

**CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES  
COMMUNITY BASED ADULT SERVICES (CBAS)**

**CBAS Eligibility Determination Tool (CEDT):  
Patient Health Record Quick Guide**

<p><b>A.</b> The below classes are <b>categorically eligible</b> for CBAS.</p> <p><i>Confirmation can only be obtained via DHCS unless documentation in health record is indisputable. Attach documentation to CEDT.</i></p>		
<p><b>B. Presumptively eligibility confirmed utilizing IPC</b></p>		
<p><b>C. Unconfirmed classification by ADHC.</b> Refer to CBAS Screening Tool completed by ADHC Center prior to onsite review.</p>	<p><b>D. Stage of Alzheimer’s disease or dementia.</b> Utilize “Guide to Determine Alzheimer Disease Or Dementia Stages”. Refer to social work, nursing, occupational and speech therapy for documentation of cognitive functioning.</p>	
<p><b>E. DIAGNOSES:</b></p> <p><i>History and Physical signed by a physician or other licensed medical staff communication.</i></p>		<p><b>MEDICATIONS:</b></p> <p><i>History and Physical signed by a physician, other physician communication or nursing med sheet</i></p>
<p><b>F. MEDICATION ADMIN.</b> ADHC nursing quarterly assessment documentation, “Medication Administration” flow sheets , All self administration of meds taken at Center should be verified by MDT, RN or MD.</p>		
<p><b>G. ADL/IADLs:</b></p> <p><b>Independent:</b> Able to perform for self with or without device;</p> <p><b>Needs Supervision:</b> no physical help or cueing required but needs monitored, even with device;</p> <p><b>Needs Assistance:</b> physical help or cueing required even with device;</p> <p><b>Dependent:</b> Unable to do for self even with physical help, cueing or device</p>	<p><b>Health Record Placement</b></p> <p><b>ADLs</b></p> <p>Ambulation: <i>Physical therapy/Occupational therapy</i></p> <p>Bathing: <i>Nursing and/or Occupational therapy</i></p> <p>Dressing: <i>Nursing and/or Occupational therapy</i></p> <p>Feeding: <i>Nursing and/or Occupational therapy and/or Dietary</i></p> <p>Toileting: <i>Nursing and/or Occupational therapy</i></p> <p>Transferring: <i>Physical therapy/Occupational therapy</i> <i>(Social work notes may document caregiver perspective)</i></p> <p><b><u>IADLs</u></b></p> <p>Hygiene: <i>Nursing and/or Occupational therapy/Social work</i></p> <p>Medication Mgmt.: <i>Nursing/History Physical/Social work</i></p> <p><b><u>Additional IADL</u></b></p> <p><b>Exceptions for NF A Requirement:</b></p> <p>Transportation: <i>Social Services</i></p> <p>Access Resources: <i>Social Services</i></p> <p>Meal Preparation : <i>Social Services or Occupational therapy</i></p> <p>Money Management : <i>Social Services/Occupational therapy</i></p>	<p><b>H. ASSISTIVE SENSORY DEVICES</b></p> <p><i>Most commonly documented by Occupational Therapist at time of enrollment. Also documentation may be in nursing assessments and reassessments.</i></p>

**I. SYSTEMS REVIEW. Describe nursing interventions needed.**

**1. NEUROLOGICAL** Consider physician identified diagnoses and review assessments found in nursing and occupational therapy sections. Some information may be found in Physical Therapy

**2. RESPIRATORY/CARDIAC**

Consider physician identified diagnoses and review assessments found in nursing section.

**3. GASTROINTESTINAL/GENITOURINARY**

Consider physician identified diagnoses and review assessments found in nursing and occupational therapy sections. Some information may be found in dietary section.

**4. ENDOCRINE**

Consider physician identified diagnoses and review assessments found in nursing section.

**5. INTEGUMENTARY**

Consider physician identified diagnoses and review assessments found in nursing section.

**6. MUSCULO-SKELETAL**

Consider physician identified diagnoses and review assessments found in physical therapy section.

**7. OVER-ALL SIGNIFICANT FACTORS**

Consider physician identified diagnoses and review assessments found in nursing, occupational therapy and social services sections.

**J. Current Care Plan and Circumstance Description**

Current - Services	Intervention and Frequency of Treatment
<b>Professional Nursing Services</b>	<i>List nursing interventions being provided by ADHC as identified on the IPC. Flow sheets will provide additional documentation of care provided.</i>
<b>Personal Care / Social Services</b>	<i>List social service and personal care interventions being provided by ADHC as identified on the IPC. Flow sheets will provide additional documentation of care provided</i>
<b>Therapeutic Services</b>	<i>List physical/occupational/speech interventions being provided by ADHC as identified on the IPC. Flow sheets will provide additional documentation of care provided</i>
<b>In-Home Supportive Services:.</b>	<i>IHSS hours are commonly documented in social services or on page two of the current IPC.</i>
<b>Caregiver situation:</b>	<i>Social service quarterly documentation will identify current caregiver status and effectiveness of informal and formal support system. Flow sheets will provide additional information.</i>
<b>Home environment issues:</b>	<i>Social service quarterly documentation will identify current caregiver status and effectiveness of informal and formal support system. Flow sheets will provide additional information.</i>