



# Department of Health Care Services



## **Community Based Adult Services (CBAS) Program Updates**

September 24, 2012

# Agenda

---

1. Introductions and Overview
2. CBAS Program Updates
3. FAQs
4. Questions & Answers

# Program Updates

---

- ADHC Moratorium
  - Change in ownership
  - Relocation
  - Capacity
- Non-profit v. For-profit
  - Delayed until January 2013
  - State guidance
- Information is forthcoming

# Program Updates

---

- **CBAS Centers Open** (9/24/12) = **256**
- **CBAS Participants Served** (center reported MSSR data for July 2012):
  - Medi-Cal = 31,877
  - Private Pay = 1,552
- **Contracts**

# Program Updates

---

- TAR processing
  - TAR Type
    - New
    - Reauths
    - Aid Paid Pending
    - Fair Hearing Participants
  - Hand off to managed care plans

# TAR Submission

Tar Type	Where to Submit TAR
<p><b>1. New CBAS participant TAR- services beginning in September 2012</b></p>	<p>✓ <b>Los Angeles Medi-Cal Field Office (LA MCFO)</b></p>
<p><b>2. Reauthorization TAR- submitted in September for services beginning on October 1, 2012 (i.e., TARs expiring on September 30, 2012)</b></p>	<p>✓ <b>Los Angeles Medi-Cal Field Office (LA MCFO)</b></p>
<p><b>3. Reauthorization TAR- submitted in October for services on or after October 1, 2012 (e.g., TARs expiring in October 2012 or later)</b></p>	<p>✓ <b>For participant enrolled in a managed care plan, as identified through an AEVS or POS eligibility check-submit to the managed care plan identified.</b></p> <p>✓ <b>For participant identified through an AEVS or POS eligibility check as fee-for-service-submit TAR to LA MCFO</b></p>

# Medi-Cal Eligibility Checks

---

- Participants making a choice to enroll in a **Medi-Cal** managed care **plan** during September 2012 will not be identified in a **Medi-Cal** eligibility check as being in a plan. They will appear as fee-for-service. All TARs submitted during September 2012 for individuals identified as fee-for-service should be submitted to the LA MCFO for adjudication
- Since an individual's **Medi-Cal** eligibility and plan choice may change from month-to-month, providers must verify Medi-Cal eligibility prior to rendering services each calendar month. Access the following link to obtain information about checking Medi-Cal eligibility:

<http://files.medi-cal.ca.gov/pubsdoco/userguides.asp>

- CEDT
- Authorization for CBAS Services
- Managed Care Enrollment
- Medi-Cal Managed Care Plans (MC Plans)
- Assessment/Reassessment
- Reimbursement
- Treatment Authorization Requests (TARs)

# New CBAS Participant Enrollment

---

- **After October 1, 2012**, When a CBAS provider identifies that an individual is in need of CBAS, the CBAS provider must confirm **Medi-Cal** eligibility and follow one of the following options.
  - For participant enrolled in a managed care plan, as identified through an AEVS or POS eligibility check – submit a Face to Face request to the managed care plan identified. This process will start the CBAS eligibility process. (Note: the process is identified within the Plan and Center training slides presented in September 2012)
  - For participant identified through an AEVS or POS eligibility check as fee-for-service – submit TAR to LA MCFO following the existing process.

# New CBAS Participant Enrollment (Cont.)

---

- **For the period of October 1, 2012 through November 31, 2012, DHCS will remain responsible for determining eligibility for new CBAS participants.** Providers should submit TARs for these individuals to LA MCFO, following the existing process. This process only applies to prospective CBAS participants.
- **After December 1, 2012,** all new CBAS participants must be enrolled in a Medi-Cal managed care plan to receive CBAS services, unless the beneficiary is exempt from managed care enrollment.
- Further guidance on this transition process will be shared prior to December 1, 2012.

# Questions & Answers

THANK YOU 😊