



## **Bridge to Reform 1115 Waiver Amendment**

### **Community-Based Adult Services Providers**

#### **Standards of Participation**

##### **General Provider Requirements**

An existing Adult Day Health Care (ADHC) center with an active unencumbered license may apply to the Department of Health Care Services (DHCS) or its designee, to become a waiver provider. Upon meeting the criteria for enrollment, the ADHC center licensee will be designated as a “Community-Based Adult Services (CBAS) provider.” This specific waiver provider designation will afford CBAS providers the opportunity to deliver outpatient waiver services to eligible waiver participants in a community setting.

As an 1115 waiver provider, a CBAS provider delivers waiver services in an outpatient home-like setting. CBAS providers: 1) shall meet all applicable licensing and Medi-Cal and waiver program standards, as described or referenced in this document; 2) are subject to these waiver Standards of Participation (SOPs); 3) shall provide services in accordance with the participant’s physician-signed Individualized Plan of Care (IPC); 4) shall adhere to the documentation, training, and quality assurance requirements identified in the Centers for Medicare and Medicaid Services (CMS)-approved 1115 waiver; and 5) shall demonstrate ongoing compliance as specified in this paragraph.

##### **CBAS Provider Legal Status Requirements:**

- March 1, 2012 - July 1, 2012: A CBAS provider may be a non-profit or for-profit entity.
- After July 1, 2012: To remain or commence as an eligible CBAS provider in the Medi-Cal program, a CBAS provider must convert to a non-profit entity unless DHCS determines that the CBAS provider satisfies one of the following three exceptions to non-profit status:
  1. The for-profit CBAS provider offers program specialization that meets the specific health needs of CBAS-eligible participants not otherwise met by any other CBAS provider in the participants' geographic area
  2. The for-profit CBAS provider’s operation is necessary to preserve an adequate number of CBAS providers so that CBAS-eligible participants can transition seamlessly from ADHC to CBAS without interruption in services due to wait lists.
  3. DHCS determines that a provider needs additional time beyond July 1, 2012, for the for-profit provider to complete its conversion to non-profit status.

Additionally, after July 1, 2012, DHCS retains the discretion to reexamine whether one of the above-listed exceptions for a for-profit CBAS provider still

## **Bridge to Reform 1115 Waiver Amendment**

### **Community-Based Adult Services Providers**

#### **Standards of Participation**

applies to a CBAS provider, and in doing so, DHCS may withdraw such exception for a for-profit CBAS provider as needed.

#### **CBAS Services**

A CBAS provider shall provide a bundled service package at the ADHC center, pursuant to a participant's IPC, developed by the center's multidisciplinary team. This service package must provide all of the following services as specified in a participant's IPC for a minimum of a four-hour stay at the center. Any length of stay under four hours will not be reimbursed. The CBAS provider is responsible for documenting at least four hours at the center.

The bundled service package shall be reimbursed under one rate of reimbursement.

- Core services: each waiver participant shall receive ALL of these services on each day of attendance at the center:
  - Professional nursing.
  - Therapeutic activities.
  - Social services and/or personal care services.
  - One meal offered per day.
- Additional services: each waiver participant shall receive any of the following services specified in his/her IPC:
  - Physical therapy.
  - Occupational therapy.
  - Speech therapy.
  - Mental health services.
  - Registered dietitian services.
  - Transportation to and from the center and the participant's place of residence.

#### **1. Legal Authority and Requirements.**

CBAS providers shall deliver services in licensed ADHC centers in accordance with current Health and Safety (H&S) Codes under Division 2, Chapter 3.3 and shall provide services in accordance with the California Code of Regulations (CCR), Title 22 under Division 5, Chapter 10 and with the CMS-approved waiver document(s).

CBAS providers shall be enrolled as Medi-Cal waiver providers and shall meet the standards specified in current Welfare and Institutions (W&I) Codes under Division 9, Chapter 8.7; in the CCR, Title 22 under Division 3, Chapter 5; and as set forth in these SOPs.

## **Bridge to Reform 1115 Waiver Amendment**

### **Community-Based Adult Services Providers**

#### **Standards of Participation**

If there is a change in adopted laws or regulations governing licensed ADHC centers or CBAS providers, these SOPs will be amended and shall become applicable to all current and future CBAS waiver providers.

#### **2. Physical Plant and Health and Safety Requirements.**

To ensure the health and safety of the CBAS participants the physical plant of each center shall conform to the requirements of applicable sections of the CCR, Title 22 as described in part by the following:

- a. Physical accommodations – Designed, equipped and maintained to provide for a safe and healthful environment. Each center shall:
  - Comply with state and local building requirements and codes.
  - Be maintained in conformity with the regulations adopted by the State Fire Marshal.
  - Have a working, listed telephone number.
  - Have a working FAX number.
  - Have a working Email address.
  - Have a working heating and cooling system.
  - Have adequate lighting.
  - Have appropriate water supply and plumbing.
- b. Space Requirements – Demonstrate all of the following, to include but not be limited to:
  - Available space sufficient to accommodate both indoor and outdoor activities and for storage of equipment and supplies.
  - A multipurpose room large enough for all participants to get together for large group activities and for meals.
  - A secluded area that is set aside for participants who require bed rest and for privacy during medical treatments or social service interventions.
  - Appropriate office area(s).
- c. Maintenance and Housekeeping – Be clean, safe and in good repair at all times; maintenance shall include provisions for cleaning and repair services.
- d. Safety – Appropriate protective devices to guard against hazards by means of supervision, instruction and installation.
- e. Supplies – Maintain sufficient supplies for functional operation and for meeting the needs of the participants.

**Bridge to Reform 1115 Waiver Amendment**  
**Community-Based Adult Services Providers**  
**Standards of Participation**

- f. Solid Waste – Provide for the storage and disposal of solid waste according to the standards set forth in Title 22.
3. Organization and Administration – Be organized and staffed to carry out the service and other requirements specified in the waiver. Such organization shall include:
- a. An administrator or program director on duty at all times.  
“On duty” means physically present in the center at all times during the center’s program hours in which participants are present. The CBAS provider shall have a policy for coverage of the administrator/program director during times of his/her absence.
  - b. Sufficient supportive staff to conduct the CBAS daily business in an orderly manner.
  - c. Financial and accounting records that fully disclose the disposition of all funds.
  - d. CBAS staffing that meet the individual professional requirements specified in relevant state laws and regulations and in these SOPs.
  - e. The maintenance of appropriate participant health records and personnel records.
4. Emergency Services – Maintain updated written procedures for dealing with emergency situations. Such procedures shall include, at a minimum all of the following:
- a. Use of the local 911 system.
  - b. Appropriately trained personnel; at a minimum, all direct care staff shall be trained in first aid and certified in basic life support.
  - c. Written permission from all CBAS participants for transfer to and treatment by local hospitals or other treatment facilities as needed.
5. Grievance Procedures and Processing of Incident Reports.
- a. Written grievance process whereby participants and family/caregivers can report and receive feedback regarding CBAS services.
  - b. All incidents shall be documented in writing that includes the nature of the incident and its resolution. Such documentation shall be available to appropriate DHCS staff at all times.
6. Civil Rights and Confidentiality – Adhere to all laws and regulations regarding civil rights and confidentiality of both participants and CBAS staff. CBAS providers are subject to Federal and State laws regarding discrimination and abuse and the reporting of such.

**Bridge to Reform 1115 Waiver Amendment**  
**Community-Based Adult Services Providers**  
**Standards of Participation**

7. CBAS Waiver Services.

As a provider of waiver services, a CBAS provider shall employ or contract for a variety of providers and render services as described in these SOPs. The individuals providing waiver services shall meet all licensing requirements as specified in the California Business and Professions Code, as well as these SOPs, as appropriate to the individual provider. A CBAS provider's staffing requirements will be based on the average of the previous quarter's average daily attendance (ADA). The ADA can be tied to various shifts within the day or various days of the week so long as the CBAS provider can demonstrate that they are consistent.

For example: Quarter 1, ADA Monday –Thursday is 95-100; Friday is 35-40. With demonstration of a consistent pattern, the CBAS provider may staff for these ADAs in quarter 2.

Professional nursing coverage of the center shall include Registered Nurse (RN) staffing at a ratio of one RN for every 40 participants. A half-time Licensed Vocational Nurse (LVN) shall be provided for every increment of 10 in average daily attendance exceeding 40 participants.

There shall be at least one RN physically present in the center at all times during the center's program hours in which participants are present; however for short intervals, not to exceed 60 minutes, an LVN may be physically present with the RN immediately available by phone if needed. The CBAS provider may supplement the RN staff with LVN staff as stated above with at least one RN physically present in the center at all times during the center's program hours in which participants are present.

The program aide/nurse assistant staffing shall be at a ratio of one program aide/nurse assistant on duty for up to 16 participants present in the building. Any number of participants up to the next 16 shall require an additional program aide/nurse assistant (for example, 17 participants require an additional program aide/nurse assistant).

The needs of the participants shall supersede the minimum staffing requirements specified in these SOPs. The CBAS provider shall be responsible for increasing staffing levels if necessary to maintain the health and safety of all participants and to assure that services are provided to all participants according to their IPC.

Appropriate documentation in the participant's health record according to current health record standards shall be completed by all CBAS staff providing services.

**Bridge to Reform 1115 Waiver Amendment**  
**Community-Based Adult Services Providers**  
**Standards of Participation**

8. Authorization and Documentation

- a. CBAS Waiver services shall require prior authorization and reauthorization.
- A Treatment Authorization Request (TAR) or other agreed upon prior authorization document shall be prepared by the CBAS provider and submitted to DHCS or the managed care plan for each waiver participant seeking CBAS services. TARs for services for each waiver participant must be supported by the physician-signed IPC.
  - Reauthorization TARs are required every six months and services shall continue to be supported by the physician-signed IPC.

NOTE: The CBAS provider's physician or the participant's primary care physician may sign the participant's IPC. "Primary care physician" may include physician assistant and nurse practitioner within their scope of practice and under the appropriate supervision of the physician.

- b. Each CBAS provider shall maintain a health record for each waiver participant receiving waiver services that shall be available to appropriate DHCS or Managed Care Plan staff for any scheduled or unscheduled visits.
- This health record shall include documentation of all services provided, current IPCs, referral requests and outcomes of said referral(s).
  - All CBAS documentation shall be maintained in compliance with applicable Federal and State laws and Medi-Cal provider SOPs, and shall be retained by the CBAS provider for three years.
  - The CBAS provider shall also maintain records to document that the requirements of these SOPs have been met.

9. Quality Control/Quality Assurance

Quality control/quality assurance reviews will be in accordance with the Quality Assurance Plan, as described in the CMS-approved 1115 waiver.

10. Training Requirements

As a licensed ADHC center and a waiver service provider the CBAS provider shall ensure that all CBAS staff receives training regarding care appropriate for each waiver participant's diagnose and their individual care needs. Provision of training to CBAS staff is a requirement to be enrolled as a waiver provider and is not separately reimbursed by either Medi-Cal or the waiver.

## **Bridge to Reform 1115 Waiver Amendment**

### **Community-Based Adult Services Providers**

#### **Standards of Participation**

- a. All CBAS providers shall maintain policies and procedures for the provision of supportive health care services to waiver participants, including those participants with special needs.
- b. Training of CBAS staff shall include an initial orientation for new staff; review of all updated policies and procedures; hands-on instruction for new equipment and procedures; and regular updates on State and Federal requirements, such as abuse reporting and fire safety.
- c. Training shall be conducted and documented on a quarterly basis and shall include supporting documentation on the information taught, attendees, and the qualifications of the instructor(s).