

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

Eligibility Screening Tool Instructions

Participant Name: _____ (If used as worksheet)

OVERVIEW

1. During the transition period from ADHC to CBAS, all individuals currently enrolled in ADHC will be sorted into three groups:
 - Categorically eligible (CE)
 - Presumptively eligible (PE) or
 - Non-categorical/presumptively eligible (Non-CPE)

The placement of participants into these three categories will only occur during this transition period between ADHC and CBAS. The use of CE and PE categories is intended to expedite Eligibility Determination by identifying those individuals who immediately qualify as CBAS eligible using the criteria negotiated between Disability Rights of California (DRC) and the Dept. of Health Care Services (DHCS) as specifically described in the settlement agreement.

GUIDANCE: If a current ADHC participant qualifies for CBAS in more than one category, we advise you to identify all relevant categories, highlighting the primary category. This will allow the DHCS nurse evaluators to select the category that best substantiates their determination. Note that if the participant is determined by DHCS to fit ANY of the eligibility criteria, he or she is eligible for CBAS.

2. The CBAS Eligibility Screening Tool must be completed by **December 23, 2011** for all ADHC participants who have not been determined by DHCS to be CE or PE, including all new enrollees who have TARS approved after the DHCS data run date. Be sure and provide significant details of how the participant qualifies for CBAS in the “Eligibility Description” section. You may also wish to note where the documentation of his or her eligibility can be found in the health record.
3. Once completed, the CBAS Eligibility Screening form should be kept onsite for DHCS reviewers.
4. After all participants have been screened, each center will submit a summary list to the State (location to be determined) that identifies each participant as:
 - a. Categorically eligible (include those identified by DHCS in their data run and those the center identifies as CE)
 - b. Presumptively eligible (both those identified by DHCS and those the center identifies as PE)
 - c. CBAS eligible, and the primary Eligibility Criteria Category under which the participant qualifies

NOTE: If you are unable to determine eligibility based on your knowledge of the criteria, err on the side of the participant and check “eligible” under the closest category so the participant will receive the benefit of a face-to-face determination by a state nurse.

PREPARING FOR SCREENING PROCESS AND THE ON-SITE REVIEW

STEP 1: Review the Eligibility Screening Tool and these Instructions with your center’s MDT.

- The DRC 5-page summary memo provides a good summary of the Eligibility Criteria. Consider these criteria the doors through which ADHC participants may enter the CBAS program. Your next task is to evaluate whether each participant qualifies to enter CBAS through any of these doors, based on his or her diagnoses, condition and functional status as described in the Eligibility Criteria.

STEP 2: In order to ensure that 100% of your Medi-Cal participants are categorized, use your master participant list to mark all those who are CE and PE, based on the lists provided by DHCS. (A list of PE will be provided by the time DHCS comes to your center to carry out their Eligibility Determination Review, but may not be available at the time your center completes the Eligibility Screening process.)

- You will need to screen every participant who has not been deemed to be CE or PE by DHCS.
- Provide any discrepancies to CDA per CDA instructions.
- More guidance will be provided regarding when to send a list of current participants to the state along with days of attendance.

STEP 3: Prepare a “cheat sheet” that describes how your center’s charts (participant health records) are organized and where to find data to verify eligibility (you may wish to make use of your Utilization Review Committee chart review outline).

- Include a list of the assessment tools used by your MDT and overview of how the tools are scored. Example: MMSE for dementia; Tinetti for PT measurement of ambulatory skills; depression scale for mood disorders.

STEP 4: For the remaining, non-CE participants:

- Group participants into one of the four Diagnostic Categories according to their diagnoses, conditions and functional status:
 - Start with those with a chronic mental health, acquired, organic or traumatic brain injury, or Alzheimer’s disease or other dementia-related diagnoses.
 - All others are going to need to qualify under the NF-A Level of Care or above in order to be CBAS eligible.

STEP 5: Review each participant utilizing the Diagnostic Categories found in these Instructions, utilizing the instructions as a worksheet , if needed.

- Note where supporting documentation is located in the participant’s health record/chart. This can be done initially on this worksheet, and via “Post It” notes in the chart by the time of the actual Determination Review. It is essential to make it as easy as possible for the DHCS nurse evaluators to find the supporting documentation that verifies eligibility. Complete your evaluation of all of your participants and prepare the Eligibility Screening Summary and submit it to the State as earlier described. DHCS will contact you to schedule the CBAS Eligibility Determination Review as soon as possible and prior to the deadline of January 31, 2012.

STEP 6: During the on-site review, you will need to provide the DHCS nurse evaluators with work space.

- Designate a quiet room or private area with a table for the nurses to use to review charts.
- Have a private interview space available for any face-to-face interviews the nurses choose to conduct.
- Have charts pulled for the participants who are to be reviewed for the day.

STEP 7: Designate a lead staff person to be the point of contact with the DHCS Review Team. This will generally be your Program Director, RN or Social Worker.

- This person will orient the team to the center, be available at all times to answer questions or identify other MDT members who can answer questions about a participant, locate data in the chart and assign staff to assist with translation.

STEP 8: On the day of the On-Site Review, the DHCS Review Team will begin the review with an entrance conference at which you will confirm the participants in attendance on that day, as well as the accuracy of participant lists to be used during the review.

- For example, you will provide updated information on participants who have recently been enrolled or disenrolled. You will also provide the review team with an up-to-date list of how you have placed your participants relative to the CBAS Eligibility Criteria.
- Throughout the day, you will interact with the DHCS Nurse Reviewers to facilitate their understanding of how participants were screened and placed in the eligibility categories, as well as the current needs of participants and how they qualify for the CBAS program.

- Should your center have found some participants ineligible for the CBAS program, you will supply the DHCS Nurse Reviewers with a current list of those individuals who have requested a face-to-face interview from DHCS in response to the center's finding of ineligibility.
- As reviews continue throughout the day, you should be provided with opportunities to provide appropriate documentation to the reviewers to clarify eligibility. Note that at the conclusion of the review, there will not be a formal Exit Conference; therefore it is essential to remain available to the reviewers throughout the day.
- The DHCS Review Team will provide the center with a list of CBAS eligible participants within 10 working days of the day they conclude the on-site review at your center.
- Note: Please see separate guidance regarding the required notice to participant rights if found ineligible for the CBAS program by your center or the DHCS Nurse Reviewers.

SCREENING FOR ELIGIBILITY

Section A. Demonstration of Categorical Eligibility Review.

Use this section if the DHCS data run has not identified an individual as CE, however, the individual does meet one of the four (4) listed options:

1. Current MSSP client
2. Current Regional Center client
3. A person eligible for Specialty Mental Health Services
4. Person eligible to receive 195 or more hours of IHSS

NOTE: All CE individuals are eligible to receive CBAS services at the level they currently receive ADHC services for six (6) months after date of CBAS eligibility or 6 months after transitioning to CBAS through managed care whichever is later.

Section B. Demonstration of Presumptive Eligibility Review.

Use this section if the DHCS data run has not identified an individual as PE, however, in the professional opinion of the Center's Multidisciplinary Team, the individual meets the criteria below.

Presumptive eligibility will be verified by using the current IPC.

The individual must meet **one** of the two following descriptions to be considered presumptively eligible:

- **NF-B Level of Care:** Definitive determination of **NF-B** level of care will be done by a DHCS licensed nurse. To be considered, the individual must require the continuous availability of skilled nursing care provided by a licensed registered or vocational nurse yet does not require the full range of health care services provided in a hospital as hospital acute care or hospital extended care.

OR

- **ADL/IADL:** requires a need for assistance or supervision with three ADL/IADLs **AND** one nursing intervention. The nursing intervention should be such that it can only be performed by a licensed nurse. List qualifying criteria in the “Eligibility Description” section.

NOTE: All PE individuals will receive a face-to-face review by a DHCS nurse within 3 months to verify this level of care.

Section C. Eligibility Screening for CBAS: Non-Categorically or Non-Presumptively Eligible (Non-CPE).

Use this section for all ADHC participants who are Non-CPE. There are four categories, but one category is sufficient to classify the individual under this criteria.

Guidance: *Begin by looking at the primary diagnosis to see if the person fits in the chronic mental health, brain injury or Alzheimer’s disease/dementia categories (2, 3, or 4). If not, then apply category 1 NF-A Level of Care or above. If the person fits into more than one category, you may identify all relevant categories, but highlight the primary category.*

Category 1. NF-A Level of Care or above: A definitive determination of **NF-A** level of care (LOC) must be done by a DHCS licensed nurse. (NF-A is also known as the Intermediate Care level. NF-B is the Skilled Nursing Facility level.)

- The participant has a right to be found CBAS eligible if they are at NF-A or above regardless of the services currently provided in ADHC. The major distinction between the NF-A and NF-B LOC is that the NF-A LOC is characterized by scheduled and predictable nursing needs with a need for protective and supportive care, but **without** the need for continuous, licensed nursing. Note that a participant may be found to be at the NF LOC while continuing to live in the community, including “Board and Care” facilities.

[Title 22 §§ 51120 51334 Intermediate Care Services (NF-A)]

Note: *Not all of these descriptions of NF-A Level of Care must be met. Rather, look at the totality of the person’s needs as they would exist in the absence of ADHC services.*

NF-A, or Intermediate Care Facility, is defined as services provided in hospitals, skilled nursing facilities or intermediate care facilities to patients who:

- Require protective and supportive care, because of mental or physical conditions or both, above the level of board and care.
- Do not require continuous supervision of care by a licensed registered or vocational nurse except for brief spells of illness.
- Do not have an illness, injury, or disability for which hospital or skilled nursing facility services are required.
- The complexity of the patient's medical problem is such that the patient requires skilled nursing care or observation on an ongoing basis and 24-hour supervision to meet the patient's health care needs.
- Medications may be mainly supportive or stabilizing but still require a professional nurse's observation for response and effect on an intermittent basis.
- Diet may be of a special type, but patient needs little or no assistance in feeding.
- The patient may require minor assistance with bathing or dressing.
- The patient may need encouragement to work towards independence
- The patient may have some hearing, vision or sensory loss.
- The patient may have some limitation in movement.
- The patient needs some assistance in transfers.
- The patient may occasionally be incontinent of urine.
- The patient may exhibit some confusion or depression.

Category 2. Diagnosis of organic, acquired or traumatic brain injury and/or chronic mental illness and need supervision or assistance with at least one of the following:

- Two of the following ADL/IADLs: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management and hygiene

OR

- One ADL/IADL listed in (a) above and money management, accessing resources, meal preparation or transportation

Definition of Chronic Mental Illness: A person with “chronic mental illness” shall have one or more of the following diagnoses in the Diagnostic and Statistical Manual of Mental Disorders, **DSM IV TR, Fourth Edition, Text Revision (2000)**, published by the American Psychiatric Association: ***[Refer to detailed list provided by DHCS]***

- a. Pervasive Developmental Disorders (except as covered through Regional Centers)
- b. Attention Deficit and Disruptive Behavior Disorders
- c. Feeding & Eating Disorder of Infancy or Early Childhood
- d. Elimination Disorders
- e. Other Disorders of Infancy, Childhood, or Adolescence
- f. Schizophrenia & Other Psychotic Disorders
- g. Mood Disorders
- h. Anxiety Disorders
- i. Somatoform Disorders
- j. Factitious Disorders
- k. Dissociative Disorders
- l. Paraphilias
- m. Gender Identity Disorders
- n. Eating Disorders
- o. Impulse-Control Disorders Not Elsewhere Classified
- p. Adjustment Disorders
- q. Personality Disorders
- r. Medication-Induced Movement Disorders

Category 3. Has moderate to severe Alzheimer’s disease or other dementia characterized by the descriptors of, or comparable to, Stages 5-7 Alzheimer’s disease as described in the “*Guide to Determine Alzheimer’s Disease or Dementia Stages for CBAS Screening.*”

- Please note that “characterized by the descriptors of, or comparable to” is intended to apply to diagnosed conditions that can result in dementia other than

- Carefully consider which of the following applies to the participant being screened, either directly, or in an equivalent manner. Ensure that current back-up documentation, such as the Mini-Mental Status Exam (MMSE), is available for the reviewer in the participant's health record.

Stage 5: Moderately severe cognitive decline (Check all that apply)

- Be unable during a medical interview to recall such important details as their current address, their telephone number, or the name of the college or high school from which they graduated.
- Become confused about where they are or about the date, day of the week or season.
- Have trouble with less challenging mental arithmetic; for example, counting backward from 40 by 4s or from 20 by 2s.
- Need help choosing proper clothing for the season or the occasion.
- Usually retain substantial knowledge about themselves and know their own name and the names of their spouse or children.
- Usually require no assistance with eating or using the toilet.

Stage 6: Severe cognitive decline (Check all that apply)

- Lose most awareness of recent experiences and events as well as of their surroundings.
- Recollect their personal history imperfectly, although they generally recall their own name.
- Occasionally forget the name of their spouse or primary caregiver but generally can distinguish familiar from unfamiliar faces.
- Need help getting dressed properly; without supervision, may make such errors as putting pajamas over daytime clothes or shoes on wrong feet.
- Experience disruption of their normal sleep/waking cycle.
- Need help with handling details of toileting (flushing toilet, wiping and disposing of tissue properly).
- Have increasing episodes of urinary or fecal incontinence.
- Experience significant personality changes and behavioral symptoms, including suspiciousness and delusions (for example, believing that their

caregiver is an impostor); hallucinations (seeing or hearing things that are not really there); or compulsive, repetitive behaviors such as hand-wringing or tissue shredding.

- Tend to wander and become lost.

Stage 7: Very severe cognitive decline (Check all that apply)

- Frequently individuals lose their capacity for recognizable speech, although words or phrases may occasionally be uttered. Individuals need help with eating and toileting and there is general incontinence.
- Individuals lose the ability to walk without assistance, then the ability to sit without support, the ability to smile, and the ability to hold their head up. Reflexes become abnormal and muscles grow rigid. Swallowing is impaired.

Category 4. Has mild cognitive impairment or moderate Alzheimer's disease or other dementia characterized by the descriptors, or comparable to, Stage 4 Alzheimer's disease as described in the "Guide to Determine Alzheimer Disease or Dementia Stages for CBAS Screening."

AND

Needs supervision or assistance with (two) 2 of the following ADL/IADLs: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management and hygiene.

Stage 4: Moderate cognitive decline (Check all that apply)

- Decreased knowledge of recent events.
- Impaired ability to perform challenging mental arithmetic. For example, to count backward from 100 by 7's.
- Decreased capacity to perform complex tasks, such as marketing, planning dinner for guests, or paying bills and managing finances.
- Reduced memory of personal history.
- The affected individual may seem subdued and withdrawn, especially in socially or mentally challenging situations.

Note: Regional Center eligibility. During the transition period from ADHC to CBAS, Regional Center clients are Categorically Eligible. If a current participant is not on the state's categorically eligible data list, use Box A to check Regional Center and provide the names of all of your current Regional Center participants to the state.

GUIDANCE: Use the **Summary Box** section to provide specific facts to back-up your rationale for placing the participant in a particular category. This is not intended to be a full summary, as found in the IPC. For example, an individual may not appear on the state list as categorically eligible under the specialty mental health criteria, however you may have evidence they are served by your county's Mental Health Services. Also, for those participants you have screened as meeting the NF-A Level of Care, be sure to note the strongest evidence that they meet this level of care.

Section D. Eligibility Outcome, Center Information and Screener Identification

- Based on the categories noted on page 1 of the Screening Tool, note if the participant is CBAS eligible.
- Non-CPE and PE individuals determined to be CBAS eligible by ADHC will receive a face-to-face review by DHCS.
- Non-CPE individuals determined to not be CBAS eligible by ADHC may receive a face-to-face review by DHCS, if requested by participant.
- Centers are encouraged to offer participants information provided by DHCS about their rights in the event they are found to be non-CBAS eligible.