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**ACL #19-07**

Date: August 13, 2019

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: California Department of Aging (CDA) CBAS Branch

Subject: **UPDATED ALERT – NEW IMPLEMENTATION DATE OF THE NEW CBAS INDIVIDUAL PLAN OF CARE (IPC) FOR NON-USERS OF IPC SOFTWARE**

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## **Purpose**

This All Center Letter (ACL) is to notify CBAS providers **who do not use vendor-provided IPC software** of the updated implementation date of the new IPC.

## **IPC Implementation Date for Non-Users of IPC Software and Format Revisions**

The CBAS Branch has resolved the technical difficulties encountered by CBAS providers who do not use vendor-provided IPC software.

Therefore, CBAS providers who do not use vendor-provided IPC software are required to begin implementing the new CBAS IPC form (DHCS 0020) (Rev 07/2019) **for effective dates of service as of October 1, 2019.** These include initial, reauthorization and change Treatment Authorization Requests (TARS).

The changes to the new IPC form (DHCS 0020) (Rev 07/2019) are to format only, not content. These format changes include the following:

Box 2 (Diagnoses and ICD Codes) and Box 3 (Medications) have additional lines;

Box 13 (Core Services) has additional “Need/Problem” boxes for Professional Nursing Services, Social Services, Therapeutic Activities-Physical Therapy Maintenance Program, and Therapeutic Activities-Occupational Maintenance Program;

Box 14 (Additional Services) has additional “Need/Problem” boxes for Physical Therapy, Occupational Therapy, Speech Therapy, Registered Dietician Services, Behavioral Health Services, and Transportation Services;

Box 17 (Signatures of Multidisciplinary Team/MDT and Program Director) have options for digital signatures, additional space for MDT professional credentials, and drop-down dates for signatures;

Additional blank templates for Boxes 13 and 14 if needed.

### **IPC Implementation Process**

The IPC implementation process for all CBAS providers is the same as described in [ACL #19-02](#).

IPC implementation will occur on a roll-out basis as each CBAS participant’s IPC comes up for review and renewal, and new Treatment Authorization Requests (TARs) are submitted. These include initial, reauthorization and change TARs.

CBAS center staff in collaboration with the CBAS participant and/or the participant’s authorized representative shall review and update the CBAS participant’s IPC at least every six months or more frequently when there is a change in the participant’s condition or circumstances requiring a change in CBAS services.

CBAS providers are to determine the eligibility of CBAS participants for receipt of CBAS at least every six months through the treatment authorization or reauthorization process, or up to every twelve months for individuals determined by the managed care plan to be clinically appropriate.

**Note:** For Medi-Cal fee-for-service beneficiaries, the CBAS provider shall submit the new IPC to DHCS with the TAR as supporting documentation for the participant’s level of service determination. For Medi-Cal managed care plan beneficiaries, the CBAS provider shall contact the participant’s managed care plan for instructions about the TAR process and submission of the new IPC.

The CBAS provider must have assessment and care planning policies and procedures in place to ensure proper implementation of the new CBAS IPC and must always maintain a copy of the current IPC in the participant’s health record.

## Where to Find the New IPC Form, Instructions, and CBAS Sections of the Medi-Cal Provider Manual

The new CBAS IPC form (DHCS 0020) (Rev 07/2019) and IPC instructions are posted on the CDA website at the following link:

[https://www.aging.ca.gov/Providers\\_and\\_Partners/Community-Based\\_Adult\\_Services/Forms\\_and\\_Instructions/Eligibility\\_and\\_Service\\_Authorization/](https://www.aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/Eligibility_and_Service_Authorization/)

**Note:** The link above will take you to “CBAS Forms and Instructions-Eligibility and Service Authorization” page. Click on “Individual Plan of Care (IPC) (DHCS 0020) (Rev 07/2019).”

The revised CBAS sections of the DHCS Medi-Cal Provider Manual are posted at the following link:

[http://files.medi-cal.ca.gov/pubsdoco/manuals\\_menu.asp](http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp)

**Note:** The link above will take you to the DHCS Medi-Cal “Provider Manuals” Publications page. Go to the “Inpatient/Outpatient” category and click on “Community-Based Adult Services (formerly Adult Day Health Care Centers).” Scroll down to the four sections titled “Community-Based Adult Services (CBAS).”

## Training

The CBAS Branch provided a webinar training on the new CBAS IPC form and instructions on October 3, 2018, for CBAS providers, managed care plan representatives, software vendors and other interested stakeholders. The webinar recording, slides, and Frequently Asked Questions (FAQ) are posted on the CDA website at the following link:

[https://www.aging.ca.gov/Providers\\_and\\_Partners/Community-Based\\_Adult\\_Services/#pp-tr](https://www.aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/#pp-tr)

**Note:** The link above will take you to the “CBAS Training” webpage. Click on “Eligibility and Service Authorization” then “10/03/2018 - Individual Plan of Care (IPC) (DHCS 0020).”

## Questions

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