



Community Based Adult Services (CBAS) Program

CBAS Provider Updates Webinar

May 17, 2012



Agenda

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- Introductions & Overview
 - Status Reports: CBAS Providers, Participants, Managed Care Migration
 - TAR Processing and Eligibility Assessments
 - Miscellaneous Clarification
 - CBAS IPC Overview
 - Questions
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Objectives

1. Provide CBAS program updates
2. Clarify various TAR processing and assessment issues
3. Overview the new CBAS IPC

Status Report – CBAS Providers/Participants

- Approved CBAS Centers = 268
 - www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS_Providers/Default.asp
- Open CBAS centers as of 5/16/12 = 260
- Eligible CBAS participants as of April 1, 2012 = 31,159



CBAS Managed Care Migration

- Phased Cutover
 - July 1, 2012 – COHS Counties (Except Ventura)
 - October 1, 2012 – Two-Plan, GMC, Ventura
 - www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Managed_Care/
- CBAS Fee-For-Service Remains For:
 - Butte, Humboldt, Imperial, and Shasta Counties
 - Individuals who do not qualify for managed care (i.e., because they do not reside in managed care counties or they have share of cost)
 - Individuals who have an approved Medical Exemption Request (MER)



Non-Profit Provisions

- DHCS & CDA are engaging provider representatives to characterize Non-Profit transition barriers to inform decisions and recommended actions regarding non-profit provisions.
- We recognize the urgent need for information and expect to have an update for the provider community before June.

ADHC/CBAS Participant Categories - Review

- Before we get started discussing TAR processing, assessments, and the new IPC . . .

Let's Review!

ADHC/CBAS Participant Categories - Review

- Categorically Eligible (CE) –
 - Determined by DHCS in December 2011
[lists sent to providers December 2011]
 - Some additional determined by DHCS to be CE during face-to-face (F2F)
- Presumptively Eligible (PE) –
 - Determined by DHCS in December 2011
[lists sent to providers by CDA December 2011]

ADHC/CBAS Participant Categories - Review

- **Diagnostically Eligible (DE) –**
 - Participants determined by DHCS during onsite assessments to meet eligibility criteria under Section X.A-E, Darling v. Douglas Settlement (p.11)
- **“Default Eligible”**
 - Former ADHC participants made eligible by DHCS effective 4/1/12 without prior F2F

ADHC/CBAS Participant Categories - Review

- **Ineligible - CBAS Paid Pending**
 - Per list sent 3/27/12
 - Per ongoing F2F's for former ADHC participants now in CBAS
- **Ineligible - No CBAS Paid Pending**
- **Original Class Members** – Received approved ADHC services anytime Jul 1, 2011 through Feb 29, 2012
- **Post Original Class Members** – Received approved CBAS services during the period April 1, 2012 through August 31, 2014
- **Non-Class Members** – received ADHC services for first time in March 2012 and found ineligible for CBAS services

TAR Processing and Assessment

- TAR Processing and Face-to-Face (F2F) Assessment:
 - All CBAS participants except those on CBAS Paid Pending status are subject to F2F.
 - Certain categories of participants are receiving F2F at this time (see next slide).

TAR Processing and Assessment

Category of CBAS Participant	F2F Schedule
Categorically Eligible (CE)	Not at this time. October 2012 or upon transition to Managed Care
Presumptively Eligible (PE)	Now. F2F required w/in 90 days of CBAS program start.
Diagnostically Eligible (DE)	Not at this time. Reauth TARs not currently generating F2F
No Previous F2F - “Default eligibles” 4/1	Now
New CBAS Candidates	Now

TAR Processing and Assessment

- **LA Field Office** has a team of nurses dedicated to processing reauthorization TARs that do not require a face-to-face. If there is a change in level of service or medical condition another team of nurses handle
 - They have finished adjudicating most March 2012 TARs.
 - They are currently adjudicating April 2012 TARS
 - They will be caught up soon.
- **All Medi-Cal field offices** currently have nurses completing face-to-face eligibility assessments

TAR/Assessment/Eligibility – Additional Clarification

- DHCS scheduling of assessments
 - PE's and new candidates are the priority for assessors
 - Don't panic if not everyone at your center needing an assessment is on the list they send you
- CBAS services for former ADHC participants made eligible by DHCS for CBAS cannot be reduced or denied without a face-to-face assessment

TAR

Processing/Assessments

- All Center Letter sent May 11, 2012
 - Walk through to clarify
 - Display letter

TAR/Assessment/Eligibility – Additional Clarification

- Original settlement class members that were deemed Presumptively Eligible and for whom a F2F was not completed by 3/31/12 and transitioned into CBAS who are determined ineligible following the F2F:
 - Are eligible for ECM
 - Class member will be eligible for CBAS services pending ECM completion and/or fair hearing outcome, if a hearing is requested
 - TAR will remain in effect until ECM has been completed and class member has been notified
 - If Fair Hearing is requested and ECM plan is completed, an Aid Paid Pending TAR will be required
 - Providers will receive an Adjudication Notice when the TAR is adjudicated

TAR/Assessment/Eligibility – Additional Clarification

- CBAS Paid Pending participants (Original Class Members)
 - Two categories – ECM not complete and Fair Hearing not complete
 - DHCS will notify both centers and participants when ECM is complete and provide minimum of two week notice for CBAS Paid Pending status termination
 - Providers need to submit TAR for Aid Paid Pending when the field office requests it
- New participants from March 1, 2012 through August 2014 are not eligible for ECM

TAR/Assessment/Eligibility – Additional Clarification

For participants determined ineligible who subsequently have a change in condition that now supports CBAS eligibility:

- A CBAS TAR/IPC may be submitted
 1. If paper TAR – include information about change in condition in the Medical Justification Box
 2. If e-TAR – include information about change in condition in the Miscellaneous Comment Box
 3. Provide supportive information throughout the CBAS IPC, including in Box 23 (Text Box)

Reminder: Initial assessment days limited to 3 per 12 months

CBAS Eligibility Criteria - Review

- Eligibility Criteria Specified in Settlement and 1115 Bridge to Reform Waiver
- Five eligibility categories:
 - Participants must meet eligibility criteria for at least one CBAS category

AND

- Specified eligibility and medical necessity criteria in Welfare and Institutions Code Sections 14525 and 14526.1(d)(1)-(5)

An eligibility criteria guide, including NF-A regulations, can be found at the following link:

www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS_Program_Requirements.asp



CBAS Eligibility Criteria - Review

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- **Category 1:** NF-A or Above
 - **Category 2:** Organic/Acquired or Traumatic Brain injury and/or Chronic Mental Health Illness
 - **Category 3:** Alzheimer's Disease or Other Dementia (Stages 5, 6 or 7)
 - **Category 4:** Mild Cognitive Impairment including Moderate Alzheimer's Disease (Stage 4)
 - **Category 5:** Developmental Disabilities
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CBAS Eligibility Categories

- **Category 1** individuals meet:

NF-A level of care or above as defined in the Settlement Agreement, Section VI, Page 8

AND

ADHC eligibility and medical necessity criteria contained in sections 14525(a), (c), (d), (e), 14526.1 (d)(1), (3), (4), (5),

AND

14526.1 (e) of the California Welfare & Institutions Code

CBAS Eligibility Categories

Category 2 individuals:

Have been diagnosed by a physician as having an Organic, Acquired or Traumatic Brain Injury, and/or have a Chronic Mental Illness, as defined by DSM IV TR, Fourth Edition, Text Revision (2000)

AND

Meet ADHC eligibility and medical necessity criteria contained in sections 14525 and 14526.1(d) and (e) of the California Welfare and Institutions Code

AND

Category 2-(Cont.):

Must demonstrate a need for assistance or supervision with at least:

- Two(2) of the following ADLs/IADLs: bathing dressing, self-feeding, toileting, ambulation, transferring, medication management, and hygiene,
- OR**
- One(1) ADL/IADL listed above and money management, accessing resources, meal preparation, or transportation

(The applicant does not need to show a need for a service at the center providing CBAS to be included in the qualifying ADL/IADLs.)

CBAS Eligibility Categories

- **Category 3** individuals have Alzheimer's Disease or other Dementia:
 - Characterized by the descriptors of, or equivalent to, Stages 5, 6, or 7 of Alzheimer's Disease

AND

- Meet ADHC eligibility and medical necessity criteria contained in California Welfare and Institutions Code 14525(a), (c), (d), (e), 14526.1 (d)(1), (3), (4), (5), and 14526.1 (e)

A reference guide for staging Alzheimer's Disease or Dementia can be found at: [www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/2011/Guide to Determine Alzheimers Disease or Dementia Stages.pdf](http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/2011/Guide%20to%20Determine%20Alzheimers%20Disease%20or%20Dementia%20Stages.pdf)

- **Category 4** individuals have Mild Cognitive Impairment, including Moderate Alzheimer's Disease or other Dementia:
 - Characterized by the descriptors of, or equivalent to, Stage 4, Alzheimer's Disease;
- AND**
- Meet ADHC eligibility and medical necessity criteria contained in California Welfare and Institutions Code 14525 and 14526.1 (d) and (e);

AND

Category 4 (Cont.):

Notwithstanding 14525(b) and 14526.1(d)(2)(A) of the W & I Code, the individual must demonstrate a need for assistance or supervision with two of the following ADLs/IADLS: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management, and hygiene

(The applicant does not need to show a need for a service at the center providing CBAS to be included in the qualifying ADL/IADLS.)

Category 5 individuals:

- Have Developmental Disabilities

AND

- Meet the criteria for regional center eligibility (a disability meeting the definitions and requirements set forth in title 17, section 54001(a) of the CCR, as determined by a Regional Center under contract with DDS).

AND

Category 5 (Cont.):

- Meet ADHC eligibility and medical necessity criteria contained in Welfare & Institutions Code 14525(a), (c), (d), (e), 14526.1 (d)(1), (3), (4), (5) and 14526.1 (e)

CBAS IPC

- Issued in the April Medi-Cal Provider Bulletin
- Now posted on the DHCS and CDA websites in two versions:
 - Word
 - Form Fill PDF

CBAS IPC

- **Word Form** - careful completing the form, ensure IPC stays intact, no changes to the IPC language-don't delete anything.
- **Form Filled Form** - Must save using “save as” to PC **first** as a master copy.
 - Need to use “save as” and rename after each use in order to allow additional information to be saved multiple times.

CBAS IPC Overview

- Required June 1, 2012
- With the exception of CE and Paid Pending TARs, DHCS will adjudicate TARs based on the new eligibility criteria
- Boxes 5-9 – Include the CBAS eligibility criteria just reviewed.
- Knowing the criteria and filling out Boxes 5-9 correctly is critical!

CBAS IPC

- Walk through...

CBAS IPC – Miscellaneous Issues

- Change in status TAR – justification needs to be in the IPC
- CBAS Paid Pending IPC – what providers need to know
- Miscellaneous Box changes

Ongoing Updates & Information

- TAR Issues
 - LA Medi-Cal Field Office: (213) 897-0745
- ADHC / CBAS Program Issues
 - CDA: (916) 419-7545

Ongoing Updates & Information

- DHCS and CDA Websites and Email:
 - www.dhcs.ca.gov/services/medi-cal/Pages/ADHC/ADHC.aspx
 - adhc-transition@dhcs.ca.gov
 - www.aging.ca.gov/programs/cbas/default.asp
 - cbascda@aging.ca.gov

Questions?

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- Thanks For Participating