1. Question: CBAS centers are experiencing a significant drop in daily attendance due to COVID-19. Can CBAS centers adjust staffing according to their daily attendance rather than their average daily attendance (ADA)?

Answer: Title 22, Section 54423(a) states, “The program director, a registered nurse with public health background, a medical social worker, a program aide and the activity coordinator shall be on duty. Other staff shall be employed in sufficient numbers to provide services as prescribed in the individual plans of care, in accordance with the following minimal requirements, determined by each center's average daily attendance based on the previous quarter experience.”

CDA is aware of the significant impact of COVID-19 on CBAS centers and participants. Given this situation, CBAS centers may temporarily adjust staffing based upon the hours of service and daily attendance, rather than the average daily attendance based on the previous quarter. Providers shall communicate this change in operations to their CDA program analyst via email.

CBAS centers are still required to ensure that the program director, a registered nurse, social worker, activity coordinator and program aide are on duty during service hours, and that there is sufficient staff to meet the needs of the participants who are attending the center. It is expected that the center will continue to maintain appropriate staffing and attendance documentation.

2. Question: Does CDA recommend CBAS providers temporarily close their centers to reduce the risk of exposure to participants and staff?

Answer: On March 11, 2020, Governor Gavin Newsom issued guidance stating that non-essential gatherings should be limited to no more than 250 people, while smaller events can proceed only if the organizers can implement social distancing of 6 feet per person. Gatherings of individuals who are at higher risk for severe illness from COVID-19 should be limited to no more than 10 people, while also following social distancing guidelines.
CBAS participants are considered at higher risk for illness from COVID-19. The center’s decision to close should be based on the level of local community transmission or impact of COVID-19 and a consideration of the participant’s level of risk. The provider must then weigh these factors against the potential impact of disruption of services on participants. Centers should take steps to reduce the risk of exposure by triaging participants based on their level of need. The center should plan for those participants with low-level needs to remain at home. For those participants who absolutely depend on the center for care, the center may continue to provide services while taking the necessary steps to reduce contact. Several CBAS providers have chosen to reduce attendance or close temporarily based on an assessment of these factors. For more information on mitigation strategies please refer to the Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission publication from the Centers for Disease Control and Prevention (CDC).

Guidance based on information provided by the California Department of Public Health (CDPH) and the CDC.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx

3. Question: Will CBAS providers who experience a significant drop in participant attendance, or choose to close their center as a direct effect of COVID-19, be eligible for payment in absences of services?

Answer: CDA is working with the Department of Health Care Services (DHCS), in consultation with the Centers for Medicare and Medicaid Services (CMS), to make a determination on this issue.
Purpose

This letter is to share information regarding Governor Newsom’s Executive Order of March 16, 2020, and to inform CBAS providers of CDA’s efforts to implement the Governor’s order and the implications for CBAS center operations.

Background

On Sunday March 15, 2020, Governor Newsom held a press conference in which he announced that in order to reduce the risks of COVID-19 spread to those most vulnerable, he was directing Californians 65 and older and those with chronic underlying health conditions to remain at home. He emphasized that he is committed to working on innovative new ways to meet the needs of those individuals “sheltering in place.” On Monday March 16, 2020, Governor Newsom issued an Executive Order directing the California Health and Human Services Agency (CHHSA) to support vulnerable individuals such as seniors and those with chronic underlying health conditions isolated at home by: 1) developing alternatives to community-based services; and 2) leveraging existing programs and service providers.

What CBAS Providers Need to Know

CDA is currently working with representatives from the Department of Health Care Services (DHCS), the California Department of Public Health (CDPH), as well as coordinating closely with Medi-Cal Managed Care Plans and the California Association for Adult Day Services (CAADS) to develop a framework for how CBAS providers may be approved to continue providing care for CBAS participants who are most vulnerable and remaining at home. CDA anticipates releasing more detail in the coming days that will allow providers to determine whether they will be willing and able to meet the
specific service criteria, reimbursement possibilities for such services, and the process for obtaining approval.

Please know that the environment is changing fast and new information is coming daily. As soon as CDA has more specifics to share, we will do so. Meanwhile, to the degree you can, please assist your most vulnerable participants with their needs at home and keep the CBAS Branch informed of any changes to the operational status of your center (e.g., reduction in hours, changes in staffing, closures). Thank you.

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