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ACL 20-06

Date: March 27, 2020
To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors
From: California Department of Aging (CDA) CBAS Branch
Subject: Guidance for Community-Based Adult Services (CBAS) In Response to COVID-19 Public Health Emergency

Purpose

This All Center Letter (ACL) provides policy guidance for the temporary provision of CBAS services telephonically, in participants' homes, and individually in centers, in lieu of congregate services provided at CBAS centers. This guidance is provided in context to the public health stay at home orders in response to the COVID-19 outbreak. This ACL outlines mechanisms for providing services to CBAS participants now remaining at home. It outlines service options that may be delivered by CBAS providers in lieu of traditional CBAS services during the period of this current public health emergency. Finally, the ACL addresses approval and reporting requirements under consideration for reimbursement of these temporary services.

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

Provision of CBAS Services

Congregate services provided inside the center are not allowed at this time per [Governor Newsom's Executive order](#). Essential services to individual participants may be provided in the center so long as they meet criteria defined in this ACL and with proper safety precautions. The center MUST operate with infection control measures in place to protect participants and staff to reduce the risk spreading the virus. (Reference the [California Department of Public Health \(CDPH\) website](#) for additional guidance for health care workers.)

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CBAS centers are granted time-limited flexibility to reduce day-center activities and to provide CBAS services 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 beneficiary'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 but are not limited to:

- Care coordination
- Communication with the beneficiary'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 (i.e. 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 participants and family

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CBAS centers should identify and utilize “eyes-on” tools (i.e., video conferencing, window-side conferencing) when available. If such tools are not available, or participants are unable to utilize such tools, CBAS centers should involve family and caregivers in the process when possible to ensure that accurate information is being provided and/or that cued services are accomplished and effective.

The delivery of services via phone or in the participant’s home must be based on a CBAS participant’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. Services must be person-centered, flexible enough to meet the participants’ changing needs, and **able to be provided safely in the current environment**. Existing CBAS health record documentation standards for services provided will continue to apply. CBAS centers are responsible for updating participant IPCs when a change in assessed need is identified through regularly scheduled reassessments, and reassessments conducted due to a change in participant condition.

CDA is working with state, Medi-Cal managed care plans (MCP), and provider partners to develop processes regarding service reauthorization and new participant enrollment. Further guidance will be provided.

Individual In-Center Services versus Congregate

The following is to clarify what services are allowable and prohibited.

The terms “individual” and “congregate” are defined as:

Individual: Of or related to an individual, intended for one person. Existing as a distinct entity, separate. A single human being as contrasted with a social group.

Congregate: Providing in or being group services. To collect into a group or crowd, assemble.

Examples of Acceptable and Prohibited Means of Service

Examples of acceptable and prohibited means of service are as follows:

Individual In-Center - Acceptable:

- Individual coming to the center to receive services from CBAS staff in a singular, sequential manner – e.g., as in a doctor’s office or clinic
- Individual coming to the center to pick up supplies, meals, receive wound care, receive assistance with a shower, etc.

Congregate - Prohibited:

- Participants assembling and receiving services in groups – e.g., traditional CBAS group services of more than one, being served in the same space at the same time

Reimbursement

CBAS centers will be allowed to receive reimbursement for services provided as described in this ACL. Further guidance will be forthcoming regarding minimum service standards required for reimbursement.

Approval to Provide Temporary CBAS Services

CBAS centers choosing to continue operating by providing services to CBAS authorized participants as described in this ACL, will be required to submit plans for temporary operation to the CBAS Branch for review and approval. Currently, CDA is working to develop a plan of operation form for CBAS providers to submit, that includes information necessary for approval to **temporarily** provide services described in this ACL. CDA will release instructions and the form soon. Approved plans will be effective retroactively to ensure continuity of participant services.

Additionally, CBAS centers will continue to be required to submit reports to CDA and, as required, by the MCPs. CDA is reviewing existing reporting requirements and evaluating what modifications may be necessary at this time.

Questions

Further guidance will be provided when available. CDA understands CBAS providers will have a number of questions, and we are working to obtain answers and share soon. We thank you in advance for your continued partnership and efforts to meet the needs of the participants we all serve.

Please contact the CBAS branch if you have any questions: (916) 419-7545;
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