



**Community-Based Adult Services (CBAS)
DRAFT Home and Community-Based (HCB) Settings Transition Plan
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BACKGROUND

CBAS HCB Settings Transition 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. 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.

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."

INTRODUCTION

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 began as 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 older persons and adults with chronic medical, cognitive, or mental health conditions and/or disabilities that are at risk of needing institutional care.



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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.

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, and the community 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.

CBAS participants must be at least 18 years of age and meet specific medical necessity and eligibility criteria specified in the CBAS provisions of the 1115 Waiver and in state law and regulation. 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's important to note that as a managed care benefit, some of the HCB Settings requirements are met at the managed care plan level (e.g., person-centered planning, informing beneficiaries of service options, coordination of care) or in collaboration with the CBAS centers.



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CBAS Center and Participant Facts

As of May 2015, 243 CBAS centers were 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 I. 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/

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 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.

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 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



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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.

Some 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. 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 perimeter provisions enable CBAS centers to address individuals' complex care needs of the individuals, 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.

While compliance with HCB Settings regulations will only be demonstrated when the State completes its 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.



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- 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.

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:



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Date	Time	Subject
February 24, 2015	2 - 5 PM	Kick Off Completion of CMS Exploratory Questions
March 17, 2015	2 - 5 PM	Plan Development Person-Centered Planning
April 23, 2015	2 - 5 PM	Plan Development Completion of Draft Plan Work Tool
May 19, 2015	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
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>

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/



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Distribution of Meeting Announcements, Public Comment Notices and Information 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 table lists 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 II to view these documents.



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Distribution of Meeting Announcements, Public Comment Notices, and Informational Materials – Refer to Appendix II for Details		
Method	Dates Distributed	Target Audiences
A. Websites		
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. CBAS Updates Newsletters (Electronic – ongoing)	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	CBAS Providers; Managed Care Plans; ADHC/CBAS Provider Associations; Senior and Adults with Disabilities Service Providers and Advocacy Organizations; Legislative Staff; Interested Individuals
C. All Center Letters (ACLs) (Electronic - ongoing)	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
D. Public Comment Period Notices		
a. General Public Interest Notice-California Regulatory Notice Register (Non-electronic)	May 22, 2015	California 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



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Training

Discussions during the stakeholder process made clear that there is a need for statewide provider training to promote consistent understanding of, and compliance with, the HCB Settings requirements. DHCS and CDA will partner with CBAS providers and Medi-Cal managed care plans to identify specific training topics and develop and offer training. Areas of focus for training identified during stakeholders meetings 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 following table captures Education and Outreach Milestones/Timelines:



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1. Education and Outreach Milestones/Timelines		
Milestone	Target Start Date	Target End Date
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 training needs, develop and deliver training via webinars, and post on website	July 2015	March 31, 2018
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

2. ASSESSMENT OF STATUTES, REGULATIONS, WAIVER, POLICIES, AND OTHER REQUIREMENTS

Review of ADHC/CBAS¹ 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/

¹ CBAS requirements include all current ADHC laws and regulations.





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Additionally, DHCS and CDA completed a more comprehensive review of ADHC/CBAS laws, regulations, waiver, policies, and other requirements to determine whether they align with the HCB Settings regulations. Results indicate that CBAS program requirements largely align with the HCB Settings regulations. Any necessary work involves clarifying and reinforcing existing CBAS policies through All Center Letters, Medi-Cal Provider Bulletins, and Medi-Cal Manual updates and not substantial changes. With the exception of a few minor areas where guidance may be needed, CBAS requirements align with HCB Settings regulations. Reference Appendix III for supporting analysis.

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.

Note: If stakeholders determine during the review described above that statutory changes 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:



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2. Assessment of Statutes, Regulations, Policies and Other Requirements - Milestones/Timelines

Milestone	Target Start Date	Target End Date
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	March 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

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, such as person-centered planning, are 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.

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



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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 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"
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 CBAS Provider Self-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 with input from stakeholders and focus on the CBAS participants' (and to the extent necessary their caregivers') goals and satisfaction with the centers':

- 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

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.



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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:

3. Compliance Determination Milestones/Timelines		
Milestone	Target Start Date	Target End Date
A. Development of CBAS Provider Self-Assessment Tool with Stakeholder Input (coincides with STP tool)	May, 22, 2015	August 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 Tool 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	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



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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

CMS has indicated in its transition plan review tool 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 the meetings and afterward conveyed the view that ADHC/CBAS regulations and the program model comport well with HCB Settings regulations. 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, DHCS and CDA will convene a stakeholder workgroup in July 2015 to begin consideration of CBAS processes for person-centered planning



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and the forms and processes that support it (e.g., assessment processes, the Individual Plan of Care). 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 takes place at the managed care plan level for CBAS participants.

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

4. Person-Centered Planning Milestones/Timelines

Milestone	Target Start Date	Target End Date
A. Convene Stakeholder Workgroup to Revise CBAS Individual Plan of Care (IPC) to Enhance Person-Centered Planning	July 2015	June 2016
B. Develop and provide training on implementation of revised IPC	July 2016	December 2016

5. APPEAL PROCESS

Processes currently in place for CBAS participants 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. 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.

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



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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.

6. COMPLIANCE MONITORING

Under an interagency agreement with DHCS, CDA is responsible for CBAS provider oversight.

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:

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
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 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.



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

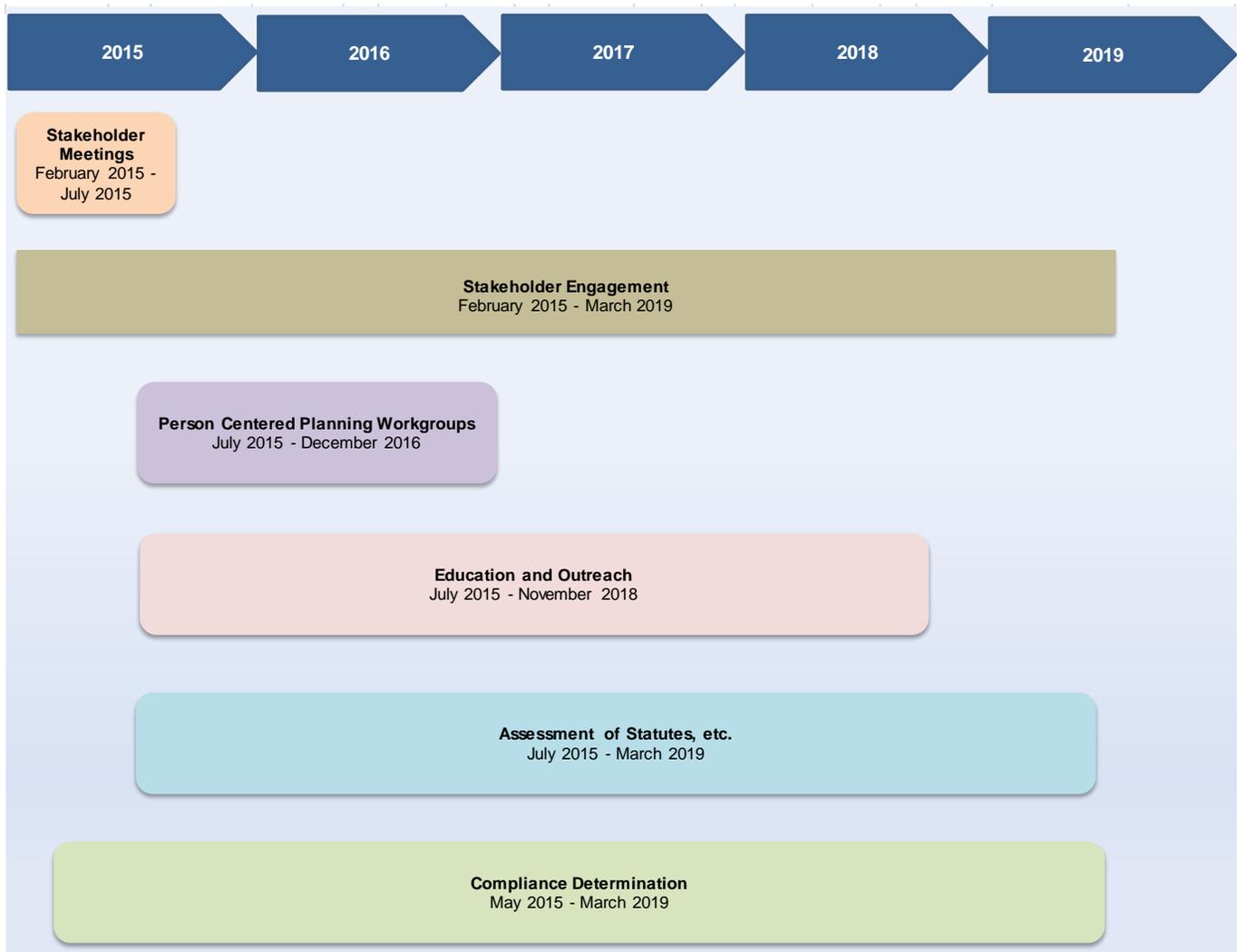
Settings found to be out of compliance with the new regulations during these routine reviews will be required to submit and have approved a corrective action plan which includes a timeframe for its completion. Failure to complete that plan may jeopardize the provider’s certification and participation 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.



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CBAS HCB Settings Transition Timeline





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CBAS HCB Settings Transition 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 the California Statewide Transition Plan	July 8, 2015	
Person Centered Planning Workgroups	Convene Stakeholder Workgroup to Revise CBAS Individual Plan of Care (IPC) to Enhance Person-Centered Planning	July 2015	June 2016
Person Centered Planning Workgroups	Develop and provide training on implementation of revised IPC	July 2016	December 2016
Education and Outreach	Participation on Planning Committee for CAADS Annual Conference	July 2015	November 2018
Education and Outreach	Work with stakeholders to identify training needs, develop and deliver training via webinars, and post on website	November 16, 2015	November 2018
Education and Outreach	Present at CAADS Annual Conference	July 2015	March 31, 2018
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	March 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	August 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	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



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Appendix I
CBAS Center and Participant Statistics



Community-Based Adult Services Program



Quicks Facts

CBAS Enrollment & Utilization Statistics*

Total Participants	32,839	
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

Diagnoses*	
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*

Center Status	
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.

Distribution of Centers	
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)

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



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Appendix II

Placeholder

(Distribution of Meeting Announcements, Public Comment Notices and Informational Materials)



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Appendix III

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
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Following is a comprehensive list of all ADHC/CBAS¹ 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.

¹ 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.



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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.

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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
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>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.</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>		

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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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>provide outpatient health, rehabilitative, and social services necessary to permit the participants to maintain personal independence and lead meaningful lives.</p> <p>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.</p> <p>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.</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>		

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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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>T-22 §78301 – Basic Program Services; General (b) Each participant shall be encouraged and assisted to achieve and maintain the highest level of self-care and independence.</p> <p>WIC §14550 – Required 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>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</p> <p>T-22 §54207 – Multidisciplinary Team Assessment (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.	

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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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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>T-22 §78303 – Basic Program Services: Assessment 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>T-22 §54211 – Multidisciplinary Team (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:</p> <p>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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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>T-22 §78303 – Basic Program Services: Assessment (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>STC 96(c) – Individual Plan of Care (IPC) 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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<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>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.</p> <p>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</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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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. T-22 §54217 – Beneficiary Agreement of Participation</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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>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.</p> <p>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</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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>resume normal activities, to prevent further mental or physical deterioration.</p> <p>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</p> <p>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</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
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>coordinate all services delivered to the participant to meet the participant's needs and avoid duplication.</p> <p>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.</p> <p>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: 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
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>	<u>Comments</u>		

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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
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>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.</p> <p>WIC §14527 – Voluntary Participation Participation in an adult day health care program shall be voluntary. The participant may end the participation at any time.</p> <p>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.</p> <p>STC 96(c) – Individual Plan of Care (IPC) 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</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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<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
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<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>SOP F – Individual Plan of Care The participant’s IPC shall:</p> <ol style="list-style-type: none"> 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 			

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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>T-22 §78301 – Basic Program Services; General (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><u>Rights</u></p> <p>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. (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"> • Treatment restraints for protection during treatment and diagnostic procedures. • Supportive restraints for positioning 		

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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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>	<u>Comments</u>		
<p>(11) To refuse treatment 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 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.</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 dignity, privacy and humane care, including privacy in treatment and in care for personal needs.</p> <p>(16) To be free from harm, including unnecessary physical restraint, or isolation, excessive medication, physical or mental</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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<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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>abuse or neglect.</p> <p>(17) To be free from hazardous procedures.</p> <p>(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.</p> <p>(c) Participant rights shall be orally explained to each participant in a language understood by the participant.</p> <p>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:</p> <p>1. Physical accommodations – Designed, equipped, and maintained to provide for a safe and healthful environment. Each center shall:</p> <p>c. A secluded area that is set aside for participants who require bed rest and privacy during medical treatments or social service interventions.</p> <p>4. Safety – Have appropriate protective devices to guard against hazards by means of supervision, instruction, and installation.</p> <p>T-22 §78315 – Nursing Services-Restraints (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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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>H&S §1584 – Facilities for Alzheimer or Dementia Participants</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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>– Installation of Secure Perimeter Fences or Egress Control Devices; Emergency Evacuation Procedures</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>			

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3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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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3. Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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>WIC §14555 – Grievance Procedures Each adult day health care provider shall establish a grievance procedure under which participants may submit their grievances.</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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>T22 54407 – Grievance Procedure 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>STC 95(f) – Grievances and Appeals 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>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.</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>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.</p> <p>T-22 §78301 – Basic Program Services; General (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>WIC §14550 – Required Services 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>T-22 §54315 – Occupational Therapy Services (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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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>T-22 §54339 – Activity Program</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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>T-22 §54331 – Nutrition Service (b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.</p> <p>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.</p> <p>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</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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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>T-22 §78437 – Participant Rights</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>			



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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>	
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>T-22 §54331 – Nutrition Service</p> <p>(b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.</p> <p>T-22 §78321 – Nutrition Services: Menus</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>T-22 §78341 – Basic Services Recreation or Planned Social Activities</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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>(d) Each participant shall have time to engage in activities of the participant's own choosing.</p> <p>T-22 §78437 – Participant Rights</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
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<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>T-22 §78301 – Basic Program Services; General (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>WIC §14550 – Required Services 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>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.</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
<u>Relevant or Conflicting Regulations / Policies / Procedures</u>		<u>Comments</u>	
<p>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.</p> <p>T-22 §54331 – Nutrition Service (b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.</p> <p>T-22 §78321 – Nutrition Services: Menus (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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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. Menus shall be available for review by each participant served or the participant's designated representative.</p> <p>T-22 §78341 – Basic Services Recreation or Planned Social Activities</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>(6) Utilization of adult day health center's transportation to provide 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>T-22 §78437 – Participant Rights</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>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.</p> <p>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</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>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</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
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<p>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.</p> <p>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: 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</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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8. Ensuring a physically accessible setting.	Met	N/A	N/A
Relevant or Conflicting Regulations / Policies / Procedures		Comments	
<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>HSC 1586.7 – Discrimination; Eligibility</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>			