POLICY AND PROCEDURE

Policy Number	CBAS-006
Policy Name	CBAS Emergency Remote Services (ERS)
Department Name	Health Care Services – OP UM
Department Officer	Chief Medical Officer
Policy Owner	UM Director
Line(s) of Business	Medi-Cal
Effective Date	TBD
Subcommittee Name	Quality Improvement Health Equity Committee
Subcommittee Approval Date	TBD
Compliance Committee Approval Date	TBD

POLICY STATEMENT

California Advancing and Innovating Medi-Cal (CalAIM) 1115 Demonstration Waiver, authorized by the Centers for Medicare and Medicaid Services (CMS) now includes the provision of community-based adult services emergency remote services (CBAS ERS) after cessation of Temporary Adult Services (TAS) to ensure each member's needs continue to be met if the member is unable to return physically to a CBAS center for services. The goal is to support Seniors and Persons with Disabilities and their families and caregivers where and when services are needed. This expands access to home and community-based services to support individuals remaining in their homes and communities. CBAS ERS is the temporary provision and reimbursement of CBAS in alternative settings in the community, the participant's home or via telehealth to allow for immediate response during CBAS participant emergencies.

CBAS ERS is available only to CBAS participants. CBAS participant is defined as:

- Member eligible for CBAS by the managed care plan (MCP)
- Has completed a person-centered care plan
- Has an approved authorization on file AND
- Signed a CBAS participation agreement at the CBAS Center

There are two (2) unique circumstances that may result in need for ERS services. The provision of ERS supports and services is temporary and time-limited, and specifically either:

1.**Short-term:** Members may receive ERS for an emergency occurrence for up to three consecutive months. CBAS providers and MCPs must coordinate to ensure duration of ERS is appropriate during the Member's current authorized period and, as necessary, for reauthorization into a new period; or

2. **Beyond Three Consecutive Months**: ERS for an emergency occurrence may not exceed three consecutive months, either within or crossing over an authorized period, without assessment and

review for possible continued need for remote/telehealth delivery of services and supports as part of the reauthorization of the individual's care plan. CBAS providers and MCPs must coordinate on requests for authorization of ERS that exceed three consecutive months.

The two types of circumstances in need for ERS are:

A. Public Emergencies, such as state or local disasters, regardless of whether formally declared. These may include, but are not limited to earthquakes, floods, fires, power outages, epidemic/infectious disease outbreaks such as COVID-19, Tuberculosis, Norovirus, etc.

B. Personal Emergencies, such as serious illness or injury, crises, or care transitions, as defined below. Specific personal emergencies may include serious illness or injury, crises, care transitions such as to/from a nursing facility, hospital, and home.

- Serious Illness or Injury means that the illness or injury is preventing the Member from receiving CBAS within the facility and providing medically necessary services and supports that are required to protect life, address or prevent significant illness or disability, and/or to alleviate pain.
- Crises means that the Member is experiencing, or threatened with, intense difficulty, trouble, or danger. Examples of personal crises would be the sudden loss of a caregiver, neglect or abuse, loss of housing, etc.
- Care Transitions means transitions to or from care settings, such as returning to home or another community setting from a nursing facility or hospital. ERS provided during care transitions should address service gaps and Member/caregiver needs and not duplicate responsibilities assigned to intake or discharging entities.

Members may choose to cease receipt of ERS at any time. The Alliance will cover ERS as part of the CBAS benefit when a member meets the criteria established as outlined above.

CBAS providers are required to obtain expanded licensure to add ERS as an Optional Service to their respective center. The Alliance Operations designee will ensure that their contracted CBAS providers meet all operational requirements as outlined in APL 22-020 and the California Department of Aging (CDA) All Center Letters ACL 22-04 Launch of CBAS Emergency Remote Services and completion and licensure approval for these expanded services.

The Alliance will collaborate with all CBAS providers to ensure that each member's needs continue to be met, whether through in-person services provided at the CBAS center or through ERS and that the member's needs are documented appropriately on the CDA 4000i form and interdisciplinary plan of care (IPC). For members who choose to discontinue their CBAS services, the Alliance will ensure care coordination occurs for these members and that their continued needs are met.

PROCEDURE

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1. The CBAS Center identifies emergency services needs for a member
    a. Public (earthquake, flood, fire, power outages, epidemic/infectious disease outbreak)
    b. Personal (serious illness, crisis, care transition)
    c. Additional circumstances may include: hospitalization, loss of housing, personal health care provider restrictions, loss of caregiver, nursing home admission

2. The CBAS Center completes the CBAS ERS Initial CDA (California Department of Aging) 4000i CBAS ERS initiation form (CEIF) via the Peach Portal within 3 business days from the date of identification of the emergency. Up to 7 business days allowed for completion of the CEIF in cases of widespread emergency affecting the majority (50% or greater) of the participants enrolled at the center at the time of the emergency:

3. The Center submits the completed CDA 4000i CBAS ERS form to the Health Plan within the same time constraints noted above.

4. The CBAS RN will:
    a. Review the request against the criteria outlined in APL 22-020 Community-Based Adult Services Emergency Remote Services
    b. Assess for any case management or care coordination needs in addition to services provided during ERS to ensure that the member's needs are met, and the member is safely managed during their emergency remote period. The Plan will collaborate with the CBAS center to confirm any identified needs and how needs will be managed.
    c. Complete the CBAS ERS note type
    d. Upon decision the nurse will forward the case to the CBAS coordinator for creation of authorization and notification to applicable parties. The authorization represents the Plan's agreement for ERS services as submitted by the Center.
5. The coordinator will:
    a. Add the request to the current active IPC authorization
    b. Attach the completed form to the document section of the members account
    c. Notify applicable parties per normal process

6. The member my choose to cease receipt of ERS at any time

7. The initial authorization will be for no more than 90 days with a one-time extension for an additional 3 months if the member continues to meet the ERS criteria for services. Participants will be reassessed by the Center inter disciplinary team and submit and updated plan for continued remote/telehealth delivery of CBAS services. CBAS Centers will submit the extension request via fax for review and re-authorization as outlined above.

8. Ongoing services will be reviewed based on the AAH IPC reassessment policy outlined in CBAS-001

9. Members who are discharged from the CBAS program will have a CBAS Discharge Plan of Care completed by the CBAS Center outlining a member's continued care needs. The MCP CBAS RN will:

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a. Collaborate with the Center to identify any additional CM or care coordination needs for the member
b. The CBAS RN will work with the MCP CM team to coordinate services with applicable providers to secure the needed services

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DEFINITIONS / ACRONYMS

CalAIM: California Advancing and Innovating Medi-Cal

CMS : Centers for Medicare and Medicaid Services

CBAS ERS: Community-Based Adult Services Emergency Remote Services

CDA 4000i CEIF : California Department of Aging CBAS Emergency Remove Services Initiation Form

IPC: Interdisciplinary Plan of Care

MCP: Managed Care Plan

AFFECTED DEPARTMENTS/PARTIES

Utilization Management, Case Management

RELATED POLICIES AND PROCEDURES

CBAS -001 Initial Member Assessment and Member Reassessment for Community-Based Adult Services (CBAS) Eligibility

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RELATED WORKFLOW DOCUMENTS OR OTHER ATTACHMENTS

NA

REVISION HISTORY

Creation Date: TBD

REFERENCES

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1. APL 22-020 Community-Based Adult Services Emergency Remote Services
2. California Advancing and Innovating Medi-Cal (CalAIM) 1115 Demonstration Waiver
3. CDA 4000i CBAS ERS form

MONITORING

1. Internal Reporting development for CBAS/CBAS ERS, reported at UMC
2. Quarterly CBAS Departmental Auditing

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