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ACL 20-08

Date: April 22, 2020
To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors
From: California Department of Aging (CDA) CBAS Branch
Subject: Frequently Asked Questions (FAQ) #2 and #3 – COVID-19, CBAS Temporary Alternative Services

Purpose

The purpose of this All Center Letter (ACL) is to notify CBAS providers that the Department of Aging (CDA) has released two Frequently Asked Questions (FAQ) documents concerning CBAS Temporary Alternative Services (TAS). They provide answers to questions from the April 17, 2020, CBAS Provider TAS Webinar. The FAQs are attached. (Note: FAQ #2 was previously released to providers on April 20, 2020.)

Questions

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



Frequently Asked Questions - #2 Community-Based Adult Services (CBAS) Temporary Alternative Services (TAS)

Released – April 20, 2020

Plan of Operation

Q.1. Do we have to enter a narrative description in the space provided on the CBAS TAS Plan of Operation (CDA 7012) form, Section IV a., or can we just provide the narrative on a separate document?

A.1. Centers will need to complete the narrative portion of Section IV a., on the CBAS Temporary Alternative Services Plan of Operation (CDA 7012) form. In addition to completing Section IV a., you may attach a separate document with additional information if you choose.

Q.2. Can centers submit TAS documents for approval via mail, email, or fax? What is the turnaround time for approval of the plan?

A.2. Providers must complete all required documents and submit them through the Peach Provider Portal. All documents are to be uploaded through your center's Plan of Correction (POC) folder within the Peach Provider Portal. Please contact your California Department of Aging (CDA) analyst if you need assistance accessing your Peach Provider account. CDA will expedite review of all provider requests to participate in CBAS TAS, communicate with providers to resolve any outstanding questions or concerns, and notify providers and managed care plans (MCPs) of approval and effective dates.

Q.3. If there are more staff to report than fields available on the Staffing Services Arrangement Form (SSA) (ADH 0006) form, how do we report them?

A.3. Enter additional staff on Page 2, under "Other Staff Positions". Use an additional Page 2 as needed.

Q.4. Should we list all center staff on the SSA (ADH 0006), or just the staff that will be working during CBAS TAS?

A.4. You should list all your center staff on the SSA/ADH 0006 form, even if they are not currently working. If a staff member is not currently working any hours indicate the reason by marking an "F" (furloughed, laid off for a period of time) or an "L" (on leave). In addition, enter the number of hours each staff member is scheduled to work per month during TAS, including consultants, in each category listed. The form must be

filled out completely, including license numbers and expiration dates as applicable (including drivers).

Q.5. Where can centers obtain the CBAS TAS Plan of Operation (CDA 7012), the CBAS Temporary Alternative Services Provider Participation Agreement (CDA 7013), and/or the SSA (ADH 0006)?

A.5. Application documents are available through the [CDA Website](#).

Q.6. Should centers include private pay participants in Section 2 of the CBAS TAS Plan of Operation (CDA 7012) form?

A.6. Enter the total number of CBAS participants enrolled at the center as of March 1, 2020. Do not include participants whose Adult Day Health Care (ADHC) services are paid solely by private pay or a third-party payer such as private insurance, Regional Center, or Veteran's Administration.

Q.7. Will there be a central location online where MCPs can verify that a center is approved and participating in CBAS TAS?

A.7. CDA will notify MCPs of each center's TAS approval and effective date via the CDA CBAS File Drop for MCPs.

Q.8. When did the TAS program begin?

A.8. CBAS TAS began on March 16th. Each provider's effective date for service will be March 16th or the date they are scheduled to begin in the future if services have not yet begun. Effective date of commencement of CBAS TAS for each provider will be certified by CDA in the revised CBAS TAS Provider Participation Agreement.

Q.9. When can centers begin billing for TAS?

A.9. Per ACL 20-07, reimbursement for CBAS TAS is retroactive to March 16th, 2020, if the provider began providing services on March 16, 2020. Otherwise, services are billable effective the date the provider began services after March 16, 2020, or the date they plan to begin in the future if services have not yet begun. Providers pending approval for CBAS TAS may begin billing immediately, but payments will be subject to recoupment/cancellation if participation requirements for CBAS TAS are not met in good faith.

Q.10. Can we bill for services provided after March 16th, 2020, that may not have met the delivery requirements outlined in ACL 20-07?

A.10. CBAS centers acting in good faith and providing services prior to the release of ACL 20-07 guidance related to TAS service delivery requirements can receive reimbursement for services provided. Centers should work with their managed care plan contractors on issues related to billing and reimbursement.



Frequently Asked Questions - #3 Guidance for Community-Based Adult Services (CBAS) for Temporary Alternative Services (TAS)

Released – April 22, 2020

Services

Q. 1. When we deliver groceries to a participant that is enough for 5 days of need because the participant has requested this, do we count that delivery as 5 days of service or just one?

A. 1. That would be one day of service and counted as one billable day. As with traditional CBAS, providers deliver services needed on a daily basis and those daily services and needs may vary.

Q. 2. We have arranged group online daily activity programs, morning therapeutic exercises, etc., through social media with registered participants. Is this considered a day of service or does it need to be one-on-one?

A. 2. As with traditional CBAS, services may be delivered individually or in groups, based on the participant's needs and abilities. Social connection is very beneficial at this time when participants are unable to gather in the congregate setting. Also, as with traditional CBAS, providers are required to ensure that services are person-centered and part of a care plan, and that the services are documented in each participant's health record.

Additionally, please be aware that not all online platforms are acceptable because of HIPAA. Not allowed are: Facebook Live, Twitch, TikTok, and public-facing communication platforms. Allowable for COVID or non-COVID related conditions are: Apple Face Time; Facebook Messenger video chat; Google Hangouts; and Skype. Reference the FAQ for telehealth at www.hhs.gov.
<https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>.

Q. 3. At least one service needs to be provided daily. Does that have to be from each discipline like nursing, social services, or is it one service from any of the disciplines?

A. 3. At least one contact or service from one CBAS TAS staff member is required for a billable day of service. However, CBAS TAS providers must address the assessed needs of/planned care for participants, so if multiple CBAS TAS staff/disciplines need to provide services on a given day, that is the level of service that providers should work to

achieve. The staff person providing the service should be the one best suited to the participant and task, based on assessed need.

Q. 4. How will remote phone calls be made to maintain confidentiality/ Health Insurance Portability and Accountability Act (HIPAA)? Is it okay to have confidential information at home?

A. 4. Providers should follow their existing guidelines for practices. The following are basic good practices: Don't work on HIPAA-sensitive documents in public. Don't share sensitive protected health information (PHI) with others who shouldn't have access, including family or personal acquaintances - this includes allowing them to view or access a computer that is currently accessing PHI. Minimize occurrences of others overhearing patient information. Do not use a patient's whole name within hearing distance of others. Never leave records and other PHI unattended. Lock your computer screen when you walk away or set appropriate sleep settings. Use unique identifiers when talking about your participants. Employees who store hard copy (paper) PHI in their home office may need a lockable file cabinet or room to store the information. Make sure employees disconnect or log out from the company network when they are done working.

Reference the FAQ for telehealth at www.hhs.gov.
<https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>.

Q. 5. The current Individual Plan of Care (IPC) states that the RN will monitor blood pressure (BP) 4x/week. Does the RN have to call 4x/week and monitor for BP?

A. 5. All Center Letter (ACL) 20-07 specifies that services provided under CBAS TAS should be person-centered; based on needs assessed in the participant's IPC and/or through subsequent assessment. Services should be based on participants' most urgent current needs and delivered in the safest possible manner. The authorized IPC for this participant may or may not be relevant or even practical in the current non-congregate environment. Providers must determine on a case-by-case basis how they will address the assessed needs and conditions of the participant at this time and in the home setting in order to support them to be stable and healthy. Providers should work to find alternative ways to monitor blood pressure if that is an immediate need.

Q. 6. Do centers have to meet license capacity requirements?

A. 6. CBAS center capacity for congregate services is not relevant to CBAS TAS and delivery of services on a daily basis to a provider's enrolled participants. Authorized days of services and the ability of the provider to deliver those services are the limiting factors, rather than the capacity of your building that is not currently in use for congregate services.

Staffing

Q. 1. Do employees need to work a minimum of 6 hours/day?

A. 1. Not all employees are required to work the six hours Monday - Friday. Requirements for the six hours are for minimum daily coverage of phone lines and email Monday through Friday. Staffing levels during those six hours, and any additional times, are determined by the provider to ensure responsiveness to participants and caregivers during that time. Providers will schedule staff to meet requirements specified in ACL 20-07, to address the needs of participants you serve, and to implement your approved CBAS TAS Plan of Operation.

Q. 2. We have an issue with some staff not willing to come back due to shelter at home. What do we do?

A. 2. CDA recognizes that providers may not be able to staff with all traditional CBAS team members at this time. We have been instructed to be flexible to ensure service delivery to and protection of our CBAS participants, who are the most at risk during this COVID-19 emergency. Providers must submit a CBAS TAS Plan of Operation that addresses which staff you will have and how you will meet CBAS TAS requirements and participant needs.

Q. 3. What should the role of the center administrator be at this time? If they are a MSW, could they provide social work services in place of a center social worker who may be unavailable?

A. 3. The role of the administrator has not changed. If you want to utilize your administrator as your social worker, and he or she is qualified, that is your choice and you will note that on your Staffing/ Services Arrangement (SSA) form (ADH0006). Minimum requirements for CBAS TAS staffing are specified in ACL 20-07.

Q. 4. Are staff required to be at the center?

A. 4. Approved CBAS TAS providers are required, among many other things, to staff a telephone line and an email account at least 6 hours per day, Monday - Friday, and to be responsive to participants and caregivers. Staff do not need to be located at the center during those 6 hours. The full list of requirements for CBAS TAS may be found in ACL 20-07.

Q. 5. Is the entire multi-disciplinary team (MDT) (RN, SW, AC, PT, OT, RD, LCSW) necessary for TAS? Or is an RN, SW, AC sufficient?

A. 5. Utilizing the entire CBAS MDT is not necessarily required. CBAS TAS providers will have flexibility at this time. However, while a full MDT may not always be available or even necessary at times, staffing levels must be adequate to address participants' assessed and emerging needs. Providers must develop a Plan of Operation, including staff of appropriate qualifications and in adequate numbers, to be responsive to the

participants served. CDA will review and monitor provider Plans of Operation to ensure that requirements are met.

Documentation

Q. 1. Is it possible to have a template for progress notes so it's uniform across the centers?

A. 1. CDA is not developing any standardized progress note templates at this time. We recommend that you work with your software vendor and/or network with other CBAS providers. You can learn more about what other providers are doing and get ideas and tools through the online collaboration of the Alliance For Leadership, [California Association for Adult Day Services \(CAADS\)](#), and [TurboTar](#).

Q. 2. It will be difficult for managed care plans if all centers will have different ways of submitting care plans.

A. 2. Authorization and reimbursement processes are the purview of the managed care plans. CDA would agree that a uniform approach may be less burdensome for providers and plans at this point. Our mutual objective is to ensure timely delivery of critical services, to be flexible, and not to create additional barriers to service delivery.

Q. 3. So, are you saying that providers need to create a new short-term plan (action plan)?

A. 3. CBAS TAS requires providers to assess participant needs in the home environment and to address those needs on at least a weekly basis. Based on the current and emerging needs identified for each participant, CBAS TAS providers need to have a plan in place that addresses participant needs in the home environment, including the need for at least weekly COVID-19 wellness checks and risk assessments. Providers should rely on the current IPC for continuing participants to provide a foundation for developing the shorter-term plans for action that will be responsive to participant needs at this point and ongoing.

Q. 4. How do we document flow sheets?

A. 4. Traditional CBAS flowsheets may or may not be efficient and effective means of documenting non-congregate services delivered under CBAS TAS. Use the service and progress notation method and format that best capture the services you are now delivering.

Q. 5. Do we still need to do quarterly and reassessment notes?

A. 5. As a CBAS TAS provider, you will be conducting assessments of participants on an ongoing basis. At a minimum, assessment occurs weekly with the COVID-19 wellness check and risk assessment, and notes on these weekly assessments are to be retained in the participant health record. These weekly, and at times daily, assessments are focused on the current needs of participants, as opposed to the three-

month quarterlies and six-month reassessments in traditional CBAS, that relate back to the IPC and to chronic conditions and long-term care planning. CBAS TAS is designed to be responsive to participant needs in the current environment, where participants are served at home and have different and emerging needs. CDA is working with state partners, MCPs and CAADS to consider the need for additional, longer-term reviews of participant progress and goals such as those included in traditional quarterly and reassessment notes. Further guidance will be released.

Q. 6. What is expected for the weekly Covid-19 check in?

A. 6. Wellness and COVID-related interventions are integral to CBAS TAS and will be documented in the participant health record, likely in progress notes that describe action planning around wellness and risk assessment activities.

Q. 7. Does the CBAS TAS provider need to keep transportation logs for meal and supply delivery?

A. 7. Traditional transportation logs are not required. How a provider documents transportation is up to the provider. In some cases, it makes sense to maintain administrative records in the form of a log. In other cases, it may be better addressed directly in the participant health record.

Q. 8. Does completion of participant assessments and the IPC need to include PT and OT?

A. 8. CBAS TAS providers will have flexibility at this time regarding which team members they utilize beyond the minimum staff required in ACL 20-07. However, while a full MDT may not always be available or even necessary at times, staffing levels must be adequate to address the participants' assessed and emerging needs. Providers must develop a Plan of Operation, including staff of appropriate qualifications and in adequate numbers, to be responsive to the participants served. CDA will review and monitor provider Plans of Operation to ensure that requirements are met.

Authorization

Q. 1. Are providers required to use the IPC (DHCS 0020) form for authorization of services during CBAS TAS?

A. 1. Providers should direct questions regarding authorization for new or continuing participants to your contracting managed care plan(s). CDA recognizes that the Individual Plan of Care (DHCS 0020) is designed for longer term (6 months) planning for congregate, in center services. Some portions of the IPC form may "translate" to CBAS TAS and the current home environment of the participant, and other portions may not. Continued use of the form for authorization is the discretion of the managed care plans.

Q. 2. What can we do if we cannot obtain a history and physical (H&P) from a participant's personal physician because they are not prioritizing physicals right now?

A. 2. CDA recognizes that providers may not be able to obtain customary paperwork and complete regular CBAS processes at this time. We have been instructed to be flexible to ensure service delivery to and protection of our CBAS participants, who are the most at risk during this COVID-19 emergency. ACL 20-07 specifies that CBAS providers admitting and serving new participants at this time must conduct at least a telehealth assessment and develop a care plan. Providers should work with your contracting managed care plan(s) regarding how to proceed with authorization in such instances.

Q. 3. Are we only to provide services to participants within their TAR days, or are we able to provide services 5x a week to all participants?

A. 3. ACL 20-07 and APL 20-007 provide guidance on authorization. As with traditional CBAS, services are provided and billed for no more than the number of days per week authorized for each participant. If a currently authorized participant has an increased need that you believe requires additional days authorized, work with your managed care plan(s) to address a possible increase in days.

Reimbursement

Q. 1. When we do a wellness check call 1x a week, can we bill for that?

A. 1. Yes. ACL 20-07 specifies that providers may receive their regular per diem reimbursement if they meet all requirements for CBAS TAS and provide "a minimum of one service to the participant or their caregiver for each authorized day." The weekly wellness check qualifies as a direct participant/caregiver service. Reference ACL 20-07 for the list of CBAS TAS requirements. Please note that one service per day is the minimum for a billable day, and providers are required to work to address the assessed needs of their participants.

Q. 2. Are CBAS centers covered with reimbursement for OT, PT during this time?

A. 2. Reimbursement is at the same per diem rate for CBAS TAS, so long as requirements are met. Providers must deliver services based on participant assessed needs and the provider's ability to provide those services, taking into account that not all staff may be available at all times due to illness, family caregiving, etc. Many providers are developing creative approaches to making PT and OT services available through online platforms. You can learn more about what other providers are doing and get ideas and tools through the online collaboration of the Alliance For Leadership, [CAADS](#), and [TurboTar](#).

Q. 3. What determines how many units of service to bill for each participant?

A. 3. Services under CBAS TAS continue to be authorized by days per week. So long as providers meet the requirements for CBAS TAS, a day of services provided is a billable day. Reference ACL 20-07.

Q. 4. How many days of TAS preparation are billable?

A. 4. As with traditional CBAS, only days of service provided directly to participants/caregivers or on their behalf are billable days. Administrative activities are considered the cost of doing business.

Monitoring and Oversight

Q.1. Should centers submit Monthly Statistical Summary Report (MSSR) reports?

A.1. Per ACL 20-05, MSSR reporting requirements have been suspended for the March and April reporting periods. CDA will continue to evaluate the situation and notify centers, via ACL, when MSSR reporting will resume.

Q.2. Should centers submit an incident report for a temporary center closure due to COVID-19?

A.2. A center closure due to the COVID-19 outbreak is considered an “unusual occurrence.” If your center was, or is, temporarily closed (i.e., not providing any services, including TAS) due to COVID-19, you must submit an Incident Report (CDA 4009) to CDA, CDPH and the Medi-Cal managed Care plans within 24 hours. Please contact the CBAS Branch at (916) 419-7545 or cbascda@aging.ca.gov to obtain a copy of this form.

Q.3. Is CDA conducting on-site monitoring visits at this time?

A.3. CDA has suspended all on-site survey visits until further notice.