# Community-Based Adult Services (CBAS) Quality Assurance and Improvement Strategy

**October 2016**

**(A Five-Year Strategy)**

## *I. Overview*

The *Community-Based Adult Services (CBAS) Quality Assurance and Improvement Strategy* (*CBAS Quality Strategy)* is the result of a year-long effort on the part of multiple stakeholders, including Medi-Cal managed care plans, CBAS providers, advocates, and representatives from the Department of Health Care Services (DHCS) and the California Department of Aging (CDA). The CBAS Quality Workgroup first convened in July 2015 and concluded formal Workgroup activities on June 22, 2016. The Workgroup Charter (reference Appendix 1) specified that the Workgroup's task was to:

> Develop a quality assurance and improvement strategy for CBAS that includes metrics for tracking and improving participant outcomes and the quality of care delivered by CBAS providers.

Requirements in California's 1115 Demonstration Waiver – Medi-Cal 2020 - Special Terms and Conditions (STC 49) specify that CBAS quality assurance and monitoring must be consistent with the managed care Quality Strategy required by federal regulations and incorporated into DHCS' contracts with managed care plans. STC 49 specifically states that quality assurance and improvement for CBAS must assure participant health and safety and address:

- The quality and implementation of the CBAS beneficiary's person-centered individual plan of care (IPC); and
- The provider's adherence to state licensure and certification requirements.

In addition to these requirements, stakeholders indicated they wanted the Workgroup to address the following:

- Quality metrics for person-centered care/continuity of care
- Clinical and program outcome measures/indicators
- CBAS center staff training on best practices and quality improvement
- Improved use of existing enforcement provisions for CBAS centers that do not meet licensing or certification standards

Numerous quality initiatives are underway at the state and national levels – most notably, the DHCS Managed Care Quality Strategy, the California Association for Adult Day Services' (CAADS) Quality Workgroup, and the Home and Community-Based Services Quality Project [coordinated by the National Quality Forum (NQF)] (reference Appendix

2). Because development of uniform measures for home and community-based services and long-term services and supports are still in the early stages of development, the *CBAS Quality Strategy* focuses primarily on CBAS providers and service delivery rather than select participant outcomes. This focus on provider characteristics and performance assumes that improved structures and processes lead to better participant outcomes and satisfaction. Still, the *CBAS Quality Strategy* is flexible and allows for later adoption of participant outcome measures that align with evolving state and national initiatives.

The *CBAS Quality Strategy*:

- Reinforces the program's purpose – to restore or maintain CBAS participants' optimal capacity for self-care; delay or prevent inappropriate or undesirable institutionalization; and maintain individuals in their homes and communities for as long as possible;
- Affirms the commitment among CDA, DHCS, managed care plans, and providers to achieve the program's purpose through improved provider performance;
- Identifies activities to assure federal partners, beneficiaries, and the public that CBAS providers meet standards for participation in the program; and
- Identifies new approaches to improving quality and sharing measures of quality with the public.

To accomplish the activities, goals, and objectives of the *CBAS Quality Strategy*, CDA and DHCS will establish an advisory committee comprising CBAS providers, managed care plans and interested advocates to guide its implementation. This document outlines in broad terms the implementation efforts anticipated for the next five years. Based on input from the CBAS Quality Advisory Committee, CDA and DHCS will develop work plans with the detail necessary for achieving the goals and objectives and completing the activities described below.

To continue to make progress on the goals and objectives of this *CBAS Quality Strategy*, DHCS and CDA anticipate the need to review and revise it annually. Revisions may incorporate additional focus areas and activities needed to address new policy, quality initiatives, and other changes in the health care/long-term services and supports environment. The CBAS Quality Advisory Committee will play an instrumental role in guiding this ongoing evaluation process. In this respect, the *CBAS Quality Strategy* is a living document that represents a starting point for quality efforts over the coming five years - one that will remain flexible and responsive to the changing environment and lessons learned during its implementation.

## *II. Priorities and Strategy Activities*

The CBAS Quality Workgroup and various stakeholders who provided input set the priorities and activities that comprise the *CBAS Quality Strategy* based on requirements specified under STC 49 of the Medi-Cal 2020 Waiver, which state that quality assurance and improvement for CBAS must assure participant health and safety and address:

- The quality and implementation of the CBAS beneficiary's person-centered IPC; and
- The provider's adherence to state licensure and certification requirements.

Additionally, the Workgroup and stakeholders broadly agreed that activities in the *CBAS Quality Strategy* should focus on identifying and promoting best practices, including person-centered and evidence-based care.

To both meet the requirements of STC 49 and promote best practices, the *CBAS Quality Strategy* focuses on activities that:

- Give providers tools and training to improve the quality of service delivery
- Provide greater transparency through public reporting of provider profile and compliance data
- Enhance collaboration and partnerships among CDA, managed care plans, and providers
- Increase provider accountability
- Identify and remediate poor provider performance
- Recognize high performing, innovative providers and promote their best practices

## *III. Goals and Objectives for Assuring and Improving Quality*

The *CBAS Quality Strategy* has two overarching goals:

**Goal I**

**Assure CBAS provider compliance with program requirements through improved State oversight, monitoring, and transparency activities.**

**Goal II**

**Improve service delivery by promoting CBAS best practices, including person-centered and evidence-based care.**

Following is a summary of the goals and the objectives associated with assuring and improving CBAS quality over the next five years. The estimated timelines for achieving the objectives are identified as follows:

- Short-Term (ST): under two years (10/2016 – 10/2018)
- Medium-Term (MT): two to four years (10/2018 – 10/2020)
- Long-Term (LT): over four years (10/2020 – 10/2021 or later)

| **GOAL I: Assure CBAS provider compliance with program requirements through improved State oversight, monitoring, and transparency activities** | | | |
|---|---|---|---|
| **Objective** | | **Additional Information** | **Target Completion Date** |
| **I.A.** | Track and publish provider profile and compliance data on CDA's website for public reference. | Data may include:<br>• Additional descriptive data about center services (e.g., hours/days of service, special populations served, etc.)<br>• Survey reports<br>• HCB Setting/person-centered planning compliance<br>• Professional therapy hour ratios<br>• Staff completion of required training<br>• On-time reporting to CDA<br>• Best practices for person-centered and evidence-based care | MT 10/2020 |
| **I.B** | Formalize communications and collaboration with managed care plans to address identified provider problems | Conference calls to discuss:<br>• Significant provider and/or participant problems or issues identified by CDA during center monitoring and/or certification surveys | ST 10/2018 |

| GOAL I: Assure CBAS provider compliance with program requirements through improved State oversight, monitoring, and transparency activities | | | |
|---|---|---|---|
| **Objective** | | **Additional Information** | **Target Completion Date** |
| | | • Significant provider and/or participant problems or issues identified by managed care plans during credentialing or Physical Accessibility Review (PARs) visits<br>• Provider reporting issues<br>• The need for provider technical assistance and training<br><br>Joint onsite visits by managed care plans and CDA may be conducted as needed | |
| **I.C** | Partner with CBAS providers to offer on-site orientation at CBAS centers for new CDA CBAS Branch staff | To promote broad understanding of the CBAS program from the provider and participant perspectives prior to new CDA staff beginning oversight and monitoring duties | ST 10/2018 |
| **I.D** | Reform ADHC statutes and regulations to conform with current CBAS requirements | This is a long-term objective, to be achieved by DHCS, CDA, and the California Department of Public Health (CDPH) over several years. Phase I would focus on statutory reform. Phase II would focus on regulatory reform. | LT 10/2021 |
| **I.E** | Revise and implement the CBAS Individual Plan of Care (IPC) | Formal activities of the IPC Revision Workgroup concluded in June 2016. Projected implementation of the revised IPC is Spring 2017. Post-Workgroup activities include drafting definitions and instructions, revising the Medi-Cal InPatient/OutPatient Manual, and providing training via webinar and at provider conferences and meetings. | ST 1/2018 |

| GOAL I: Assure CBAS provider compliance with program requirements through improved State oversight, monitoring, and transparency activities | | | |
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| **Objective** | | **Additional Information** | **Target Completion Date** |
| **I.F** | Develop standardized forms. | Forms may include:<br>• Uniform history and physical and update forms per Welfare and Institutions Code (WIC) 14526.1<br>• The Beneficiary Participation Agreement Form that meets regulatory and 1115 Waiver requirements for person-centered planning | ST 10/2018 |
| **I.G** | Modify the Participant Characteristics Report (PCR)(CDA CBAS 293) to incorporate new IPC fields | Since most PCR data fields are drawn from the IPC, both documents need to align. The newly revised IPC scheduled to be implemented in January 2017 will provide numerous new data fields that will improve program monitoring and reporting. | ST 10/2018 |
| **I.H** | Publish data on CDA's website about the timeliness of CBAS providers' submission of required reports | CDA currently maintains data on provider reporting of the Monthly Statistical Summary Report (MSSR), Participant Characteristics Report (PCR), Discharge Summary and Incident Reports. Timely and accurate reporting to CDA and the managed care plans is an important administrative function and critical to participant care coordination as well as an indicator that the center has established effective administrative systems.<br><br>Information posted to CDA's website may include data on the percentage of reports submitted on-time annually, or a threshold score | ST 10/2018 |

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| **Objective** | | **Additional Information** | **Target Completion Date** |
| | | indicating a provider is an "on-time reporter." | |
| **I.I** | Validate compliance with requirements for training of center staff. Publish data on CDA's website about providers' compliance with training requirements. | Information posted to CDA's website will include timely completion of minimum training for all center staff per program requirements<br><br>CBAS centers will report staff training information to CDA. CDA will develop and implement a process for validating provider training reports prior to posting results. CDA will develop training modules for posting on website to assist providers with understanding minimum training requirements for staff upon hire and on an ongoing basis. | MT 10/2020 |
| **I.J** | Develop user-friendly program requirement checklists/job aids for center staff | Laws, regulations, and Waiver requirements are not easily accessible. Checklists and job aids could be used for staff training. | MT 10/2020 |

| GOAL II: Improve service delivery by promoting CBAS best practices, including person-centered and evidence-based care | | | |
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| **Objective** | | **Additional Information** | **Target Completion Date** |
| **II.A.** | Identify and set standards for specialized training of center staff. Publish data on CDA's website identifying centers that complete specialized training. | Specialized training that exceeds minimum training requirements may include training on the following:<br><br>• Person-centered care<br>• Cultural and specialty population competency<br>• Administrator/program director leadership training | MT 10/2020 |
| **II.B** | Establish core person-centered care practices. Publish data on CDA's | Core practices may include:<br>• Use of specific PCC tools<br>• PCC training of center staff | MT 10/2020 |

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| **Objective** | | **Additional Information** | **Target Completion Date** |
| | website identifying centers that implement | • Establishing of PCC practices | |
| **II.C** | Develop and adopt standardized CBAS participant/caregiver satisfaction survey. Publish data on CDA's website identifying centers that implement. | Possible measures may include:<br>• Surveys conducted annually<br>• Percentage of surveys returned<br>• Process for center quality improvement based on feedback | MT 10/2020 |
| **II.D** | Identify and adopt validated assessment/screening tools for specific status/conditions of the CBAS population served. Publish data on the CDA website identifying centers that adopt (publish) | Examples of status/conditions for screening may include:<br>• Cognitive impairment<br>• Depression<br>• Fall risk<br>• Suicide<br>• Anxiety<br>• Alcohol/Substance Abuse<br>• Medication Management | MT 10/2020 |
| **II.E** | Identify centers that inform and assist participants with completing Advanced Care Planning for end-of-life. Post data on CDA's website identifying centers that offer Advanced Care Planning. | Centers to report to CDA. CDA will validate.<br><br>CBAS centers will report information to CDA regarding Advanced Care Planning practices. CDA will develop and implement a process for validating provider practices prior to posting results. | LT 10/2021 |
| **II.F** | Track monthly therapy consultant hours for each center as a percentage of required hours. Publish data on CDA's website showing therapy ratios for each | Centers are required to provide a minimum number of hours of therapy services each month based on average daily attendance from the previous quarter. The required hours can be met through a combination of | MT 10/2020 |

| GOAL II: Improve service delivery by promoting CBAS best practices, including person-centered and evidence-based care | | | |
|---|---|---|---|
| **Objective** | | **Additional Information** | **Target Completion Date** |
| | center. (publish) | services provided by the physical, occupational, or speech therapist, the mental health specialist, and maintenance program services provided by program aides. These services must be responsive to participants' assessed needs. | |
| **II.G.** | Identify and set standards for best practices for multidisciplinary team (MDT) process. Publish data on CDA's website identifying centers that implement (publish) | Section 54211, Title 22, California Code of Regulations requires an MDT process to determine the medical, psychosocial, and functional status of each participant and develop each participant's individual plan of care. Regulations do not specify how centers are to conduct the MDT assessment and care planning process.<br><br>One measure of MDT best practice could be regular team meetings. | MT 10/2020 |

## *IV. Summary*

The *CBAS Quality Strategy* establishes clear goals and objectives and sets a broad agenda of activities to be completed between October 2016 and 2021. The *CBAS Quality Strategy* is designed to assure federal partners, beneficiaries, and the public that CBAS providers meet program standards while they continue to develop new approaches to improving service delivery. CDA and DHCS will implement the *CBAS Quality Strategy* with the ongoing partnership and assistance of managed care plans, CBAS providers, and advocates. CDA and DHCS thank all who participated in the development of the *CBAS Quality Strategy,* and look forward to the continued collaboration that will help to realize the goals and objectives included here.

## *Appendix 1: CBAS Quality Strategy Workgroup Charter*

## *Appendix 2: National and State Quality Initiatives*

# Community-Based Adult Services (CBAS) Quality Workgroup Charter

**Workgroup Name** Community-Based Adult Services (CBAS) Quality Workgroup Charter

**Purpose** Develop a quality assurance and improvement strategy for CBAS that includes metrics for tracking and improving participant outcomes and the quality of care delivered by CBAS providers.

**Members**

| Member | Organization |
|---|---|
| Celine Regalia | Adult Day Services of Napa Valley |
| Ruth Gay | Alzheimer's Association |
| Irene Kovalik | Among Friends |
| Mark Kovalik | Among Friends |
| Cristine Flandez | Anthem Blue Cross |
| Beth Sharma | Anthem Blue Cross |
| Deb Toews | Anthem Blue Cross |
| Allison Lam | Anthem Blue Cross |
| Lydia Missaelides | California Association for Adult Day Services (CAADS) |
| Elizabeth Machado | DayOut ADHC |
| Lois Sones | Elderday Santa Cruz |
| Daisy Absalon | Eskaton ADHC |
| Irina Kolomey | Golden Castle ADHC |
| Selina Escobar | Health Net |
| Gladys Lazaro | Health Net |
| Candace Ryan | Health Net |
| Gretchen Brickson | LA Care |
| Luba Droz | LMS Health Partners ADHC |
| Min Cole | Mikkon Adult Day Health Care Center |
| Maureen Dunn | Mills Peninsula Health Services |
| Antoinette Reddick | Mt. Diablo Center |
| Diane Puckett | Peg Taylor Center for Adult Day Health Care |
| Berdj Karapetian | Victory ADHC |
| DHCS/CDA Staff | DHCS and CDA |

**Background** During the CBAS Stakeholder Process to amend the CBAS provisions of the 1115 Bridge to Reform Waiver that began in December 2013, CBAS providers and managed care plans expressed their desire to form a workgroup to develop a quality strategy for CBAS. Further, requirements in

**Background, *Continued***

the 1115 Bridge to Reform Waiver Special Terms and Conditions (STC 100) specify that quality assurance and monitoring of CBAS must be consistent with the managed care Quality Strategy required by federal regulations and incorporated into DHCS' contracts with managed care plans. STC 100 specifically states that quality assurance and improvement for CBAS must assure participant health and safety and address:

1. The quality and implementation of the CBAS beneficiary's person-centered IPC; and
2. The provider's adherence to State licensure and certification requirements.

Stakeholders indicated they would like the workgroup to address additional areas including:

1. Quality metrics for person-centered care/continuity of care.
2. Clinical and program outcome measures/indicators.
3. CBAS staff training on best practices and quality improvement.
4. Improved use of existing enforcement provisions for CBAS centers that do not meet licensing or certification standards.

**Anticipated Meeting Schedule**

Meetings and/or conference calls will begin July 2015. The kick-off meeting will be combined with a meeting of the CBAS Individual Plan of Care (IPC) Revision Workgroup.

**Duration:** The Workgroup will meet over an estimated 12-month period.

Appendix 2

National and State Quality Initiatives

National Quality Initiatives

1. Agency for Healthcare Research and Quality
   http://www.ahrq.gov/
   a. National Quality Strategy
      http://www.ahrq.gov/workingforquality/

2. National Adult Day Services Association (NADSA)
   http://www.nadsa.org/
   a. NASA Research- Outcomes Project
      http://www.nadsa.org/research/

3. National Association of States United for Aging and Disabilities (NASUAD): Initiatives
   http://www.nasuad.org/about-nasuad
   a. National Core Indicators – Aging and Disabilities
      http://www.nasuad.org/initiatives/national-core-indicators-aging-and-disabilities
      http://nci-ad.org/

4. National Committee for Quality Assurance (NCQA)
   http://www.ncqa.org/

5. National Core Indicators (NCI)
   http://www.nationalcoreindicators.org/

6. National Quality Forum (NQF)
   http://www.qualityforum.org/Home.aspx

7. NCQA Healthcare Effectiveness Data and Information Set (HEDIS) & Performance Measurement
   http://www.ncqa.org/hedis-quality-measurement

8. The SCAN Foundation
   http://www.thescanfoundation.org/sites/default/files/essential_attributes_brief_september_2016.pdf

State Quality Initiatives

1. California Department of Health Care Services (DHCS)

   a. Medi-Cal Managed Care – Quality Improvement & Performance Measurement Reports
      http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx

   b. Strategy for Quality Improvement in Health Care
      http://www.dhcs.ca.gov/services/Pages/DHCSQualityStrategy.aspx