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ACL 20-10

Date: May 8, 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) #4, CBAS Temporary Alternative Services (TAS) - Documentation

Purpose

The purpose of this All Center Letter (ACL) is to notify CBAS providers that the Department of Aging (CDA) has released a Frequently Asked Questions (FAQ) document pertaining to ACL 20-09, CBAS TAS Documentation Guidance, released on May 1, 2020. The FAQ is attached.

Questions

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



Frequently Asked Questions - #4

Guidance for Community-Based Adult Services (CBAS) for Temporary Alternative Services (TAS)

Released – May 8, 2020

Documentation

Q. 1. Can an LVN, SWA, or program aide write the quarterly note if they are the most familiar with the participant's status?

A. 1. Yes, under certain conditions. ACL 20-09 specifies that providers may choose between two options: 1) having each discipline that provides the services document quarterly progress; or 2) writing a single quarterly note that summarizes a participant's progress based on daily notes of services provided. The ACL states that providers choosing Option 2 may have the quarterly progress note completed by the individual team member most familiar with the services provided to the participant during this period, and the program director signs the note to certify the note's content.

NOTE: Quarterly notes described under Option 2 are derived from the health record notes reflecting participant status and services provided. Staff completing summary notes may provide updated assessment information regarding participant health status only as scope of practice and/or qualifications allow.

Q. 2. Do we need to do March and April quarterlies now?

A. 2. Timing of quarterly progress notes remains the same as during traditional CBAS. Each participant's current authorization period provides the starting date from which to count three months forward, at which point providers evaluate progress for the past quarter. If during the transition from CBAS to CBAS TAS you did not complete quarterly notes for some participants who were due, there is no need to go back and complete them. Resume writing quarterly progress notes for those participants on their regular schedule, based on their authorization period.

When and if there is a need to make a late entry in the health record, follow the same procedures as always – clearly note that the entry is a "late entry" and include the date entry is made.

Q. 3. What month should we start the quarterly progress note for TAS? Would TAS start date be the day the center closed congregate or first day of telehealth?

A. 3. In addition to the answer above to Question 2, for individuals whose quarterly progress note includes months before and after TAS began for them (the date the provider began providing TAS after March 16th), the note should include the content described in ACL 20-09.

Q. 4. Do we still need to submit an IPC to all plans on the usual schedule? We received a letter from one plan saying they are automatically extending authorizations.

A. 4. IPC submission is at the discretion of your contracting managed care plan(s) (MCPs). Whether or not MCPs request submission of the IPC, providers must update Boxes 15, 16, and 17 as described in ACL 20-09 and retain copies in the participant's health record.

Q. 5. Can work on quarterlies be documented as a daily service under care coordination and count as a daily service for billing?

A. 5. As with traditional CBAS, completion of health record documentation under CBAS TAS is not considered a service provided to the participant. Rather, it is an administrative function.

Q. 6. What are the requirements for reassessments – do they apply for the whole multi-disciplinary team (MDT)?

A. 6. A traditional CBAS reassessment at six months is not required because the congregate services CBAS Care Plan is not being updated. However, ACL 20-09 describes two (2) options for completion of the 3-month quarterly progress note, which occurs four times each year [Reference Question 1 above]. These options apply to the quarterly progress note that occurs at the time of IPC development, with additional requirements for completion of Boxes 15, 16, and 17. Whether choosing Option 1 or Option 2 described in ACL 20-09, the notes will include information from all CBAS TAS team members providing services, and will capture ongoing assessments by those team members. At a minimum, the team will include services by the registered nurse and social worker.

Q. 7. Should we only print out the page for Box 15 and 16 and attach it to the authorization request form, or print out the whole IPC to attach with the authorization request form in the chart?

A. 7. Providers complete the IPC using various methods – vendor software, personal custom software, via the form-fill pdf, etc. Because of these varying methods of completion and because your contracting MCPs may make different requests of you with regards to authorization, CDA is not in the position to require one method or another. What CDA is requiring is that health records for each participant include

copies of updated Boxes 15, 16, and 17 of the IPC for the six month, or usual time of reauthorization.

Q. 8. Can an IPC still be submitted for the period covering April and up to six months, even though we are in May?

A. 8. Follow the usual process you followed with traditional CBAS, or as directed by your contracting MCP(s).

Q. 9. Why would the IPC date need to be changed? Wouldn't it stay the same with as with the six-month reassessment date change?

A. 9. In some cases the six-month time frame of the IPC changes, and the quarterly schedule changes with it. Examples may include when an increase in days occurs or if your contracting MCP(s) provides a new authorization period. In either of these cases your quarterlies must be timed with the new IPC dates.

Q. 10. May we choose Option 1 for the three-month note and Option 2 for the six-month note and reauthorization?

A. 10. Yes. Just be sure to follow the instructions in ACL 20-09.

Q. 11. Please clarify if a six-month reassessment can be done as an MDT progress note (like the quarterly) format and not a formal reassessment.

A. 11. Yes. In addition to the answer to Question 1 above, formal "reassessments" may not be possible for all participants and at all times during CBAS TAS. The MDT members that you have available on your team will be conducting ongoing assessments of your participants, in particular, weekly evaluations of health risks and COVID-19 symptoms. Those related progress notes become the basis of your six-month notes and updated Boxes 15 and 16 of the IPC.

Q. 12. What signatures are required on the IPC?

A. 12. Which signatures may be needed on your IPC depends on how extensively your CBAS TAS team is updating the IPC and what your contracting MCP(s) requires. In ACL 20-09, CDA clarified that for the purposes of program monitoring, we require, at a minimum, updated Boxes 15 and 16, and that the program director sign in Box 17 to certify that updated information.