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**ACL 21-05**

Date: May 24, 2020

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

From: California Department of Aging (CDA) CBAS Branch

Subject: Frequently Asked Questions (FAQ) #7, CBAS Phased Transition to Congregate Services

Purpose

The purpose of this All Center Letter (ACL) is to notify CBAS providers that the Department of Aging (CDA) has released a Frequently Asked Questions (FAQ) document as a follow up to the CBAS webinar training “CBAS Phased Transition to Congregate Services – Live FAQs” held on May 5, 2021. This webinar training is available on the [CBAS Training webpage](#). The FAQ is attached.

Questions

Please contact the CBAS branch if you have any questions: (916) 419-7545; cbascda@aging.ca.gov.



Frequently Asked Questions - #7
Guidance for Community-Based Adult Services (CBAS)
CBAS Phased Transition to Congregate Services

Released - May 24, 2021

Treatment Authorization Requests/Individual Plan of Care (TARs/IPC) on Rolling Basis

Q.1: If all participants on a center's roster are to attend once a week by October 31, 2021, what about those whose evaluations are not due until November or December 2021? Do we phase them in prior to TAR renewal?

A.1: All participants must attend at least one time per week by October 31, 2021, but the TARs and IPCs for all participants will renew on their regular schedules. Participants who attend the center for congregate services prior to their TAR renewal schedule – including those with November and December renewal dates - will need to be evaluated prior to their return to congregate attendance and a care plan noted in their health record as described in [ACL 21-04](#), Item 4.

Q.2: Are only participants with TARs effective 7/1/21 allowed to return 7/1/21 or can participants whose TARs are due later begin sooner?

A.2: Participants may begin receiving services in the center prior to their scheduled TAR/IPC renewal date. Those participants must have evaluations and care plans completed as specified in [ACL 21-04](#). Additionally, reference Q.1 above.

Q.3: What if a participant is not ready to return to congregate when their TAR is due for renewal?

A.3: Participants who will be returning to CBAS congregate services have until October 31, 2021 to begin attending at least one time per week. Participants who do not return to attendance of at least once per week by October 31, 2021, will need to be referred to other services and discharged. CDA will provide further guidance at a later date, as necessary.

Q.4: Are participants able to receive both in-center and remote services once their TARs renew?

A.4: Participants may receive both in-center and remote services as needed as soon as providers have completed all required steps in [CDA 7027](#) and are approved by CDA for

congregate services AND providers have completed required evaluations, assessments/reassessments, and care planning.

Q.5: What is the difference between an “evaluation” and an “assessment/reassessment”?

A.5: A six-month reassessment coincides with the TAR/IPC renewal. An evaluation is outside the TAR/IPC renewal period, similar in occurrence to when the participant is returning to the center following an absence for hospitalization or a change in condition.

Q.6: Who is required to participate in the reassessment (coincides with TAR/IPC) and evaluation processes?

A.6: ENROLLED DURING TEMPORARY ALTERNATIVE SERVICES (TAS) and TAR/IPC is DUE:

If the participant was enrolled in the program during TAS, providers must conduct reassessments (coincides with IPC) by the full complement of multidisciplinary team (MDT) members. In addition, a physician history and physical, home assessment, and evidence of tuberculosis screening are required, all of which must be completed prior to receiving services in the center. (Home assessment exceptions may be allowed per [ACL 20-11, "New Participant Enrollment during CBAS Temporary Alternative Services"](#).)

ENROLLED DURING TAS and BEGINNING IN-CENTER SERVICES PRIOR TO TAR/IPC REASSESSMENT PERIOD:

If the participant was enrolled in the program during TAS and will attend in-center services prior to their TAR/IPC reassessment period, the core MDT (registered nurse (RN), social worker (SW), activity coordinator (AC)) must conduct an evaluation and include other MDT members as necessary to identify changes in condition, need, and ability to function in a congregate setting. In addition, a physician history and physical, home assessment, and evidence of tuberculosis screening are required, all of which must be completed prior to receiving services in the center. (Home assessment exceptions may be allowed per [ACL 20-11, "New Participant Enrollment during CBAS Temporary Alternative Services"](#))

ENROLLED PRIOR TO TAS and RETURNING TO THE CENTER:

For those participants who were previously served in the center, prior to TAS, the center must have a reassessment or evaluation documented in the participant's health record by the RN, SW, AC and by the physical therapist (PT), occupational therapist (OT), speech therapist (ST), registered dietician (RD), and behavioral health consultant if;

- 1) they were providing services prior to transitioning to TAS, and/or
- 2) the needs of the participant are identified through the regularly scheduled assessment/evaluation process.

Q.7: Are assessments and reassessments to be completed in person?

A.7: Remote assessments and reassessments are only permitted as an exception at this time when participants cannot be seen in-person at the center.

Q.8: Can we enroll new participants and begin congregate services after July 1?

A.8: Yes. Providers need to follow all requirements for eligibility determination by the individual's managed care plan (or the Department of Health Care Services/DHCS for Fee-For-Service/FFS), complete required MDT assessments, develop the care plan, receive authorization, and obtain signed participation agreements prior to beginning services in the center.

Documentation

Q.1: Should assessments and reassessments specify that the participant is ready and will return to in-center services by a specific date?

A.1: Yes. Identifying if/when a participant will return to in-center service is one of many things to be determined during assessment/reassessment. If, at the time of assessment/reassessment, it is unclear when or even whether the participant will return to the center, it should be stated in both the assessment/reassessment and care plan documents.

Q.2: Is there a difference between the care plans and action plans we have developed during TAS and the care plans we need to develop when TARs renew?

A.2: Yes. Providers have developed care plans or actions plans on an ongoing and as needed basis during TAS. As TARs are initiated or renewed beginning July 1, they are to include a complete IPC form, which means updating all boxes on the form, including the care plan Boxes 13 and 14.

Q.3: When are we required to start completing flowsheets?

A.3: Any time a service is scheduled on a care plan, providers are required to document the provision of those services. Providers choose the format for that documentation, whether it is daily progress notes, flowsheets, or a combination of both. However, it is critical to remember that services scheduled need to be documented as provided.

Attendance

Q.1: Do all participants need to attend for four hours once they return to in-center services?

A.1: No. At this time, participant attendance is to be scheduled as participants are willing and able to attend. The number of days per week and hours per day of attendance may vary based on need and days authorized.

Q.2: Do participants need to receive a meal when they attend?

A.2: No. At this time, flexibility continues regarding the services required on any day of attendance or day of services delivered remotely as needed. Services are to be provided based on participant assessed needs and as developed through a person-centered process.

Q.3: Is it okay to send meals home in to-go bags?

A.3: Yes. Many centers are planning to send participants home with meals to ensure participant safety by preventing the removal of masks while eating.

Q.4: If a participant attends twice in a week, then skips a week, is that acceptable?

A.4: Yes. Providers can expect that participant attendance may be less consistent at this time.

Q.5: Can providers bring participants in on a flow basis during program hours?

A.5: Providers have flexibility currently to modify hours of service to best facilitate resuming congregate services and accommodating varying participant and caregiver needs.

Note: Attendance flexibilities may change if CMS or CDPH issue new policy directives related to the current state of the pandemic. CDA will keep CBAS providers informed of these changes.

Staffing

Q.1: What is the timeline for bringing all the staff back?

A.1: Providers must have all MDT staff necessary in place to provide assessments and reassessments for TARs/IPC's initiating or renewing July 1, 2021. Once in-center congregate services begin, providers must staff daily to provide services scheduled on the participants' care plans and ensure participant safety.

Q.2: How should we staff if we have 20 participants in the center and 80 participants are being served remotely?

A.2: Providers should staff to address participant needs both in center and remote on a daily basis. For example, if 20 participants are served in-center, the staff ratios are the same as during traditional CBAS – a minimum of a PD, RN, SW, AC, and 1.5 program aides. Additional MDT members are required daily for in-center services as needed to deliver scheduled services per participant IPCs. In-center staffing levels are to be considered on a daily basis rather than averaged quarterly at this time. Staffing for remote services is to be done as centers have throughout TAS, at a level sufficient to deliver daily remote services as scheduled. CDA will keep CBAS providers informed of

any changes.

Q.3: Do our staffing levels need to change daily?

A.3: Staffing for both in-center and remote services is to be at a level required to address the number of participants and their needs. For in-center, those requirements are set in regulations and waiver requirements ([CBAS Program Authorities](#)). If daily attendance and/or the number of remote services scheduled daily fluctuate, staffing levels will need to fluctuate as well.

COVID-19 Checks and Risk Assessments

Q.1: Can providers use the same process for conducting COVID-19 checks and risk assessments once a participant returns to services in the center?

A.1: COVID-19 checks and risk assessments continue to be required at least once a week for each participant until further notice. Once a participant transitions to congregate services, the required weekly COVID-19 wellness check and risk assessment is to be completed on a participant's day of attendance at the center. Providers may use whatever form and protocols they deem appropriate for these COVID-19 checks and risk assessments.

Q.2: How should participant screening processes be done when participants begin services in the center?

A.2: Providers need to have systems in place and implement measures to prevent and mitigate the spread of COVID in the centers. Numerous references are listed in the [CBAS Congregate Center Services Checklist \(CDA 7027\)](#) that provide guidance. Providers will likely want to conduct multiple forms of screening at different points, including questions, temperature checks, observation – e.g., via phone prior to a participant's day of attendance, prior to being transported the day of attendance, prior to entering the center, during the day of attendance.

Safety Protocols

Q.1: What percentage of our original capacity can we bring back to the center?

A.1: CDA and the California Department of Public Health (CDPH) have not specified capacity level restrictions. Capacity will naturally be limited by the requirement that participants must be physically distanced at six feet at this time. This is one reason why the transition to CBAS congregate services is to be completed in phases.

Q.2: Are participants required to be seated six feet apart?

A.2: Yes. Participants are to maintain six feet distance from other participants and wear masks throughout their time at the center except when eating, drinking, or receiving treatment that requires the mask to be removed.

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Note: COVID-19 safety protocols may change if CDPH issues new policy directives related to masking, social distancing, and vaccinations. CDA will keep CBAS providers informed of these changes.