Policy:	GG.1621
Title:	**Community-Based Adult Services (CBAS) Quality Assurance and Site Visits**
Department:	Medical Management
Section:	Quality Improvement
CEO Approval:	*/s/ Michael Hunn 11/13/2024*
Effective Date:	04/01/2013
Revised Date:	10/01/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy outlines the process by which CalOptima Health conducts site visits and monitors overall quality assurance of Community-Based Adult Services (CBAS) centers.

II. POLICY

A. CalOptima Health's Quality Improvement (QI) Department shall conduct annual quality assurance visits on contracted CBAS centers to ensure CBAS centers provide services according to the Member's care plan, as established by the center's multidisciplinary team.

B. CalOptima Health's QI Department shall annually report audit results to the Quality Improvement Health Equity Committee (QIHEC).

C. CalOptima Health shall share findings from CBAS centers' quality assurance activities with the California Department of Aging (CDA) and shall coordinate with the CDA on follow-up, as appropriate.

D. CalOptima Health's QI Department shall monitor deficiencies identified by the CDA certification initial and renewal survey.

E. CalOptima Health's QI Department shall monitor the weekly notices from the CDA for CBAS center closures, certification/renewal letters, citations, plans of correction/statements of deficiencies.

F. CalOptima Health shall ensure the health and safety of CBAS participants by performing the Department of Health Care Services (DHCS) Physical Accessibility Review Survey (PARS) every three (3) years, in accordance with CalOptima Health Policy GG.1608: Full Scope Site Reviews.

III. PROCEDURE

A. CalOptima Health shall review a random sample of health records of eligible CalOptima Health CBAS participants on an annual basis. CalOptima Health shall reference the CDA Certification Renewal Pre-survey Review Tool to perform the annual review. All files shall be audited for adherence to the care plan, including but not limited to:

1. Documentation of services provided;

2. Current Individualized Plan of Care (IPC) including periodic revisions, comprehensive and periodic assessments;

3. Referral requests;

4. Follow-up of authorizations and activities; and

5. Discharge Plan.

6. Findings are shared with the CBAS center, and any deficiencies are subject to a Corrective Action Plan (CAP), in accordance with CalOptima Health Policy HH.2005: Corrective Action Plan, and Section III.B of this policy.

B. CalOptima Health shall monitor deficiencies identified through the CBAS Certification Renewal Pre-survey Review Tool as follows:

1. CalOptima Health shall monitor deficiencies during annual quality assurance visits or virtually, if applicable. If deficiencies persist, more frequent monitoring may occur.

2. If deficiencies are identified, CalOptima Health shall provide the CBAS center(s) with a CAP and report such to the CDA.

a. If a CAP is issued, the CBAS center shall have thirty (30) calendar days to respond to the CAP and make corrections.

b. CalOptima Health shall continue to monitor the CBAS center(s) until directed by the CDA to do otherwise and the CAP has been addressed and corrected.

i. CalOptima Health shall report closed CAPs, responses, and supporting documents to the CDA.

3. Trends will be reported at the QIHEC on an annual basis.

4. CalOptima Health shall report uncorrected deficiencies to the QIHEC and CalOptima Health's Compliance Department for recommendations of further action to be taken.

C. CalOptima Health shall monitor incidents that occur at CBAS centers. CBAS centers may report observed signs or reported incidents of abuse or neglect occurring outside of the CBAS center.

D. In the event that a reportable incident occurs, CBAS centers shall submit a completed CalOptima Health Incident Reporting form to CalOptima Health's QI Department within twenty-four (24) hours of the findings, along with supporting documentation of the reportable incident. Reportable incidents include, but are not limited to:

1. Falls, accident;

2. Treatment related issue;

3. Unexpected death;

4. Diagnosis-related issue;

5. Utilization review issue;

6. Communication problem;

7. Inappropriate behavior;

8. Service issue;

9. System/Operations issue;

10. Fall, accident, etc. requiring admission to acute facility; and

11. Critical Incidents:

    a. Mental anguish caused by willful use of offensive, abusive or demeaning language by caretaker;

    b. Knowing, reckless or intentional acts of failures to act which cause injury or death to an individual, or which places that individual at risk of injury or death;

    c. Rape or assault;

    d. Corporal punishment or striking of an individual;

    e. Unauthorized use or the use of excessive force in the placement of bodily restraints on an individual; and

    f. Use of bodily or chemical restraints on an individual which is not in compliance with federal or state laws and administrative regulations.

E. When reportable events are brought to the attention of CalOptima Health, the QI Department shall follow the Potential Quality Issue (PQI) process, in accordance with CalOptima Health Policy GG.1611: Potential Quality Issue Review Process

F. Upon initial Credentialing and as required thereafter, in accordance with CalOptima Health Policy GG.1608: Full Scope Site Reviews, CalOptima Health shall conduct a PARS of the CBAS center in order to meet the Centers for Medicare & Medicaid Services (CMS) building requirements of CBAS centers and applicable requirements set forth by the Department of Health Care Services (DHCS).

    1. Physical accessibility will be posted on the CalOptima Health Provider Web-Directory under the specified CBAS center.

IV. ATTACHMENT(S)

A. Quality Improvement - Incident Report CBAS

V. REFERENCE(S)

A. Bridge to Reform 1115 Waiver Amendment, CBAS Providers Standards of Participation, 12/2011
B. CalOptima Health Ancillary Services Contract (Community Based Adult Services)
C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal

D. CalOptima Health Policy GG.1608: Full Scope Site Reviews
E. CalOptima Health Policy GG.1611: Potential Quality Issue Review Process
F. CalOptima Health Policy HH.2005: Corrective Action Plan
G. CMS Waiver Authority #11-W-00193/9
H. Department of Health Care Services (DHCS) Physical Accessibility Review Survey (PARS) for Community-Based Adult Services (CBAS) Centers
I. Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: California-Specific Reporting Requirements
J. Title 42 Code of Federal Regulations (CFR) §438.66(e)
K. CDA CBAS Certification Renewal Pre-survey Review Tool

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
11/23/2015	Department of Health Care Services (DHCS)	Approved as Submitted
10/31/2024	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

Not Applicable

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	04/01/2013	GG.1621	CBAS Quality Assurance and Site Visits	Medi-Cal OneCare
Revised	08/01/2015	GG.1621	CBAS Quality Assurance and Site Visits	Medi-Cal OneCare OneCare Connect
Revised	10/01/2017	GG.1621	CBAS Quality Assurance and Site Visits	Medi-Cal OneCare OneCare Connect
Revised	01/01/2019	GG.1621	CBAS Quality Assurance and Site Visits	Medi-Cal OneCare OneCare Connect
Revised	02/01/2020	GG.1621	CBAS Quality Assurance and Site Visits	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1621	CBAS Quality Assurance and Site Visits	Medi-Cal OneCare
Revised	10/01/2023	GG.1621	CBAS Quality Assurance and Site Visits	Medi-Cal OneCare
Revised	10/01/2024	GG.1621	Community-Based Adult Services (CBAS) Quality Assurance and Site Visits	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
California Department of Aging (CDA)	In California, CDA administers programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities throughout the state. CDA administers funds allocated under the federal Older Americans Act, the Older Californians Act, and through the Medi-Cal program. CDA certifies CBAS centers for participation in the Medi-Cal Program and provides administrative oversight for the MSSP waiver.
Community-Based Adult Services (CBAS)	Skilled nursing, social services, therapies, personal care, family/caregiver training and support, nutrition services, transportation, and other services provided in an outpatient, facility-based program, as set forth in the California Advancing and Innovating Medi-Cal (CalAIM) Terms and Conditions, or as set forth in any subsequent demonstration amendment or renewal, or successive demonstration, waiver, or other Medicaid authority governing the provision of CBAS services.
Corrective Action Plan (CAP)	A plan delineating specific identifiable activities or undertakings that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CalOptima Health, the Centers of Medicare & Medicaid Services (CMS), Department of Health Care Services (DHCS), or designated representatives. FDRs and/or CalOptima Health departments may be required to complete CAPs to ensure compliance with statutory, regulatory, or contractual obligations and any other requirements identified by CalOptima Health and its regulators.
Credentialing	The process of determining a Provider or an entity's professional or technical competence, and may include registration, certification, licensure and professional association membership.
Critical Incident	Critical Incident refers to any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a member.
Individualized Plan of Care (IPC)	For the purposes of this policy, means a written plan designed to provide a participant of a CBAS center with appropriate treatment in accordance with the assessed needs of the participant.
Physical Accessibility Review Survey (PARS)	A DHCS tool used to assess the level of physical accessibility of provider sites, including specialist and ancillary service providers.
Potential Quality Issue (PQI)	Any issue whereby a Member's quality of care may have been compromised. PQIs require further investigation to determine whether an actual quality issue or opportunity for improvement exists.