Instructions for Completing a CEDT Form

The CEDT is divided into three (3) parts:

- **Part 1 (Demographics and Sections A to G)** – The *Assessment/Evaluation* part of the CEDT where the assessor captures relevant demographic information, systems review input, functional review input, and additional support information.

- **Part 2 (Section H)** – The *AE&MN Qualification Criteria* section that uses information from Part 1 to evaluate compliance with the “ADHC Eligibility and Medical Necessity” (AE&MN) criteria that must be met to qualify for any of the five (5) CBAS eligibility categories in Part 3.

- **Part 3 (Sections I & J)** – The *Eligibility Outcomes* part of the CEDT where the assessor uses information from Parts 1 and 2 to evaluate compliance with the component eligibility criteria for each of the five (5) CBAS eligibility categories. This part also includes a signature section (Section J) to record various review steps and roles in the determination process.

The purpose of the CBAS Eligibility Determination Tool is to incrementally document and support the final outcome of the eligibility determination process as captured on Part 3 of the CEDT Form. With this purpose in mind, please do the following:

### General Instructions

1. Plan each assessment with the end in mind:
   a. Look at the 5 categories of eligibility in Part 3 and their 2 or 3 component eligibility elements. This serves to imprint the qualifying diagnoses or conditions and ADL/IADLs so you are looking for them in Part 1 (during the candidate interview).
   b. Look at Part 2 to see the characteristics of the participants that need to be catalogued to illustrate compliance with the core ADHC Eligibility & Medical Necessity criteria. Nurses experienced in these assessments can have these in mind and catalog these elements in Part 1 of the CEDT during the candidate interview.

2. It is important to complete the entire form. Document the identified information in each section of the form, including areas labeled “Explain”. Use the “Explain” areas to capture information relevant to the respective subsection of the form including information that may be unknown or unavailable.

3. If insufficiencies exist that may contribute to a denial of eligibility, please describe the insufficiency and the relevant source(s).

4. For the purposes of an independent determination of CBAS eligibility, Assessors are allowed to accept documentation from CBAS Providers that is not developed by CBAS Providers or staff affiliated with the CBAS Center (e.g., H&P documentation provided by an external primary care provider is acceptable).

### Part 1 Instructions – Assessment / Evaluation

5. Fill in the demographic information at the top of Page 1 following the labels provided. Include the name of the health care provider that requested CBAS for the candidate and the date of the request. This is important for compliance with AEMNC in Part 2.

6. Complete Sections A through C by entering identified Diagnoses / Conditions, Medications, and Assistive /Sensory Devices, providing brief explanations as the form allows.

7. Complete the “Systems Review” section (Section D), being sure to acknowledge each subsection (1-7) as within normal limits or by completing other status indicators that are provided.

8. Complete the “Medication Management” section (Section E), being sure to acknowledge that the candidate is either independent or is not independent as supported by other status indicators that are provided.

9. Complete the status assessment for the ADLs and IADLs listed in Section F and capture the source of information for each in the “Explain Responses & Identify Source” fields.

10. Complete Section G to characterize other non-CBAS services that are currently provided to the participant as well as recent health care encounters. This information can be helpful to completing Part 2 of the CEDT (Section H).
Part 2 Instructions – AE&MN Qualification Criteria

11. Using information documented in Part 1 of the CEDT, complete Section H. Complete appropriate check boxes under the “Criteria” column for each Category listed.

12. Check the Yes/No check box for “Qualifies?” in each Category if the appropriate Criteria have been satisfied.

13. If each of the “Qualifies” check boxes are marked “Y” in Section H then all of the AEMNC have been satisfied. This is important to completing Part 3 of the CEDT (Section I).

14. For any Category that has not been checked as “Qualified”, review the underlying Criteria and supportive information in Part 1 to be sure insufficiencies have been properly documented.

Part 3 Instructions - Eligibility Outcomes

15. Using information documented in Part 1 and Part 2 of the CEDT, complete Section I. The check boxes under each “Category” (e.g., Category 1) reflect the 2 or 3 elements of eligibility that must be satisfied to meet the requirements for CBAS eligibility for the respective Category. Complete appropriate check boxes for the 2 or 3 elements of eligibility under each category as appropriate.

16. Check each eligibility Category whose 2 or 3 elements of eligibility are completely checked.

17. If the candidate does not qualify under any category, review the underlying information in Parts 1 and 2 and properly document insufficiencies that support the lack of eligibility of CBAS.

18. If the candidate does not qualify under any category, check the box for “DOES NOT MEET eligibility criteria for CBAS”.

19. Upon completion of Section I, move to Section J and complete the box labeled “Face-to-Face Assessor Recommendation”.

   a. If the Optional Quality Review is “Not Applicable” and the 2nd Level Review is “Not Applicable” then check the respective “Not Applicable” boxes in those signature areas. The Face to Face Assessor Recommendation is then considered the final outcome.

   NOTE: Optional Quality Review and 2nd Level Review sections are the responsibility of appropriate Health Plan or Field Office staff.

20. Implementation of Quality Reviews during a CBAS Eligibility assessment can vary across assessing organizations.

   a. If your organization prefers to track a Quality Review of an individual CEDT then use the Optional Quality Review box to capture relevant review information. If this review is not tracked in this manner, please check the “Not Applicable” option in the Optional Quality Review box.

   b. A Quality Review must be completed by a person other than the Face-to-Face Assessor.

   c. If the Optional Quality Review outcome is “Agree with Assessor” and a “2nd Level Review is “Not Applicable”, then check the respective “Not Applicable” boxes in those signature areas and the Face to Face Assessor Recommendation is considered the final outcome.

   d. If the Optional Quality Review outcome is “Disagree with Assessor” AND the Face-to-Face Assessor Recommendation is “The individual APPEARS TO MEET the criteria for Community Based Adult Services (CBAS)” then check the respective box in that signature area and proceed to a “2nd Level Review”.

21. If a Second Level Review is required, complete the “2nd Level Review” information box in Section J.

   a. Second Level Reviews are minimally required for any “DOES NOT APPEAR TO MEET eligibility criteria for CBAS” outcome in Section I.

   b. Second Level Reviews are also required for any “Optional Quality Review” outcomes where the “Disagree with Assessor” check box is checked and the Face-to-Face Assessor Recommendation is “The individual APPEARS TO MEET the criteria for Community Based Adult Services (CBAS)”.

   c. The outcome of a Second Level Review, when completed, is considered the final outcome.

22. Use the “Comment Page” for any additional information required to support Section J.