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ACL 21-04

Date: April 8, 2021
To: Adult Day Health Care (ADHC) / Community-Based Adult Services (CBAS)
Center Administrators and Program Directors
From: California Department of Aging (CDA) CBAS Branch
Subject: Transition to Congregate Center Services

Purpose

This All Center Letter (ACL) updates policy directives for delivery of ADHC / CBAS in-center services specified in [ACL 20-14 "CBAS Temporary Alternative Services \(TAS\) Guidance on Provision of In-Center Services"](#) and notifies providers of new requirements and the timeline for the phased lifting of restrictions on in-center services. CDA anticipates that the transition to full congregate center services and return to regular ADHC/CBAS program requirements will occur sometime later in 2021. While timelines included here may change, policy specified in this ACL is effective immediately.

Background

Since the beginning of 2021, COVID-19 cases and deaths statewide have been decreasing, and the numbers of vaccinations administered to eligible individuals including ADHC / CBAS participants and staff are increasing. These are hopeful signs moving forward. Given these positive signs, CDA in collaboration with ADHC / CBAS providers, the California Association for Adult Day Services (CAADS), the Alliance for Leadership and Education (ALE), and state and managed care partners has planned for the gradual lifting of restrictions on in-center services and anticipated full return to ADHC/CBAS congregate center services.

At this time, CBAS flexibilities authorized by the federal Centers for Medicare & Medicaid Services (CMS) under the public health emergency (PHE) are still in effect statewide. However, readiness for safe delivery of congregate services varies by region, community, and center, with some providers now poised to begin transitioning to providing congregate center services. Therefore, in an effort to establish guidelines that account for these varying readiness levels for safe and orderly return to congregate center services, this ACL outlines new requirements with flexible and phased timelines, including start and end dates for providers and participants to return to full congregate center services over the coming months. As always during this time of COVID, we move forward cautiously and

intentionally, with our first priority to maintain the safety of the participants we serve and our staff.

Previous Versus New Guidelines for Services Provided in the Center

In the early days of the public health emergency in 2020, CDA established guidelines for the safe provision of services allowed to be delivered in the ADHC/CBAS centers in ACLs [20-06 “Guidance for Community-Based Adult Services \(CBAS\) In Response to COVID-19 Public Health Emergency”](#) and [20-14](#). This ACL 21-04 now updates previous guidelines to address the current status of the PHE and anticipated further positive news about increasing vaccination levels and decreasing virus spread. The following provides a brief clarification of prior guidelines for in-center services issued in 2020 and new guidelines effective with this ACL:

Prior In-Center Services Guidelines (ACL 20-06, 20-14)	New Congregate Center Services Guidelines Effective with This ACL
Allowed only for participants as clinically appropriate, essential, and not feasible to perform remotely	Transitioning of all participants to congregate center services by October 31, 2021
Individual services only - no congregate or group services allowed	Traditional ADHC/CBAS person-centered-services delivered individually and/or concurrently through group services. (Effective for each provider upon CDA approval.)

Expectations and Timeline for Transition to Congregate Services

To begin the phased transition to provision of congregate center services – meaning traditional ADHC / CBAS person-centered-services delivered in groups at the center – providers must do the following:

1. Complete all tasks listed on the revised CBAS Congregate Center Services Checklist ([CDA 7027](#)).
2. Sign the CDA 7027 attestation of completion and submit to CDA for approval.

NOTE:

Providers **MAY** complete and submit the CDA 7027 beginning upon release of this ACL. All providers **MUST** complete and submit the CDA 7027 and begin meeting requirements specified in this ACL for transition to congregate center services **NO LATER THAN JUNE 1, 2021**. Providers **MUST** receive CDA approval before providing congregate services.

3. Complete and submit an updated [Staffing Services Arrangement Form \(ADH0006\)](#) to reflect any staffing changes necessary for this transition. Staffing requirements specific to the transition described in this ACL are listed under #8 below. Refer to [Staffing Services Arrangement Instructions](#), which specify that providers must: "Submit a CDA ADH 0006 to the CBAS Branch when professional staffing changes occur."

Specific Program Requirements for Transition

In addition to all requirements specified in the CDA 7027 and Items 1-3 for CDA approval process above, providers must meet the following requirements for orderly, phased transition to congregate center services over the coming months:

4. **Treatment Authorization Requests (TARs)/Individual Plan of Care (IPC) Renewal on Rolling Basis:** All TARs/IPCs beginning or renewing effective July 1, 2021, and continuing monthly thereafter as services begin for new participants or are scheduled to renew for continuing participants, must be updated as follows:
 - a. Shall include plans for the participant's return to congregate center services.
 - b. Be developed to address the participant's present or anticipated need for in-center services and, if necessary, for temporary continuation of remote services.
 - c. Be completed in total, including care plans in Boxes 13 and 14 that address services, both in-center and remote, anticipated to be provided during the transition period to full congregate services.
 - d. Reflect in Boxes 15 and 16 any additional information and describe participant current need, if any, for temporary continuation of remote services in lieu of or in combination with in-center services for a specified time or until the conclusion of the PHE.
 - e. Reflect medical necessity and person-centered services, whether delivered in-center or remotely.
 - f. Be developed through reassessment by multidisciplinary team (MDT) members per [Welfare and Institutions Code \(WIC\) 14529](#) for participants who were served by the center prior to the PHE in March 2020.
 - g. Be developed through full MDT assessment as specified in [Sections 54207 and 54211](#), Title 22, California Code of Regulations (CCR), for any participant new to CBAS and/or not served by the center prior to the PHE. Requirements include physician history and physical, home assessment, and evidence of tuberculosis screening¹, all of which must be completed prior to receiving services in the center.

¹ Regarding home assessments – exceptions may be allowed per [ACL 20-11, "New Participant Enrollment during CBAS Temporary Alternative Services"](#). Regarding tuberculosis (TB) testing – guidance regarding timing of TB testing and COVID-19

NOTE: The above requirements apply irrespective of whether the participant is able and willing to return to the center as of the TAR/IPC effective date, and, if different from the effective date, must identify in IPC Box 15 the anticipated date of return to the center.

Any participant returning to in-center services prior to their TAR/IPC renewal must be evaluated by the multidisciplinary team (MDT) members necessary to identify changes in condition, need, and ability to function in a congregate setting prior to attendance, and a care plan for services must be noted in their health record.

5. **Documentation:** As TARs/PCs begin or are renewed on a rolling basis starting July 1, 2021, providers will complete the entire IPC for those participants as described under Item #1 above, and each MDT member conducting assessments, reassessments, and quarterly progress will complete their own documentation.
6. **Attendance:** All participants who will be continuing with the CBAS program and returning to the center in 2021 must be receiving regularly scheduled services at the center at least one day per week by October 31, 2021.

NOTE: While the PHE flexibilities remain in place, the duration of the participant's day of attendance and number of days of attendance each week is to be determined by the participant's needs and abilities, per their person-centered plan of care, number of authorized days by the participant's managed care plan, and environmental considerations relative to safety, need to maintain distancing, or other factors.

7. **Participants Unwilling or Unable to Return to Congregate Center Services:** CDA will provide further direction at a later date regarding participants who will not be transitioning to congregate services in 2021. At this time, providers should anticipate that participants not returning or scheduled to return to congregate center services by October 31, 2021, must be identified for potential discharge, referral, and coordination with managed care and/or CDA.
8. **Staffing:** In order to meet requirements specified in this ACL, providers must staff the center as follows:
 - With all multidisciplinary team members, program aides, and support staff necessary to begin the phased assessing, reassessing, and delivering of core services to participants in the centers while continuing with remote services scheduled on participant care plans.

vaccinations is available from the California Department of Social Services [PIN 21-03-CCLD, "Statewide Waivers for Licensing Requirements Related to Tuberculosis \(TB\) Testing and Coronavirus Disease 2019 \(COVID-19\) Vaccine"](#). Please follow these guidelines.

- In accordance with 1115 Waiver Standards of Participation (SOP), Section G - CBAS Staffing.

Specifically: In-center nursing, social work, program aide ratios based on the number of participants attending in-center **at a time on any one day**. Per Waiver SOP G, “participants’ needs supersede the minimum staffing requirements specified in these SOPs. The CBAS provider shall be responsible for increasing staffing levels as necessary to maintain the health and safety of all participants and to ensure that services are provided to all participants according to their IPCs.”

NOTE: At this time, CBAS requirements for staffing levels should be met on a daily basis as described above based on participant need, rather than on attendance for the previous quarter. Therapy and dietary services should be determined by participant needs and daily attendance rather than on attendance for the previous quarter services and provided to all participants according to their IPCs.

9. **COVID-19 Wellness Check and Risk Assessment:** Once a participant transitions to congregate services, the required weekly COVID-19 Wellness Check and Risk Assessments is to be completed on a day of attendance, or remotely as necessary. CDA will provide further guidance regarding weekly COVID checks and assessments as vaccination levels and rates of infection change.
10. **Public Health/Safety Protocols:** CDA will provide further guidance for safe congregate services soon. At this time, services provided in-center must conform with current public health requirements for infection mitigation including masking, distancing, and use of personal protective equipment. All participants and staff must wear masks indoors and maintain six feet distancing irrespective of staff or participant vaccination levels. Masks may be removed briefly during treatment and eating or drinking. CDA will provide further guidance as it becomes available. The CDA 7027 includes references for specific CDC and CDPH guidelines.

Summary

This ACL describes the phased transition to ADHC/CBAS congregate services. Key dates include:

April 8, 2021:

Earliest date providers may complete activities specified in the CDA 7027 demonstrating readiness to begin transitioning to congregate services and submit to CDA for approval.

June 1, 2021:

All providers must have completed activities specified in the CDA 7027 demonstrating readiness to begin transitioning to congregate services and submitted the form to CDA for approval.

ACL #21-04

April 8, 2021

Page 6

July 1, 2021:

On a rolling basis, TARs/IPC's beginning or renewing effective July 1, 2021, and beyond, shall include both congregate and any continuing need for remote services.

October 31, 2021:

All participants continuing with CBAS are receiving services in the center at least one day per week by this date.

Providers must meet the target dates and requirements for the transition listed in this ACL while remaining aware of and responsive to local conditions related to the pandemic, as well as remaining vigilant about new infections and transmission among staff and participants that may affect the ability to safely provide center-based services. Providers must continue to report any unusual incidents or occurrences in the center, including CBAS participants who have tested positive for COVID-19, that affect participant health and safety and/or the center's ability to operate per requirements in [ACL 20-17-Rev, "Revised ADHC/CBAS Incident Report Form and Instructions"](#).

CDA will continue to provide guidance and training throughout this transition to ensure that providers have the flexibility, time, and support needed to safely transition participants to congregate services as the public health emergency comes to an end.

Questions

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