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**ACL 20-09**

Date: May 1, 2020  
To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors  
From: California Department of Aging (CDA) CBAS Branch  
Subject: CBAS Temporary Alternative Services (TAS) Documentation Guidance

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## Purpose

This letter provides guidance to providers regarding expectations for completing and maintaining health record documentation during this period of CBAS TAS.

## CBAS TAS Documentation

Following are guidelines for CBAS TAS quarterly reporting and IPC completion for continuing participants. While these guidelines are specific to CBAS TAS, they closely follow the statutory, regulatory, and 1115 Waiver requirements for documentation, as well as policy set forth in the Medical Provider Manual.

For the purpose of providing a standard approach for providers to document the most pertinent CBAS TAS care plan information and progress for each participant served, and for CDA monitoring, the following will apply:

## Quarterly Progress Notes

Evaluation of quarterly progress is still required for CBAS TAS. Quarterly progress notes serve as summaries of the prior three-month period that is reflected in the daily service and progress notes of each discipline providing services.

During TAS, providers may **choose one** of the following options:

1. Each discipline providing services shall document a quarterly progress note. The person writing the progress note shall sign the note.

OR

2. Recognizing that a modified approach to emergency services and notes may be necessary under TAS, centers shall write a single quarterly progress note that summarizes the daily service and progress notes of the team members providing

services. The program director or the team member most familiar with the services provided to the participant during this period is responsible for writing this summary note. If this option is used, the Program Director shall sign the quarterly progress note to show the note has been reviewed and to certify its content.

Quarterly progress notes shall include, at a minimum:

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

Quarterly progress notes are timed with the start date of the currently authorized services, so if an adjustment is made to the authorized service dates, timing of the quarterly progress notes should change accordingly.

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

At the time of the six-month evaluation, providers may follow the same process described in this ACL for the quarterly evaluation, and, in addition, shall use Boxes 15 and 16 to update the IPC per the [Medi-Cal Provider Manual Instructions](#) (IPC and TAR Form Completion, Community IPC, pages 42 and 43).<sup>1</sup>

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

- Significant changes in participant's condition and/or care plan since last IPC
- Changes that may have or likely have a considerable influence or effect on the participant's quality or quantity of life

**Box 16:** Medi-Cal Manual instructions specify that Box 16 should include:

- Critical history/information not included elsewhere in the IPC

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<sup>1</sup> California Code of Regulations (CCR), Title 22, Division 3, Chapter 5, §54215, specifies requirements elaborated within this CBAS TAS guidance. As noted in §54215, the six-month progress note forms the basis of the IPC update at the time of reauthorization to be described in Boxes 15 and/or 16.

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- Information that is relevant to authorization

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

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

The Program Director shall enter new from/to dates of service on the IPC and sign in Box 17 to certify updated content in Boxes 15 and 16.

**NOTE:** Regardless of whether an IPC is requested and submitted for reauthorization, or whether a 12-month authorization period is granted, providers will update the IPC as described in this ACL every six months.

## Questions

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