Community Based Adult Services (CBAS) Program

CBAS Provider Updates Webinar

May 17, 2012
Agenda

• Introductions & Overview
• Status Reports: CBAS Providers, Participants, Managed Care Migration
• TAR Processing and Eligibility Assessments
• Miscellaneous Clarification
• CBAS IPC Overview
• Questions
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/](http://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.
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]
• 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 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

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

- **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
• **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
**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.)
• **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_to_Determine_Alzheimers_Disease_or_Dementia_Stages.pdf)
CBAS Eligibility Categories

• **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!
• 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?

•?
•?
•?
•?

•Thanks For Participating