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Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

ALL PLAN LETTER 20-007

**TO:** ALL MEDI-CAL MANAGED CARE HEALTH PLANS

**SUBJECT:** POLICY GUIDANCE FOR COMMUNITY-BASED ADULT SERVICES IN RESPONSE TO COVID-19 PUBLIC HEALTH EMERGENCY

**PURPOSE:**

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with policy guidance regarding the temporary authorization of Community-Based Adult Services (CBAS) provided telephonically, in members' homes, and individually in centers, in lieu of congregate services provided at CBAS centers, during the period of this current public health emergency. This guidance is being provided in response to public health stay-at-home and social distancing guidance and directives resulting from the COVID-19 outbreak. This APL outlines mechanisms by which CBAS centers may continue to provide services to CBAS members now remaining at home. Finally, the APL addresses reimbursement for these temporary services, as well as reporting requirements for CBAS centers.

**BACKGROUND:**

On March 16, 2020, Governor Newsom issued an [Executive Order](#) directing the California Health and Human Services Agency 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. Then, on March 19, 2020, Governor Newsom issued a stay-at-home [Executive Order](#) to protect the health and well-being of all Californians and to establish consistency across the state in order to slow the spread of COVID-19. In response, the California Department of Aging (CDA), in collaboration with the Department of Health Care Services (DHCS), issued All Center Letter [20-06](#) to provide guidance to CBAS centers regarding the temporary provision of CBAS services. In addition, the California Department of Public Health issued [All Facilities Letter 20-27.1](#) to provide guidance to adult day health centers to mitigate and prevent the transmission of COVID-19.

The goal is to continue to partner with CBAS providers, enabling the redesign service delivery to those at greatest risk, in the safest possible manner during this time of the COVID-19 emergency.

**POLICY:**

The following guidance will remain in effect until further notice.

Congregate services provided inside the center are not allowed during the period of this public health emergency. Essential services to individual members may be provided in the center so long as they meet criteria defined in this APL and with proper safety precautions.

CBAS centers are granted time-limited flexibility to reduce day-center activities and to provide CBAS in the home, telephonically, or via live virtual video conferencing, including but not limited to:

- Professional nursing care
- Personal care services
- Social Services
- Behavioral Health services
- Speech therapy
- Therapeutic activities
- Registered dietician-nutrition counseling

Further, during the effective dates of this guidance, CBAS centers may provide these additional services at a member's home:

- Physical therapy
- Occupational therapy

CBAS centers are also permitted to provide or arrange for home-delivered meals, in absence of meals provided at the CBAS center, and may continue to provide transportation services, as necessary and appropriate.

Activities related to the above-listed CBAS services could include:

- Care coordination
- Communication with the member's personal health care provider
- Medication monitoring
- Assessing and monitoring for COVID-19 symptoms such as cough and fever
- Assessment and reassessment
- Wellness checks
- Behavioral health screenings
- Family training
- Verbal cueing (e.g., personal care services, therapies, etc.)
- Providing home-delivered care packages (e.g., food items, hygiene products, medical supplies)
- Providing transportation services, such as non-emergency medical transportation
- Maintaining a dedicated telephone support line for members and family

DHCS supports and encourages the use of all Health and Human Services Office of Civil Rights (HHS-OCR) allowable means of communication. Additional guidance regarding HHS-OCR's HIPAA enforcement can be found on [HHS-OCR's webpage](#).

### **Authorization and Reimbursement**

CBAS centers are eligible to receive their existing per diem rate for the provision of CBAS as described in this APL. MCPs must continue to authorize and reimburse CBAS centers for the delivery of services provided in the member's home, telephonically or via live virtual video conferencing. Delivery of services must be based on a CBAS member's assessed needs as documented in the current Individual Plan of Care (IPC), and/or identified by subsequent assessment by the center's multidisciplinary team.

Per the current 1115 Waiver special terms and conditions, for initial eligibility determinations, an initial face-to-face review is not required when an MCP determines that a member is eligible to receive CBAS and that the receipt of CBAS is clinically appropriate based on the information that the MCP possesses. MCPs may extend eligibility re-determinations for the ongoing receipt of CBAS to up to 12 months for members determined by the MCP to be clinically appropriate. DHCS encourages MCPs to minimize or eliminate requirements for face-to-face interactions, whenever possible.

### **Documentation and Reporting Requirements**

Existing CBAS health record documentation standards for services provided will continue to apply. CBAS centers are responsible for updating member IPCs when a change in assessed need is identified through regularly scheduled reassessments, and reassessments conducted due to a change in participant condition.

MCPs may require regular reporting by the CBAS centers, at a frequency and format required by the MCP, to substantiate the provision of services provided in accordance with this APL.

MCPs are responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all subcontractors and network providers.

If you have any questions regarding this guidance, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief  
Managed Care Quality and Monitoring Division