

# CBAS Draft Waiver Amendment - Substantive Public Comments

## Public Comment Submissions

### Who Submitted Comments:

Individuals: 4

Organizations: 10

### List of Organizations:

Alzheimer's Association

American Association of Retired Persons (AARP)

California Association for Adult day Services (CAADS)

California Association of Health Plans (CAHP)

CalOptima

Disability Rights California (DRC)

Humboldt Senior Resource Center

National Health Law Program (NHLP)

National Senior Citizens Law Center (NSCLC)

Wellpoint, Anthem Blue Cross

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Special Terms and Conditions (STCs)				
Section #	Section Title	Stakeholder Comments/Recommendations (Summarized)	Revisions Made to STCs?	STC Reference / Additional Information
95	Eligibility and Delivery System	1. Delete reference to "diagnosis"	yes	STC 95(c)(iv-vi)
		2. Clarify language for authorization for up to 12 months for individuals determined by plan to be clinically appropriate.	yes	STC 95(d)(iii)
		3. Add suggested language for beneficiary notification of rights and grievance process	no	STC 95(e)(i): Existing language states beneficiary's right to file an appeal and/or grievance
96	CBAS Benefit and IPC	4. Add language to require physician/plan notification for change in condition	yes	STC 98(c)(ii): Inserted language in STC 98(c)(ii) rather than add STC 96(c)(xii)
		5. Revise reference to transportation that is inconsistent with Title 22	yes	STC 96(b)(vi)
		6. Remove transportation from IPC	no	STC 96(c)(viii): Reflects regulatory requirements; will be addressed in IPC redesign
		7. Add suggested changes for staffing requirements	yes	96(a)(i): Revised in part
		8. Revise language for behavioral health referrals	yes	STC 96(b)(iv)
		9. Change reference from multidisciplinary to interdisciplinary	no	STC 96©: "Multidisciplinary Team" and "Multidisciplinary Health Team" are in regulations (CCR 54121, 78063)
97	Provider Specifications	10. Delete reference to "drivers"	yes	STC 97
		11. Use term "non-licensed" vs. "non-professional"	yes	STC 97 (a-b)
98	Medi-Cal Managed Care Plan (MCP) Responsibilities	12. Contract requirements for MCPs should ensure access to care	yes	STC 98(a)(i-iv)
		13. Delete reference to contracting in areas where CBAS was not available prior to 4/1/12	no	Instead, revised STC 95(a)(iv) and (b) to allow CBAS benefit in areas not served by CBAS as of 4/1/12
		14. Clarify plan requirements for authorization without F2F	yes	STC 98(b)(i) and STC 95(d)(ii)
		15. Clarify timeline for F2F eligibility determination	yes	Revised STC 98(b)(i-iv) to conform to statutory service authorization timeframes

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		16. Specify minimum standard for expedited assessment	yes	STC 98(b)(iv)
		17. Use term "authorized representative" vs. "requestor" to comply with HIPAA	yes	STC 98(b)(i-v): Removed "requestor" and reworded
		18. Use suggested language for "continuity of care"	no	STC 98(b)(vii): Requires plans to ensure continuity of care for members switching health plans and/or centers
		19. Clarify reporting of incidents	yes	STC 98(c)(ii)
		20. Add suggested language regarding communication pathways, written notice of policy and procedure changes, and training for providers.	yes	STC 98(c)(iii) and (iv)
99	Oversight, Monitoring, Reporting	21. Insert suggested additions on "enrollment information"	no	STC 99: Reporting language conforms to Quarterly and Annual Progress Reports for entire Waiver
100	Quality Assurance	22. Add suggested language on beneficiary access and quality outcomes to be consistent with 1115 waiver and CCI	no	STC 100: Quality assurance language aligns with 1115 Waiver Quality Strategy
101	Reimbursement	23. Maintain a rate floor to establish a statewide baseline	no	STC 101: Is consistent with current Medi-Cal managed care reimbursement practices
General Comment	No Draft STC associated	24. Continue unbundled services for individuals whose CBAS programs have closed or may close in the future, especially important for non-CCI counties	n/a	Unbundled services are related to ADHC-to-CBAS transition. When CBAS is unavailable, Plans must arrange for services to meet their members' needs.

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Standards of Participation (SOP)				
Section #	Section Title	Stakeholder Comments/Recommendations (Summarized)	Requested Revisions Made to SOPs?	SOP Reference / Additional Information
A	General Provider Requirements	No comments	n/a	
B	Center Services	1. Revise/delete references to transportation that are inconsistent with current IPC and Title 22	yes	SOP B(3): Revised to reflect transportation as an additional CBAS service, to be provided or arranged as necessary
		2. Consider allowing reimbursement for a day of service less than 4 hours.	no	SOP B; SOP G(1)(a): Retaining program standard of 4-hour minimum stay for CBAS reimbursement
C	Legal Authority and Requirements	No comments	n/a	
D	Physical Plant and Health&Safety	3. Reference Article 5, Title 22 for clarification on H&S Code	no	SOP D: Broad reference to ADHC requirements in SOP C(1)(a)
E	Eligibility Determination & Authorization	4. Add flexibility to assessment/reassessment timelines	yes	SOP F(5) Revision made in appropriate section
F	IPC	5. Add suggested clarifying language with regards to authorized representative	yes	SOP F(2)
G	Staffing	6. Clarify full-time and part-time positions	no	SOP G(1): Full and part-time status are determined according to program hours
		7. Define "Hours of Service"	yes	SOP G(1)(a)
		8. Clarify differentiation between RN and LVN scope of work and presence at center	yes	SOP G(2)(a)
		9. Add therapy hours section that specifies requirements by increments of five in ADA.	yes	SOP G(6)
H	Organization and Administration	10. Clarify difference between "disenrollment" and "discharge"	yes	SOP H(6)(a)
		11. Clarify the definition of "incident"	yes	SOP H(6)(b)
		12. Delete section H(11)(a) regarding policies and procedures for CBAS participants including reference to "special needs"	yes	SOP H(12); SOP H(7)
		13. Clarify record retention reference	yes	SOP H(13)(b)