Community-Based Adult Services (CBAS) Stakeholder Updates

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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Agenda

- Authority Changes
- Upcoming Stakeholder Engagement Opportunities
- Question and Answer (Q&A) Session

Update on CBAS Transition

- DHCS expects to make minimal or no changes to programmatic and rate requirements as part of this transition.
- Based on DHCS' assessment of available federal authorities, the Department determined that 1915(i) SPA authority is optimal:
  - Services covered under 1915(i) SPA authority are considered **entitlements in the Medicaid State Plan***
  - Individuals currently eligible for CBAS under 1115 authority would **remain eligible** for CBAS covered under 1915(i) SPA authority

*California may need to renew the 1915(i) every five years.

Update on CBAS Transition (Continued)

- **Seamless transition** for managed care plans and providers as CBAS (through a CBAS provider or unbundled CBAS) would continue to be covered statewide and offered through Medicaid managed care and fee-for-service
- **Continuation of federal home and community-based services (HCBS) requirements** (e.g., settings rule, eligibility determination, person-centered treatment planning) that already apply under 1115 authority

Shifting CBAS from 1115 Waiver to 1915(i) State Plan Authority

Category	Current CBAS Requirements Under 1115 Waiver to 1915(i) State Plan Authority	How to Maintain Under 1916(i) State Plan Authority
Eligibility	» Aged 18 and older » Covered under Medi-Cal State Plan authority and are either aged, blind, or disabled including members dually eligible for Medicare	» **(No Change Anticipated)** DHCS to limit target eligibility under a 1915(i) group to adults belonging to certain eligibility groups under the Medicaid State Plan that are currently eligible for CBAS.
Functional / Needs-Based Eligibility Criteria	» Medi-Cal Managed Care » FFS	» **(No Change Anticipated)** DHCS to continue to cover CBAS under Medi-Cal managed care and fee-for-service.

Shifting CBAS from 1115 Waiver to 1915(i) State Plan Authority (Continued)

Category	Current CBAS Requirements Under 1115 Waiver to 1915(i) State Plan Authority	How to Maintain Under 1916(i) State Plan Authority
Services	» Core Services—professional nursing, personal care services, social services, therapeutic services, meals » Additional Services—restorative physical therapy, restorative occupational therapy, speech therapy, behavioral health services, dietician services, transportation to and from the CBAS center to a member's residence, emergency remote services	» **(No Change Anticipated)** DHCS to cover same CBAS services.

Shifting CBAS from 1115 Waiver to 1915(i) State Plan Authority (Continued)

Category	Current CBAS Requirements Under 1115 Waiver to 1915(i) State Plan Authority	How to Maintain Under 1916(i) State Plan Authority
Delivery System	» Aged 18 and older » Covered under Medi-Cal State Plan authority and are either aged, blind, or disabled including members dually eligible for Medicare	» **(No Change Anticipated)** DHCS to continue to cover CBAS under Medi-Cal managed care and fee-for-service.

Authority Transition Technical Assistance (TA)

- DHCS and CDA have been working closely with the Centers for Medicaid and Medicare Services (CMS) via regular and on-going TA sessions to re-map the CBAS benefit and program requirements as currently authorized in the 1115 Waiver STCs to the 1915(i) SPA application template.
- The process has involved collaborating with CMS to review draft sections of the application and confirm the department's understanding of how the program's descriptors should be listed within the SPA application.

Authority Transition Technical Assistance (TA) (Continued)

- The early TA process with CMS is intended to allow states time to resolve questions and address CMS feedback informally before formal submission to CMS and their timebound review. This will assist in receiving timely feedback, and ideally and expedited approval process when the application is formally submitted.
- CMS is aware and aligned on the timeline for the transition working with DHCS and CDA to ensure there is no break in federal authority for the CBAS benefit.

Upcoming Stakeholder Engagement Opportunities



- DHCS remains committed to engaging with state agencies, managed care plans, providers, and other implementation partners to ensure a seamless transition of CBAS from waiver to State Plan authority.
  - DHCS will seek stakeholder feedback on the SPA application during the state public comment, and tribal notice periods.
  - An additional CBAS Provider webinar will be hosted during the public comment period to review the draft application.
  - Materials will be posted on the Community-Based Adult Services (CBAS)/Adult Day Health Care (ADHC) Transition webpage as they become available.

Questions?

Email CBASTransition@dhcs.ca.gov



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