



# **California Department of Aging (CDA)**

## **Community-Based Adult Services (CBAS)**

### **Key CBAS Temporary Alternative Services (TAS)**

### **Policy Directives**

#### **What Services Are Required**

Services provided under CBAS TAS should be

- 1) Person-centered;
- 2) Based on the assessed health needs and conditions identified in the participants' current Individual Plans of Care (IPC);
- 3) Identified through subsequent assessments; and
- 4) Noted in the health record.

In addition to the in-person, telephonic, and telehealth services that may be provided as outlined in [ACL 20-06](#), all CBAS TAS providers are required to do the following per [ACL 20-07](#):

- 1) Maintain phone and email access for participant and family support, to be staffed a minimum of 6 hours daily, during provider-defined hours of services, Monday through Friday. The provider defined hours are to be specified in the CBAS Center's plan of operation.
- 2) Provide a minimum of one service to the participant or their caregiver for each authorized day billed. This service could include a telehealth (e.g., telephone, live video conferencing, written communication via text or email) contact, a service provided on behalf of the participant. (Services provided on behalf of the participant include care coordination such as those listed under Items 4, 5, 6, and 7, or an in-person "door-step" brief well check conducted when the provider is delivering food, medicine, activity packets, etc.)
- 3) Conduct a COVID-19 wellness check and risk assessment for COVID-19 at least once a week, with greater frequency as needed.
- 4) Assess participants' and caregivers' current needs related to known health status and conditions, as well as emerging needs that the participant or caregiver is reporting.
- 5) Respond to needs and outcomes through targeted interventions and evaluate outcomes.

- 6) Communicate and coordinate with participants' networks of care supports based on identified and assessed need.
- 7) Arrange for delivery or deliver supplies based on assessed need, including, but not limited to, food items, hygiene products, and medical supplies. If needs cannot be addressed, staff will document efforts and reasons why needs could not be addressed.

## **Which Staff Are Required**

Per [ACL 20-07](#), CBAS providers must staff CBAS TAS with a 1) Program Director; 2) Registered Nurse(s); and 3) Social Worker(s) to carry out CBAS TAS tasks. Providers must have additional staff as needed to address the number of participants served and their identified needs and to assist in the delivery of services required for CBAS TAS participation, and as described in the provider's CDA approved CBAS TAS Plan of Operation. All staff must function within their scope of practice, qualifications, and abilities.

Note: Staff are not expected to convene at the center but must have methods to be able to work collaboratively as a team from remote locations. CDA will review the Plan of Operation to ensure that staff levels are adequate to the number of participants served.

## **CBAS TAS Documentation Guidance (Excerpts)**

Per [ACL 20-09](#), for the purpose of providing a standard approach for providers to document the most pertinent CBAS TAS care plan information and progress for each participant served, and for CDA monitoring, the following will apply:

### Quarterly Progress Notes

Quarterly progress notes shall include, at a minimum:

- 1) The participant's current status relative to physical, mental, and cognitive health at time of report completion, to the extent able to be determined through TAS,
- 2) Progress achieved over prior three months for the most significant needs that have been addressed through TAS, as well as the related outcomes,
- 3) Revision or continuation of the most significant services/targeted interventions provided to the participant over the last three months based on their most significant needs and risks

### Individual Plan of Care (IPC) (DHCS 0020)

At the time of the six-month evaluation, providers may follow the same process described for the quarterly evaluation, and, in addition, shall use Boxes 15 and 16 to update the IPC per the [Medi-Cal Provider Manual Instructions](#) (IPC and TAR Form Completion, Community IPC, pages 42 and 43).

- Box 15: Medi-Cal Manual instructions specify that Box 15 should include:

- 1) Significant changes in participant's condition and/or care plan since last IPC,
  - 2) Changes that may have or likely have a considerable influence or effect on the participant's quality or quantity of life
- Box 16: Medi-Cal Manual instructions specify that Box 16 should include:
    - 1) Critical history/information not included elsewhere in the IPC.
    - 2) Information that is relevant to authorization.

In addition to the [Medi-Cal Provider Manual instructions](#), the following TAS-relevant details shall be included in Boxes 15 and/or 16 at time of completion:

- 1) Any changes to the participant's health status,
- 2) Any changes to the participant's living arrangements,
- 3) Significant needs that are identified by the CBAS team and services being provided during TAS,
- 4) Date that center-based services ended, and the date participant began receiving CBAS TAS

## **Relevant Existing CBAS Certification Standards**

Although CBAS TAS is the current context for surveying CBAS providers for Medi-Cal certification/recertification, guided by CBAS TAS policy directives, there are existing [CBAS Certification Standards](#) for determining if a CBAS provider is in compliance with state laws and regulations, and federal requirements. These CBAS certification standards are categorized into five sections: (1) Facility, (2) Administration, (3) Staff, (4) Services, and (5) Participant Care. The following are some examples of these requirements relevant during CBAS TAS:

- Staff training and supervision
- Multidisciplinary team processes for communicating assessment and care planning
- Administrative record-keeping and reporting
- Participant Rights