patios. although they require one on one supervision	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	They choose where they want to sit Only individuals with special diet they sit with a one on one supervision- high risk. name badges identify their diet as well so staff may recognize the special diet. We should have more structured meal servings.	1			1		

### CBAS HCB Settings Stakeholder Input Log

Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
02/24/2015	Access (CMS Item #1)	We still need to meet the 4 hour requirement right? We need to protect a vulnerable population. How do we do that when we are expected to have the client's access areas that may not be safe, as for dementia clients, etc. We provide outside entertainment for our client's 4xmonth. Often the MSW deals with clients continuing to go to church, or go shopping, etc, with their family/caregiver.	1			1		
02/24/2015	Managed Care Plans	Alliance has done a physical access assessment at our facility	1			1		
02/24/2015	Autonomy (CMS Item #4)	We have an area for client's that may elope from the facility.	1			1		
02/24/2015	Autonomy (CMS Item #4)	What do they mean by "non-work" activities?		1		1		
02/24/2015	Choice (CMS Item #5)	The only activity we do every day is Bingo on fear of death to staff. This is a part of patient's rights within reason. There is a conflict often between the client that wants the socialization and the Dr/family which wants the therapy/health maintenance.	1					
02/24/2015	Other	Can we apply for a new CBAS license?		1		1		
02/24/2015	Access (CMS Item #1)	Where does the caregiver assessment come into this? For example, does the schedule question also take into account the schedule of the caregiver?		1		1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	For 4a, can we have access codes to prevent dementia participants mixed with non-dementia from going out and wandering? and are we allowed to have locked gates which opens up to car passages?		1		1		
02/24/2015	Choice (CMS Item #5)	what preferences are they referring to? i think before we can say if it is being done we need to better define what they mean by preferences I agree that this needs to be improved as we look at person centered care planning as we don't really see member specific preferences on the IPCs. do they mean like IHSS. I think this is an area in which could use improvement as some centers do really well and other centers do not assist much with these types of requests.	1			1		
02/24/2015	Stakeholder Process	I think this is a great start and look forward to continuing this process	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	I don't see these specific needs addressed in the IPCs for members, some centers are really good others really struggle with this many with behavioral health issues use smoking as a coping method for their BH issues and if you take that away will see increased agitation	1			1		
02/24/2015	Choice (CMS Item #5)	We do provide an individual plan of care. This also speaks to person-centered care, which will be further addressed when the person-centered care is developed I think a lot of this section can be addressed as we develop the structure of the person-centered care that's required for the waiver. instead of the word "afford"-- support could be used too?	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	There are wander guards on exit doors	1			1		

### CBAS HCB Settings Stakeholder Input Log

Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
02/24/2015	Initiative/Autonomy (CMS Item #4)	We choose a particular "home table" for our participants, based on what the social workers think would work best for them. They certainly can move around and choose other tables or participants with whom to interact. It's an interesting question. We have discussed this in depth at our center. It is almost impossible for us to afford much choice in meals, other than what is medically required. We have our meals delivered and cannot make many changes to meet personal preferences.	1			1		
02/24/2015	Initiative/Autonomy (CMS Item #4)	Another interesting question. This comes up for us around smoking. As we consider ourselves a health facility, we do not allow smoking. We, unfortunately, do not have any contained outdoor space.	1			1		
03/17/2015	Person-Centered Care Plan Development	At Eskaton ADHC, we involve family members or caregivers during the assessment process, especially those who have significant cognitive impairment. this is our way of knowing more about the participant and how we will address his/her care while at the center. At the team meeting, we invite the family/caregiver and participant as we discuss the Plan of Care. their input is important and we give emphasis to what they say.	1			1		
03/17/2015	Other	On the Quality workgroup, it seems to me that it would be very important to have representation from the Health Plans because they have to report these (I think) to the State and CMS.	1			1		
03/17/2015	Person-Centered Care Plan Development	What I am hearing is so broad that we will never be able to come up with a workable compromise. we have to consider the role of CBAS in the overall health care process instead of assuming that the CBAS center is the coordinator of all the cares available to the participant.	1			1		
03/17/2015	Person-Centered Care Plan Development	Please consider the fact that when we are talking about caregivers in the context of our population that we serve in Los Angeles area, we are dealing with caregivers paid by IHSS who are mostly family members and generally the payments are considered as a financial aid rather than a caregivers who are fully committed to the care required.	1			1		
03/17/2015	Managed Care Plan Coordination	What is the process of requesting unmet needs (ie. home equipments) from insurance companies?		1		1		
03/17/2015	Person-Centered Care Plan Development	I strongly believe that the professional health care providers in general and ADHC/CBAS providers particularly should always have patient/participant centered care approach, and the way of their thinking/philosophy and approach should not be changed r/t outside policy or regulation changes.	1			1		
03/17/2015	Person-Centered Care Plan Development	As we build trust with people and help them to feel better in ways that they are comfortable with, it becomes easier for them to consider new things..per what Lydia is saying about this topic	1			1		

## CBAS HCB Settings Stakeholder Input Log

Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
03/17/2015	Person-Centered Care Plan Development	As Brian was just describing, I think the key aspect is not to take things for granted; to listen carefully to participants, their families and other care providers, and respond to them as individuals over time, not making assumptions. As people gain health they often regain ability and function and can be more engaged.	1			1		
03/17/2015	Person-Centered Care Plan Development	The word non-compliant itself is not person-centered. It indicates that the staff is making a decision for the participant. It's not collaborative. What does the participant want, how can the staff work with the participant to help understand their needs and what they're communicating? The beauty of ADHC is that the center has a social worker and a psychological consultant who can work with the participant and the family member to help negotiate and to elicit the hesitancy of the participant and the desires of the family	1			1		
03/17/2015	Person-Centered Care Plan Development	We were directed to send our comments or questions to you. I have a comment. The speakers stated that "Person Centered Care" is a new concept. We've been doing Person Centered Care at our facility all along. I've been doing Person Centered Care since I first began my career as a Social Worker 15 yrs. ago. Our training and education was geared in that direction and we always start where the client is. We also include family, caregivers, and collaborate with all persons involved with the case. This is not a new concept. I was expecting to hear about the revised IPC or new regulations or requirements on how we document what we do.	1		1			
03/19/2015	Person-Centered Care Plan Development	I attended your webinar on Person Centered Planning (PCP) in CBAS. I worked in the field of developmental disability, the DDS/Regional Center system for 17 years in a management capacity. PCP was flushed out in this system over 15 years ago. It is concept that is well-borrowed in the field of aging. Here are 3 take-aways from the discussion on the Webinar:  Conflict and Disagreement between Program Participants and Family/Circle of Support The group on the webinar was struggling to come up with examples of conflict or disagreement between the person served and their family members/support team. Often this is a case of Health & Safety vs. Dignity in Risk. An elderly person with vision loss wants to retain their driver's license while the support team clearly views this as a health hazard, not only to the person but to others. An older person with diabetes want to continue their routine stops at the donut shop as they have for the past 40 years. The support team realizes this is not a healthy choice and could cause the person harm. We have to help the person make an educated choice. If there is no conservator, they can continue making an unhealthy choice – but we have to carefully document that we helped them to make an informed choice through the health education process.  Practical Behavior Management As a matter of policy and practice, insurance/managed care companies may in the future threaten to drop the person from the insurance policy if they do not follow the indicated health practices for their given condition or circumstances. This is practical, reality-based behavior management. This might	1		1			

**CBAS HCB Settings Stakeholder Input Log**

Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
		<p>promote more personal responsibility in health management. If we have done our due diligence to inspire, motivate and educate the person to make behavior change toward better health, but they ignore the advice and drive up utilization costs through negative behavior and poor health practices, there must be some natural consequences to help change/improve the behavior. We have to ask the question – should the government (and tax payer) continue to support a person with health insurance that is not willing to support themselves with healthy choices. It is an interesting dynamic that needs to be discussed further as we become more invested in behavioral health and advance the ACA.</p> <p>Using PCP in CBAS vs. the more global approach from the Care Coordinator/Case Manager at the Managed Care Plan                      In the DDS/Regional Center system, the “Service Coordinator” at the regional center is responsible to coordinate services for the person. The day program is responsible to set health/activity goals while the person is at the program. So while the domains covered by the regional center Service Coordinator are all-encompassing – Living, Health, Social, etc. etc. The day program domains might be more narrow and the day program goals feed into the overall goal plan at the regional center. Likewise, the CBAS goals developed in PCP would feed into a more global life goal plan developed by the Managed Care Coordinator/Case Manager and the Managed Care Plan. It is important that the goals are consistent and supportive to the person across environments. If the CBAS program is assisting a person with diabetes management including behavior change, but the family/caregiver has no investment in such support at home, the diabetes management program will likely fail or not be nearly as affective. CBAS should do its part, yet the responsibility to hold all this together is at the Managed Care plan level – they have the global over-site.</p>						
03/17/2015	Person-Centered Care Plan Development	<p>1.The participant’s preferences and choices in regards to their own physical, cognitive and emotional health desires will be elicited during the assessment process. During this process the participant will be encouraged to discuss what they would like to achieve while attending the center. The professional staff member conducting the assessment will collaborate with the participant to clarify those preferences, which will later be used to develop the participant’s individualized plan of care.</p> <p>The strategy to address those preferences, choices and abilities will be to develop the plan of care utilizing the information collected during the assessment process. This information will be used in all aspects of the plan, including the interventions, goals and problem statements.</p> <p>2.The participant shall be an integral and equal member of the multidisciplinary team, which includes “a physician, nurse, social worker, occupational therapist and physical therapist...” (54211(a)). The required members of the multidisciplinary team will develop the participant’s individual plan of care utilizing information gathered from the assessment process, which includes the participant’s identified health care choices, preferences and abilities. The center shall hold a multidisciplinary team meeting which includes all members of the team involved in the participant’s plan of care and assessment, the participant shall be included in this meeting as he or she is also a</p>	1		1			

## CBAS HCB Settings Stakeholder Input Log

Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
		<p>member of the interdisciplinary team. The written plan of care shall be discussed with all members of the team at that time, and all members, including the participant, shall be encouraged to provide input to the plan of care prior to its finalization. The participant will indicate his or her agreement with the plan of care by signing the plan with the other required signatures.</p> <p>During the assessment process, the participant will be asked if he or she would like to have anyone else (family, friends, professionals) involved in the care planning process. These identified persons will be included and involved in the assessment and care planning process to the extent of the participant's wishes. These persons will also be required to sign the IPC.</p> <p>3. During the assessment process, the participant's diagnosis, current health status and abilities will be discussed with the participant. During the elicitation of the participant's own preferences, choices and abilities the discipline assessing the participant will offer the participant multiple treatment choices and work collaboratively with the participant to decide which treatments are the most appropriate and will be the most effective in order to support the participant and team's identified goals.</p> <p>4. One of the major components of treatment in the CBAS program includes monitoring of participant's condition (physical, cognitive and emotional health) which occurs daily in most cases. This monitoring includes eliciting the participant's subjective experience of their emotional, physical and cognitive state. This information will be discussed with participant and if the participant and the staff feel the plan of care should be revised either to include a new problem or to adjust an intervention or a goal, this can be done at any time.</p> <p>Besides daily collaboration with the participant about his or her condition and progress, the team also reassesses the participant on a quarterly basis (54215 (a)). Every six-months, a full assessment is completed by all professional disciplines involved in the participant's care, and a new IPC is developed. This is developed in the same manner as stated in #1 above, which includes the participant and his or her identified family, friend or professional as equal members of the team, both during the assessment process and the IPC development process.</p> <p>The ongoing commitment to the participant is provided by utilizing a person-centered approach in all aspects of the care provided. The participant is at the center of the care, not the staff or the physician; care revolves around the participant's needs and desires and the participant is an equal and integral member of the team.</p> <p>Person-centered language is utilized in all documentation and in conversation; the participant is identified by his or her name, not "participant" or as a number. Paternalistic and judgmental language is not used. Training is provided to all staff, center administration and participant annually in various aspects of person-centered care theory and practice.</p>						

## CBAS HCB Settings Stakeholder Input Log

Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
03/26/2015	Stakeholder Process	<p>On behalf of more than 3 million AARP members in California, I am writing with some initial comments about the CBAS Transition Plan. The new HCBS rules hold great promise for improving the Medicaid HCBS system in California and giving consumers and their families more choice and control over the services that enable them to continue living in their homes and communities as they age. The already-drafted state transition plan (which the CBAS transition plan is using as a template) is commendable because it puts forward a solid outline of how California plans to come into compliance with the new HCBS rule. It also goes further than other states in insuring that the consumer is included as part of the stakeholder process. We also appreciate the state transition plan's development of a consumer assessment tool.</p> <p>We recognize that we are in the initial stages of creating the CBAS transition plan, but there are a number of areas where we believe the plan can be improved to insure that it functions as intended:</p> <ul style="list-style-type: none"> <li>• The state should insure that it surveys an ample number of facilities and consumers to ensure a representative sample size.</li> <li>• In some other states, response rates on the self-assessment surveys were low. Is the state planning for this, and will there be a process for re-sending them and following up with non-responsive facilities?</li> <li>• AARP especially looks forward to providing input on the consumer assessment tool and is interested in participating in that workgroup when it is up-and-running.</li> </ul> <p>Thank you for the opportunity to comment on the state's CBAS Transition Plan. We look forward to working with CDA to ensure that these rules are implemented in a manner that addresses the needs and desires of CBAS consumers.</p>	1		1			
04/23/2015	Managed Care Plans	Anthem Blue Cross- we regularly inservice all departments on the basics of CBAS, have developed a referral process,	1			1		
04/23/2015	Assessment Tool	How about a short video presentation uploaded on Youtube so that families can watch at their convenience?	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	I believe that because we are a facility based center some of the HCB regulations may be a challenge for the day to day procedure by the staff.	1			1		
04/23/2015	Assessment Tool	Asking facility staff what type of activities are being offered in the facility. As to outside community, recources are being invited into the facility.	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	Need to ensure that meetings are in participants/caregivers first language	1			1		
04/23/2015	Managed Care Plans	MCPs need to get physicians informed as to what services CBAS provides and how that helps participants whole health plan.	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	It is a one stop shop that provides a multi disciplinary approach to care.	1			1		
04/23/2015	Assessment Tool	Incorporate in caregiver support groups.	1			1		

## CBAS HCB Settings Stakeholder Input Log

Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
04/23/2015	Assessment Tool	<p>Are the Families or Caretakers able to understand the complexity of these changes, let alone the participants themselves?</p> <p>Since transitioning to CBAS from ADHC, many of those in the community, particularly traditional referral sources like hospital discharge units/SNF/ICF, are unaware of the changes. How will these service providers, as well as the community as a whole, be made aware of these changes?</p>	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	How will the changes to CBAS with HCB, impact Title 22 regulations? Staffing requirements in particular, plus this idea of "bundling".		1		1		
04/23/2015	Assessment Tool	<p>CBAS supports individuals living at home in their own community.</p> <p>Individual centers are the most likely to be able to engage caregivers and participants in providing input.</p> <p>Though webinars may work well for us, I doubt they would be very effective for our non-English speaking participants and families. A more high-touch process with people they already know would be needed, I think.</p> <p>Small groups of participants at the centers would probably enjoy discussing a set of questions (distilled-down, as was suggested).</p> <p>Love the idea of involving staff in providing their ideas and input!</p> <p>☺</p>	1			1		
04/23/2015	Managed Care Plans	<p>At Elderday, we have met with our plan and requested that they educate their providers, especially discharge planners and physician groups.</p> <p>Statewide education about CBAS services and benefits is very important. It certainly isn't a well-known service.</p> <p>They have been quite enthusiastic in following through with their providers.</p>	1			1		
04/23/2015	Other	Silly question, is Medi-Cal still paying for CBAS services to the health plans after the transition?		1		1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	Were there issues with CBAs centers regarding restricting participants from moving around or having visitors?		1		1		
04/23/2015	Resources	<p>Is there any plan to reduce paper work? One of our health plans starting to give us 1 year approval instead of 6 month.</p> <p>Is this one of the plans for CBAS for all health plans?</p> <p>Will there be a standard rate for all centers or is it up to the plans? The \$68.64 rate is killing many centers.</p>		1		1		
04/23/2015	Resources	We need money for staff to implement these great ideas.	1			1		

## CBAS HCB Settings Stakeholder Input Log

Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
04/23/2015	Assessment Tool	The VA also uses the tool of a skilled facility tool as well. So a more focused tool would help improve. Not just something else to do. We do evaluation of the program for the Area Agency on Aging that are answered by participants and families.	1			1		
04/23/2015	Assessment Tool	Will the beneficiary tool be used for all populations served under the HCB waiver?		1		1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	Yes, because flexibility was designed into the regs to meet the needs of individual communities. If we looked at what ensures that regs are humane, at the highest level, Lydia's point about being able to request flexibility is a core means to do so. Families say that the 4 hour requirement is very institutional. Looking at the 4 hour requirement could be an example -- how they ensure that they are utilizing the service, while gaining flexibility.	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	How about taking a positive focus, and model best practices, by asking for stories of how these values are being demonstrated in programs today? (I.e., stories of what is going well.)	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	Perhaps the reviewers could spend some time in an ADHC learning about the model prior to initiating the reviews.	1			1		
04/23/2015	Assessment Tool	(Re how state bulletins could be used) -- guidance versus policy requirements.	1			1		
04/23/2015	Assessment Tool	I would give the survey to the program 6 months before, so the program has time to complete the self assessment, and implement improvements if needed.  And I would give it to all providers, so they can get oriented to the standards and think about their programs. (Per Debbie, this is assuming a reasonable tool.)	1			1		
04/23/2015	Assessment Tool	How would the questions described for the consumer self assessment be effective at discerning the role the organization plays versus other aspects of the individual's life; for example, they may not have visitors, but that doesn't mean they are prevented from having visitors?	1			1		

## CBAS HCB Settings Stakeholder Input Log

Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
04/23/2015	CBAS/ADHC HCB Settings Assessment	<p>Yes, you might place something that describes ADHC, since it's the platform on which CBAS is built.</p> <p>CBAS is not necessarily a 5 day a week or 7 day a week program; it can be tailored to maximize independence.</p> <p>Additionally, we provide ongoing rehabilitation, but often to people who have retired from their working lives.</p> <p>I believe that this model meets the spirit and intent beautifully, when provided as it is intended to be provided: in a person-centered manner.</p> <p>We integrate participants into the community by ensuring that they are able to take part in things outside of ADHC, per their needs; by bringing in volunteers; by sharing the news of the world and community -- these are ways this comes to life in our programs.</p> <p>The regulations are designed for this purpose, so I agree with the latest speaker -- we need to look even for the ways in which oversight impacts the individual.</p> <p>To ensure dignity and independence...</p> <p>We say that we are already doing it -- as we are!</p> <p>We develop our care plans today based entirely on the person</p> <p>I think we need to prove that this is a problem; not assume that it is.</p>	1			1		
04/23/2015	Choice (CMS Item #5)	Re: access to food at all times. We serve a snack and lunch but do not have time to cater to individual food requests beyond those times. Participants do have access to food if they bring their own, but we only serve the two set meals. Is this a problem?		1		1		
04/23/2015	Choice (CMS Item #5)	In some rural areas there is very little choice. May only be one center in a 50 mile radius so only choice is whether or not to attend, not a choice of centers.	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	CBAS provides services similar to SNF services, except a bed to sleep on.	1			1		
04/23/2015	CBAS/ADHC HCB Settings Assessment	CBAS writes a Plan of Care tailored for the participant's need and goal for attending the program.	1			1		
04/23/2015	Assessment Tool	<p>Caregivers may respond more to a questionnaire sent to them, rather than send them letters for their comment. Just a comment.</p> <p>For question # 1 - F2F process by MCP</p> <p>Is the universal assessment tool included in this area?</p>		1		1		
04/23/2015	Choice (CMS Item #5)	When does participant safety override choice?		1		1		

**CBAS HCB Settings Stakeholder Input Log**

Date Submitted	Subject	Comment/Question	Comment	Question	Email	Meeting	Phone	Mail
04/27/2015	CBAS/ADHC HCB Settings Assessment	<p>I did enjoy the training. Thank you to you and the committee for your work.</p> <p>I keep being struck by the differences in definition of "community based settings".</p> <p>Most of our participants have been or are benefiting from the Home and Community Based waiver directed to the needs of the intellectually disabled citizen. In this population, community based does mean not residing in an institution, it also means going outside of a licensed facility into the actual community for implementation of treatment plans (e.g. going to Sizzler to practice the SLP directed feeding program).</p> <p>For 17 years, potential participants have asked how we implement community based settings; our answer has usually been that we provide the services that offer the person the physical and emotional supports that make it possible for the participant to go into the community settings and participate with others. The response we usually receive is, "So you do not provide a community based services program other than leaving home and getting services in this building for the entire 4 hours, every day". Our families have been well trained in the matters of the waiver by other families, the public schools and or the regional centers.</p> <p>I think that Lydia's concerns expressed, although brief, really need to be explored.</p> <p>Is it possible for us to get the definition of what community based settings are, in the totality of usage and expectations? I noted in one section of the outline for the webinar, the Department of Developmental Services was listed. Perhaps they could be a specific resource in terms of their understanding of what is expected; what they understand as what CMS anticipates in its definition of community based settings?</p> <p>Thank you for your consideration of this matter.</p>		1	1			
05/19/2015	Draft CBAS Transition Plan	<p>I also feel that the draft plan looks complete, and reflects the person centered nature of the ADHC model. Can you comment on CDA's vision for creating an additive process for programs, given that the model already reflects much of what CMS wants to verify is present in community based programs?</p>		1		1		
05/19/2015	Draft CBAS Transition Plan	<p>Deb Toews- Anthem Blues Cross- the stat that says 51% mental health- what dx's are included in those stats</p>		1		1		

**Draft CBAS Home and Community-Based Settings Transition Plan  
Public Comment Submissions  
(May 19 - June 22, 2015 Public Comment Period)**

**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
<b>Grand Total</b>	<b>31</b>

**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><b>Revisions Made</b> - 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 agreement<sup>1</sup> 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><b>Revisions Made</b> - 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><b>Revisions Made</b> - 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><b>Revisions Made</b> - Comments incorporated into Introduction.</p>	<p>Kaiser Permanente</p>

**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
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.		<b>Revisions Made</b> - 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.		<b>Comment Does Not Require Action</b>	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)		<b>Revisions Made</b> - 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.		<b>Revisions Made</b> - 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	<b>Revisions Made</b> - 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.		<b>Revisions Made</b> - 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.		<b>Comment Does Not Require Action</b>	California Association for Adult Day Services

**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
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>		<b>Revisions Made</b> - 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.	<b>Revisions Made</b> - 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.		<b>Revisions Made</b> - 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>		<b>Revisions Made</b> - 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)		<b>Revisions Made</b> - Comments incorporated into Introduction and Section 6 - Compliance Monitoring.	Kaiser Permanente

**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
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 to 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>		<b>Revisions Made</b> - 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. <sup>8</sup> 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.		<b>Revisions Made</b> - 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.	<b>Revisions Made</b> - 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.		<b>Revisions Made</b> - 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.		<b>Comment Does Not Require Action</b>	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.		<b>Comment Does Not Require Action</b>	California Association for Adult Day Services

**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
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.		<b>Revisions Made</b> - Comments clarifying grievance and complaints processes and roles incorporated into Section 5 - Appeal Process.  <b>No Revisions Made</b> - 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.		<b>Comment Does Not Require Action</b>	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.		<b>Revisions Made</b> - 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.		<b>Revisions Made</b> - 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.		<b>Revisions Made</b> - 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.		<b>Revisions Made</b> - Comments included into Introduction, Section 3 - Compliance Determination Process for HCB Settings and Table 3, and Section 6 - Compliance Monitoring.	Angela Gardner

**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
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><b>Revisions Made</b> - 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><b>Revisions Made</b> - 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><b>No Revisions Made</b> - 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><b>No Revisions Made</b> - 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>

**Draft CBAS Home and Community-Based Settings Transition Plan  
Public Comment Submissions  
(July 2 - July 31, 2015 Public Comment Period)**

**Who Submitted Comments:**

Individuals: 1

Organizations: 1

**List of Organizations:**

Kenwood Adult Day Health Care & Social Services Center

**Summary of Comments  
(by category)**

Category	Count
Appeal Process	0
Assessment of Statutes, etc.	0
Background/Introduction	0
Compliance Determination	0
Compliance Monitoring	0
Education and Outreach	0
General Comments	2
Person-Centered Planning	0
Grand Total	2

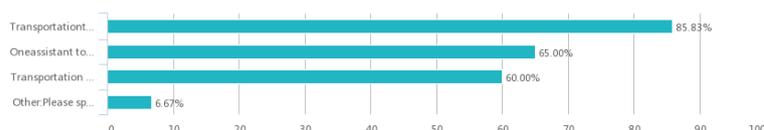
**Draft CBAS Home and Community-Based Settings Transition Plan  
Public Comments Log**

Category	Comments on Proposed Revision	Proposed Revision	CDA/DHCS Comments and Action Taken	Organization
General Comments	HSC #1570.7 - Definition a) The wrong section is highlighted. The new prt/change that you have made is "or adults with disabilities", and naturally this part should be highlighted. After disabilities follows "with functional impairment . . ." statement, which is not a right formulation of that sentence, please revise.		<b>No Revisions Made</b> - Appendix V includes a list of ADHC/CBAS laws and regulations that relate to the HCB Settings regulations. Included is the definition for adult day health care. The definition in Appendix V is exactly as it appears in California law. A portion of the definition is highlighted to emphasize the purpose of the program.	Kenwood Adult Day Health Care & Social Services Center
General Comments	This is a long document. If I understand the document, it appears that the HCB will be limited to CBAS providers. So, the question is how one becomes a CBAS provider. For parents wanting to buy a property for their children, it seems the state will require them to become a CBAS provider in order to get any funding. We all know that there will not be enough CBAS providers available to meet the need of the large population of developmentally delayed children who will enter adulthood in several years. The state will need the parents' help. The goal of CBAS is to be "collaborative" and to be part of the "person-centered planning" that is a requirement. The goal is to meet the needs of the client and the client's family. If parents can't be involved in the CBAS provider network, then this is not meeting the needs of the client or the family.		<b>No Revisions Made</b> - CDA CBAS Branch staff will contact Ms. O'Connell to provide education about the CBAS program and information about how to access the benefit.	Parent of future HCBS waiver participant

## Well and Fit Adult Day Health Care Survey Report

### Q1: Will you need help with which of the following: Please make one or more selections

Will you need help with which of the following: Please make one or more selections  
答覆人数 120

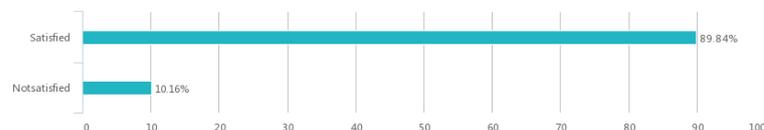


Multiple Choices	Reply Information
Transportation to medical appointments	103
One assistant to accompany with translation	78
Transportation to non-medical related appointments	72
<b>Other: Please specify</b>	6
Go shopping once every week	
Go shopping once every week	
Transportation on call service	
Keep the way it is	
Keep the way it is	
Family will help	

Number of Respondents 120

### Q2: How satisfied are you with your current travel time between home and our center?

How satisfied are you with your current travel time between home and our center?  
答覆人数 128



Multiple Choices	Reply Information
Satisfied	115
Not Satisfied	13

Number of Respondents 128

### Q3: If not satisfied, what is the appropriate travel time should be?

Answers

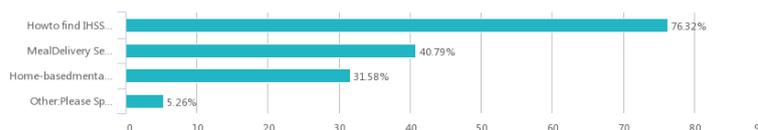
Well and Fit Adult Day Health Care Inc Survey Report

30 minutes
30 minutes
30 minutes
30 minutes
20 minutes
30 minutes
30 minutes
20 minutes
20 minutes
30 minutes
35 minutes
30minutes
30minutes
10 minutes
40 minutes
20 minutes
Too early to pick us up, 10 minutes later will be fine.
Program hours are too long. It should be first trip pick up , first trip go home
15 minutes
30 minutes

Number of Respondents 25

**Q4: Will you need help with which of the following: Please make one or more selections**

Willyou need help with which of the following:Please make one or more selections  
答題人數 76

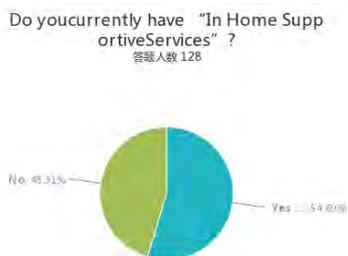


Multiple Choices	Reply Information
How to find IHSS provider?	58
Meal Delivery Service	31

Home-based mental health counseling	24
<b>Other: Please Specify</b>	4
About transportation services	
keep the way it is	
Maybe someday	
Right now, I can do it independently	

**Number of Respondents 76**

**Q5: Do you currently have “In Home Supportive Services” ?**



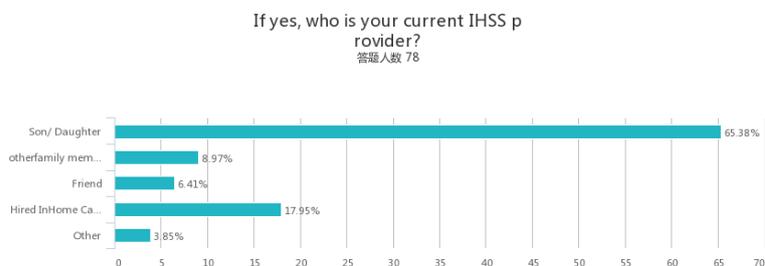
Multiple Choices	Reply Information
Yes	70
No	58

**Number of Respondents 128**

**Q6: If yes, how many hours per month ?**

The total number of respondents is 57, the sum of the IHSS hours are 3089. Inclusion, the average IHSS hours are 54.20 hours.

**Q7: If yes, who is your current IHSS provider?**



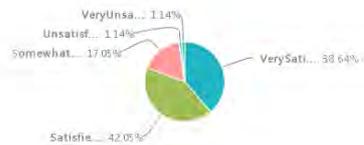
Multiple Choices	Reply Information
Son/ Daughter	51
Other family member	7

Friend	5
Hired In Home Caregiver	14
<b>Other</b>	3
Living with daughter	
N/A	
Daughter in law	

**Number of Respondents 78**

**Q8: How satisfied are you with your current In –Home Support provider?**

How satisfied are you with your current In -HomeSupport provider?  
答覆人数 88

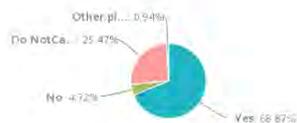


Multiple Choices	Reply Information
Very Satisfied	34
Satisfied	37
Somewhat Satisfied	15
Unsatisfied	1
Very Unsatisfied	1

**Number of Respondents 88**

**Q9: Do you want your IHSS provider to have relevant certificate or license?**

Do you want your IHSS provider to have relevant certificate or license?  
答覆人数 106

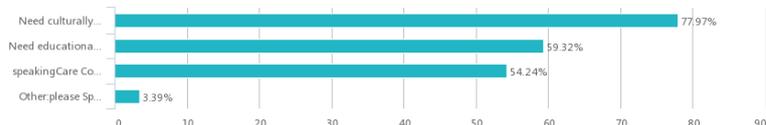


Multiple Choices	Reply Information
Yes	73
No	5
Do Not Care	27
<b>Other: please Specify</b>	1
Must be careful and Responsible.	

**Number of Respondents 106**

**Q10: Will you need help with which of the following? Please make one or more selections**

Willyou need help with which of th  
e following? Please make one or mor  
e selections  
答覆人数 118

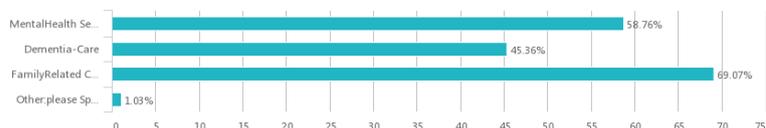


Multiple Choices	Reply Information
Need culturally sensitive reading materials and letters	92
Need educational lectures and/or presentations on current health care related events in Chinese	70
Speaking Care Coordinator	64
<b>Other: please Specify</b>	4
Want to know more about America's current insurance system and policy.	
Senior apartment information	
There is English newsletter in the community right now, hope there will have Chinese newsletter to read in community.	
English Materials	

**Number of Respondents 118**

**Q11: Will you need help with which of the following? Please make one or more selections**

Willyou need help with which of th  
e following? Please make one or mor  
e selections  
答覆人数 97

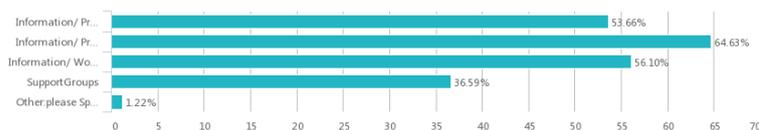


Multiple Choices	Reply Information
Mental Health Services	57
Dementia-Care	44
Family Related Consultation/Care	67
<b>Other: please Specify</b>	1
Government letters and document translation and assist	

**Number of Respondents 97**

**Q12: What' s the following item(s) that your family members or caregivers need help with: Please make one or more selections?**

What' s the following item(s) that your family members or caregivers need help with:Please make o  
答題人數 82

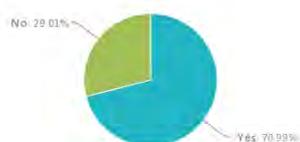


Multiple Choices	Reply Information
Information/ Presentation about Dementia-Care	44
Information/ Presentation about Mental Health Care	53
Information/ Workshops about Self Care	46
Support Groups	30
<b>Other: please Specify</b>	1
Suggest give 80 years old and up elders life alarm to wear	

**Number of Respondents 82**

**Q13: Have you ever forgotten to take your medications?**

Haveyou ever forgotten to take you  
r medications?  
答題人數 131

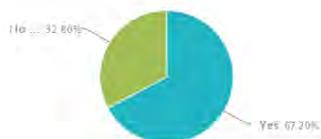


Multiple Choices	Reply Information
Yes	93
No	38

**Number of Respondents 131**

**Q14: Do you need anyone to remind you to take the medications?**

Do you need anyone to remind you to take the medications?  
 答覆人数 125

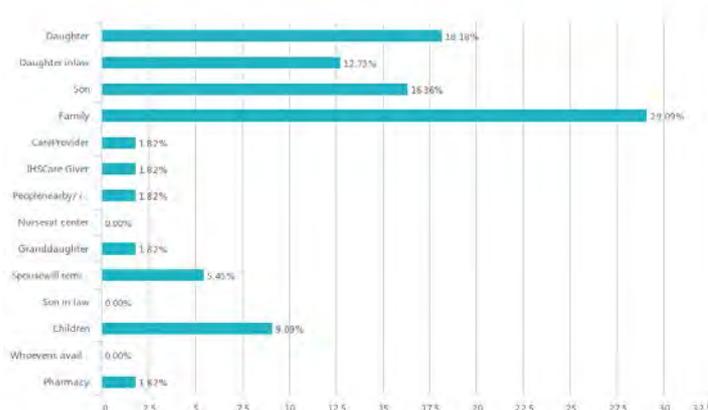


Multiple Choices	Reply Information
Yes	84
No	41

Number of Respondents 125

**Q15: If yes, who is the person?**

If yes, who is the person?  
 答覆人数 55



Multiple Choices	Reply Information
Daughter	10
Daughter in law	7
Son	9
Family	16
Care Provider	1
HIS Care Giver	1
People nearby/ iPad alarm	1
Nurses at center	0
Granddaughter	1
Spouse will remind the participant	3
Son in law	0
Children	5
Whoever is available	0
Pharmacy	1

**Number of Respondents 55**

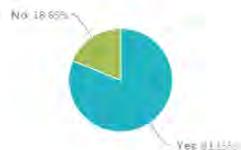
**Q16: If not, how do you remind yourself to take medication?**

Responses
Pillbox
Spouse and I will remind each other
Spouse and I will remind each other
Medicine Organizer
Use medication box to organize medicines and keep it at obvious place
Use medicine box to organize medicines
Set time to take the medicines
Medicine box reminder
Spouse will remind him
Spouse will remind her
Clock
Take out all the medication, every time finish taking medication then put it away.
Clock

**Number of Respondents 13**

**Q17: Have you ever attended the Health Talk in the CBAS center?**

Have you ever attended the Health Talk in the CBAS center?  
答覆人数 122



Multiple Choices	Reply Information
Yes	99
No	23

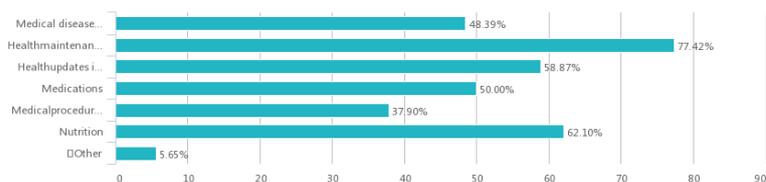
**Number of Respondents 122**

**Q18: What topics of the Health talk you would like to have? Please make one or more selections**

Well and Fit Adult Day Health Care Inc Survey Report

What topics of the Health Talk you would like to have? Please make one or more selections

答覆人数 124



Multiple Choices	Reply Information
Medical diseases	60
Health maintenance	96
Health updates information	73
Medications	62
Medical procedures	47
Nutrition	77
<b>Other</b>	7
Diabetes	
Health maintenance regarding legs health	
Information of Epidemic disease	
Health Insurance benefits related information	
Dealing with Emergency Medical Situation	
N/A	
N/A	

Number of Respondents 124

**Q19: How often do you think the Health Talk should be held in the CBAS center?**

How often do you think the Health Talk should be held in the CBAS center?

答覆人数 120



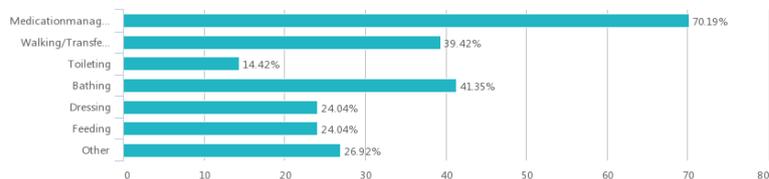
Multiple Choices	Reply Information
Once a month	80
Once every three months	40

Number of Respondents 120

**Q20: Do you need assistance/reminder in the following ADLs when you stay home alone?**

Please select one or more selections

Do you need assistance/reminder in the following ADLs when you stay home alone? Please select one or more selections  
 答覆人数 104



Multiple Choices	Reply Information
Medication management	73
Walking/Transferring	41
Toileting	15
Bathing	43
Dressing	25
Feeding	25
<b>Other</b>	28
Afraid strangers break in	
Contacting other people	
Once sick, those options are needed.	
Right now do not need any, but need to go outside for fresh air	
N/A	
NONE	
N/A	
N/A	
N/A	