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

<table>
<thead>
<tr>
<th>Tar Type</th>
<th>Where to Submit TAR</th>
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</thead>
<tbody>
<tr>
<td>1. New CBAS participant TAR- services beginning in September 2012</td>
<td>✓ Los Angeles Medi-Cal Field Office (LA MCFO)</td>
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<td>2. Reauthorization TAR- submitted in September for services beginning on October 1, 2012 (i.e., TARs expiring on September 30, 2012)</td>
<td>✓ Los Angeles Medi-Cal Field Office (LA MCFO)</td>
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<td>3. Reauthorization TAR- submitted in October for services on or after October 1, 2012 (e.g., TARs expiring in October 2012 or later)</td>
<td>✓ For participant enrolled in a managed care plan, as identified through an AEVS or POS eligibility check-submit to the managed care plan identified.</td>
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<td>✓ For participant identified through an AEVS or POS eligibility check as fee-for-service-submit TAR to LA MCFO</td>
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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
FAQs – 9/5 and 9/14 Webinars

- 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.
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 😊