ALAMEDA Alliance FOR HEALTH

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POLICY AND PROCEDURE

Policy Number	CBAS-005
Policy Name	Provision of Unbundled CBAS Services
Department Name	OP UM
Department Officer	Chief Medical Officer
Policy Owner	Director Utilization Management~~Manager, OP UM~~
Lines of Business	Medi-Cal
Effective Date	10/01/2012
Subcommittee Name	Health Care Quality Committee
Subcommittee Approval Date	~~5/19/2023~~TBD
Compliance Committee Approval Date	TBD~~6/20/2023~~

POLICY STATEMENT

The Alliance provides unbundled Community Based Adult Services (CBAS) to Members who have been determined eligible for CBAS services when there is not sufficient and/or appropriate CBAS center capacity available within the timely access requirements. The Alliance does the following to ensure the provisions of unbundled CBAS services are met:

1. Arranges for the provision of unbundled services based on the assessed needs of the Member eligible for CBAS if a certified CBAS Provider is not available or not contracted, or there is insufficient CBAS Provider capacity in the area.
2. Coordinates care for unbundled CBAS, based on the assessed needs of the member eligible for CBAS, including services beyond those offered as CBAs unbundled services

PROCEDURE

1. Members who have expressed interest in CBAS services and have been determined to meet medical necessity criteria will undergo CBAS eligibility determination (CBAS-001 Initial Member Assessment and Member Reassessment for Community-Based Adult Services (CBAS) Eligibility)
2. When a Member has been determined eligible for CBAS services, the Member may select the CBAS center of their choice or be assigned to a CBAS center by the Alliance (see Policy and Procedure entitled CBAS-004 Member Assignment to a Community-Based Adult Service (CBAS) Center).
3. If an appropriate CBAS center exists in the service area but is at full capacity, the Member may be on a waitlist and contacted when an opening becomes available, at which

time that Member will undergo multidisciplinary assessment by the CBAS center (See Policy and Procedure entitled CBAS-001 Initial Member Assessment and Member Reassessment for Community-Based Adult Services (CBAS) Eligibility. If there is no appropriate CBAS center available or if the member is placed on a waitlist, the Member may choose to accept a program designed by the CBAS RN as described in California Advancing and Innovating Medi-Cal (CalAIM) Demonstration, Special Terms and Conditions, Project No: 11-W-00193/9 ~~Bridge to Reform Waiver 11-W-00193/9, Special Terms and Conditions, 12/30/2015~~. The Alliance follows our Special Needs Plan (SNP) Model of Care which outlines the "Development of the Individualized Care Plan (ICP) for High Risk Members" as well as follow-up action and regularity of Interdisciplinary Care Team (ICT) meetings.

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4. The Individualized Care Plan (ICP) outlines a package of unbundled services that might otherwise be provided at a CBAS center. These services are limited to:
    a. Professional Nursing Services
    b. Nutrition
    c. Physical Therapy
    d. Occupational Therapy
    e. Speech and Language Pathology Services
    f. Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT), only between the Member's home and the CBAS unbundled service provider
    g. Non-Specialty Mental Health Services (NSMHS) and Substance Use Disorder (SUD) that are Covered Services.
5. Coordination of care for unbundled CBAS services, based on the assessed needs of the member, may include services beyond those offered as CBAS unbundled services, including but not limited to:
    a. Personal Care Services
    b. Social Services
    c. Physical and Occupational Maintenance Therapy
    d. Meals
    e. Mental Health Services and Substance Use Services.
6. Reevaluation of Member needs and update of the ICP occurs annually.
7. If a new CBAS center opens and is appropriate for a particular member's needs, the member is referred to that CBAS center for a multidisciplinary assessment and a service authorization request will progress (see Policy and Procedures entitled CBAS-001 Initial Member Assessment and Member Reassessment for Community-Based Adult Services (CBAS) Eligibility)

DEFINITIONS / ACRONYMS

"Community-Based Adult Services (CBAS)" shall mean an outpatient, facility-based program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutritional services, and transportation to eligible Medi-Cal beneficiaries.

"Community-Based Adult Services (CBAS) center" shall mean a Provider that provides skilled nursing care, social services, therapies, personal care, family/caregiver training and support, meals, and transportation to eligible Members and is certified by the California Department of Aging.

"Core CBAS services" shall mean services that are designed to maintain the ability of a CBAS

participant to remain in the community and avoid emergency department visits, hospitalizations, or other institutionalization and are required on each CBAS attendance day. They include professional nursing services, personal care services and/or social services, therapeutic activities, and meal service.

"Individualized Care Plan (ICP)" is the initial and ongoing document which delineates a Member's current or potential health-related problems, formulates an action plan to address areas of concern, and targets measurable goals and objectives.

"Interdisciplinary Care Team (ICT)" is a multiagency, multidisciplinary healthcare team which is person centered in its approach, led by a Members primary care Provider.

"Member" shall mean any person certified as eligible for the Medi-Cal Program, pursuant to Welfare and Institutions Code, Sections 14016 and 14018, whose designated County Code number in the Medi-Cal Eligibility Data System (MEDS) database is "41 and Plan number 503", and whose Aid Code is included for capitation payment in the Alliance's contract with the State of California.

"Specialized CBAS services" shall mean services that may be included in a CBAS ICP and are designed to maintain the ability of a CBAS participant to remain in the community and avoid emergency department visits, hospitalizations, or other institutionalization but are not required for every participant on every day of service. They include rehabilitative services, registered dietitian services, and mental health services.

"Special Needs Plan (SNP)" is a specially designed Medicare Advantage health plan. Enrollment is focused on certain vulnerable groups of Medicare beneficiaries: the institutionalized, Medicare/Medicaid dual eligible members, and beneficiaries the severe or disabling chronic conditions.

"Special Needs Plan (SNP) Model of Care" refers to a service delivery mechanism required and approved by the Centers for Medicare and Medicaid Services (CMS) for all Medicare Advantage Special Needs Plans. The Model of Care contains the following elements: measurable goals, staff structure and care management roles, interdisciplinary care team, Provider network having special expertise, use of clinical practice guidelines, specialized training, health risk assessment, communication network, performance, and health outcome measurements.

AFFECTED DEPARTMENTS/PARTIES

RELATED POLICIES AND PROCEDURES

CBAS-001 Initial Member Assessment and Member Reassessment for Community-Based Adult Services (CBAS) Eligibility
CBAS-002 Expedited Initial Member Assessment for Community-Based Adult Services (CBAS) Eligibility
CBAS-004 Member Assignment to a Community-Based Adult Service (CBAS) Center

REVISION HISTORY

10/1/2013, 09/06/2018, 04/15/2019, 5/21/2020, 5/20/2021, 06/28/2022, 6/20/2023, 4/18/2024

RELATED WORKFLOW DOCUMENTS OR OTHER ATTACHMENTS

CBAS Determination of Eligibility Tool (CDET)

REFERENCES

California Advancing and Innovating Medi-Cal (CalAIM) Demonstration, Special Terms and Conditions, Project No: 11-W-00193/9

MONITORING

Monthly monitoring report that tracks volume of CBAS authorizations and processing turn-around-time.

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