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GAVIN NEWSOM
GOVERNOR

DATE: *April 13, 2020*

ALL PLAN LETTER 20-007 (*REVISED*)

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 participants' 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 *Novel Coronavirus Disease (COVID-19)* outbreak. This APL outlines mechanisms by which CBAS centers may continue to provide services to CBAS participants now remaining at home. Finally, the APL addresses reimbursement for these temporary services, as well as reporting requirements for CBAS centers. *Revisions to this APL have been italicized for ease of reference.*

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 (ACL) [20-06](#) to provide guidance to CBAS centers regarding the temporary provision of CBAS services. *CDA issued additional guidance in ACL [20-07](#) to further clarify requirements for CBAS Temporary Alternative Services (TAS) during the public health emergency.* 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 participants may be provided in the center *or the home* so long as they meet criteria defined in this APL and with proper safety *and infection control* precautions.

Upon approval by CDA, CBAS centers may provide CBAS TAS in accordance with CDA ACL 20-07. CBAS centers are granted time-limited flexibility to reduce day-center activities and to provide CBAS TAS, as appropriate, telephonically, via telehealth, live virtual video conferencing, or in the home (if proper safety precautions are taken and if no other option for providing services is able to meet the participant's needs), including but not limited to:

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

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 *Health Insurance Portability and Accountability Act* enforcement can be found on [HHS-OCR's webpage](#).

Further, during the effective dates of this guidance, CBAS centers may provide these additional services at a participant's home, *with appropriate infection control precautions and equipment*.

- Physical therapy
- Occupational therapy

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

- Care coordination
- Communication with the participant'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 and participant education
- 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 participants and family

In addition to the services described above, all CBAS providers are required to do the following:

- 1. Maintain phone and email access for participant and family support, to be staffed a minimum of six hours daily, during provider-defined hours of services, Monday through Friday. The provider-defined hours are to be specified in the CBAS center's plan of operation.*
- 2. Provide a minimum of one service to the participant or their caregiver for each authorized day billed. This service could include a telehealth (e.g., telephone, live video conferencing) contact, a service provided on behalf of the participant,¹ or an in-person "door-step" brief well check conducted when the provider is delivering food, medicine, activity packets, etc.*
- 3. Conduct a COVID-19 wellness check and risk assessment for COVID-19 at least once a week, with greater frequency as needed.*
- 4. Assess participants' and caregivers' current needs related to known health status and conditions, as well as emerging needs that the participant or caregiver is reporting.*
- 5. Respond to needs and outcomes through targeted interventions and evaluate outcomes.*
- 6. Communicate and coordinate with participants' networks of care supports based on identified and assessed need.*
- 7. Arrange for delivery or deliver supplies based on assessed need, including, but not limited to, food items, hygiene products, and medical supplies. If needs cannot be addressed, staff will document efforts and reasons why needs could not be addressed.*

CBAS Center Staffing Requirements

Providers must staff CBAS TAS with a 1) Program Director; 2) Registered Nurse(s); and 3) Social Worker(s) to carryout CBAS TAS tasks.

¹ *Services provided on behalf of the participant include care coordination such as those listed under Items 4, 5, 6, and 7.*

Providers must have additional staff as needed to address the number of participants served and their identified needs and to assist in the delivery of services required for CBAS TAS participation, and as described in the provider's CDA approved CBAS TAS Plan of Operation. All staff must function within their scope of practice, qualifications, and abilities.

Authorization and Reimbursement

CBAS centers are eligible to receive their existing per diem rate for the provision of CBAS TAS, and as described *below*:

- *Providers will receive, from their contracting MCP, not less than their existing per diem rate for each participant with a current, or new, authorization for CBAS services. Reimbursement for CBAS TAS is retroactive to March 16, 2020.*
- *Provide a minimum of one service to the participant or their caregiver for each authorized day billed. This service could include a telehealth direct contact (e.g., telephone, live video conferencing), an in-person “door-step” well check conducted when the provider is delivering food, medicine, activity packets, etc., or care coordination on behalf of the participant.*
- *The required CBAS center staff must be available to all CBAS participants during the specified hours for phone and/or email contacts initiated by CBAS participants and caregivers.*
- *If a participant or caregiver requests to be disenrolled from the program or refuses all services after attempts to reengage them in CBAS TAS during this period, they may be considered “on hold” until the return of traditional CBAS or discharged, as appropriate based on existing discharge requirements. The provider may not bill for those individuals unless services are provided.*
- *Delivery of services must be based on a CBAS TAS Plan of Operation approved by CDA.*
- *The claims format, information contained therein, coding, and submission process will remain the same.*

MCPs must authorize and reimburse CBAS centers for the delivery *or arrangement* of services provided *in person*, telephonically, *telehealth*, via live virtual video conferencing, *or other appropriate person-centered means, as described in this APL*. Delivery of services 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.

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 are allowed to conduct the CBAS Eligibility Determination by phone, as needed.* 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 and to extend authorizations or eligibility re-determinations, 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 participant IPCs when a change in assessed need is identified through regularly scheduled reassessments, and reassessments conducted due to a change in participant condition. *CBAS providers must document services, provided during the public health emergency, in accordance with CDA's guidance, as detailed in ACL 20-07.*

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