

CALIFORNIA DEPARTMENT OF AGING
Community-Based Adult Services Bureau
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Community-Based Adult Services (CBAS) Medi-Cal Certification Renewal Survey

What is a recertification survey?	The Medi-Cal certification renewal survey is an unannounced monitoring visit that evaluates the quality of services received by Community-Based Adult Services (CBAS) center participants.
Why is it done?	To ensure that the center is complying with all certification requirements contained in the California Code of Regulations (CCR), Title 22, Chapter 5, the federal Home and Community-Based Services (HCBS) Rule in 42 Code of Federal Regulations (CFR) 441.301(c)(4) and CFR 441.301(c)(4)(vi), and the Welfare and Institute Codes.
Who does it?	Nurse Evaluators and Analysts from the California Department of Aging (CDA), Community-Based Adult Services Bureau.
What can I expect from the CDA staff?	<ul style="list-style-type: none">• You and your staff will be treated professionally and respectfully;• We will minimize our interruption of your program whenever possible;• We will be observing your on-going program;• We will be engaging your staff and participants in interviews throughout the day.
What does it entail?	<p>The survey consists of:</p> <ul style="list-style-type: none">• an entrance conference with the administrator and program director to explain the survey process;• a random sample selection of participants who receive center services;• observations of the center program;• interviews with participants, family members, direct care and professional staff;• review of health records to verify eligibility, observations and interviews;• review of administrative systems that are in place; and,• exit conference with center staff.
How long will it take?	A survey is usually one to two days in length. Rarely does a survey extend beyond the two-day time frame.
What do I need to do?	<ul style="list-style-type: none">• Complete forms provided to you by CDA staff and provide center documents and administrative records needed for completion of the survey as noted on the reverse side of this document;• Ask your staff to cooperate with the CDA staff. We will minimize, whenever possible, any interruptions to your program and services;• Post the signs provided to you by CDA staff that indicate a survey is in progress;• Plan to attend an exit conference at the end of the survey. CDA staff will record the exit conference. If you wish to tape the conference, you will need to provide your own recorder.

What CDA staff will need

- A private space to interview participants and staff;
- Access to a copier;
- Access to participant health records and other administrative records;
- For you to announce to your participants that a survey is in progress and invite them to talk with the surveyors. CDA staff will ask you to post signs saying that a survey is in process.

Required Documents and Timeframes

List of participants in attendance or scheduled for attendance on day(s) of survey.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> N/A
Current "Staffing/Services Arrangement" Form (CDA ADH 0006)	<input type="checkbox"/> Copy Needed <input type="checkbox"/> N/A
Participant attendance and transportation records for the previous two months.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Dietary Log for the previous two months	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Maintenance Therapy Log for the previous two months.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
LCSW Consultation to Staff Log for the previous two months.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Pharmacist quarterly report log	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Grievance Log for the previous two months.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Incident Report Log for the previous two months.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Staff time sheets, consultant invoices and logs for the following individuals:	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
In-service training records, including therapy maintenance program.	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Personnel files/service contracts for the following individuals:	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A
Center policy and procedure manual	<input type="checkbox"/> Copy Needed <input type="checkbox"/> Binder/log for review (no copies) <input type="checkbox"/> N/A