ALAMEDA Alliance FOR HEALTH

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POLICY AND PROCEDURE

Policy Number	CBAS-004
Policy Name	Member Assignment to a Community-Based Adult Service (CBAS) Center
Department Name	OP UM Management
Department Officer	Chief Medical Officer
Policy Owner	~~Manager, OP UM~~Director Utilization Management
Line(s) of Business	Medi-Cal
Effective Date	10/01/2012
Subcommittee Name	Health Care Quality Committee
Subcommittee Approval Date	~~8/18/2023~~TBD
Compliance Committee Approval Date	~~9/19/2023~~TBD

POLICY STATEMENT

A. Alliance supports Member preference in the assignment of Community Based Adult Services (CBAS) center.

B. The Alliance promotes CBAS services as an option for all eligible Members.

C. The Alliance makes every effort to accommodate language, culture, and geographical preferences and, to guide Members to a CBAS provider that offers disease/condition specific services appropriate to that Member.

D. The Alliance provides unbundled CBAS services for CBAS-eligible members when CBAS centers are unavailable, limited in capacity, or cannot meet member's geographic, cultural and/or linguistic needs.

PROCEDURE

A. Member accesses CBAS through:
   1) Self or family and/or caregiver
   2) Primary Care Provider
   3) Alliance internal departments: such as the Intake Unit, Case Management, Member Services Unit and/or Utilization Management
   4) Skilled nursing facility or acute-care facility
   5) Home or Community-Based Organization (HCBO)
   6) CBAS provider/center

B. Eligibility determination and initial assessment is outlined in CBAS--001 Initial Member Assessment and Member Reassessment for Community-Based Adult Services (CBAS) Eligibility.

C. After eligibility has been determined, if the referral source was not a CBAS provider and if the member has not selected a CBAS provider prior to eligibility determination, the member and/or authorized representative are given detailed information on the various CBAS centers taking new clients and given the opportunity to make a selection and are offered to have a CBAS Provider contact the member to initiate the intake process.

D. If the requested CBAS center is closed to new enrollees due to capacity limitations, the Member and/or Authorized Representative may choose to:

1) Waitlist for an opening at the CBAS center of choice

a. While on wait list, member may choose to receive unbundled CBAS equivalent services (see Alliance Policy and Procedure (CBAS-—005 Provision of Unbundled CBAS Services) while on a CBAS center wait list.

2) Accept assignment to another CBAS provider that does have openings and meets cultural and linguistic needs of the member and the one-way transportation time between member's place of residence and the CBAS center is reasonable.

3) Accept unbundled equivalent CBAS services (see Alliance Policy and Procedure CBAS-005 Provision of Unbundled CBAS Services).

E. If a member is unable to choose or does not wish to make the selection, the Alliance's Out of Plan Nurse contacts CBAS providers to determine capacity. The RN will assign the Member to a CBAS site using the following preferential order:

1) Disease specific

2) Member's relationship with a previous provider of services similar to CBAS

3) Language/culture appropriate

4) Geographically appropriate (closest to member's place of residence, and involving reasonable transport.).

F. Member request for a specific CBAS center may be denied by the Alliance for the following reasons:

1) The requested CBAS Provider is full and not accepting new participants.

2) The requested PCP had previously discharged the Member from his/her CBAS center

G. The Alliance notifies Members of any termination, breach of contract, or other inability to provide services by the CBAS Provider thirty (30) days in advance when possible. In this event, the Member may continue to receive care from the CBAS center until the Alliance has made provisions for the assumption of health care services by another CBAS center or for the provision of unbundled CBAS equivalent services.

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 for eligible Medi-Cal beneficiaries to eligible Medi-Cal beneficiaries.

"Community-Based Adult Services (CBAS) PROVIDER" shall mean a center/place 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.

"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 01 and Plan number 300, and whose Aid Code is included for capitation payment in the Alliance's contract with the State of California.

"Primary Care physician" or **"PCP"** shall mean an individual licensed to practice medicine or osteopathy in accordance with applicable California law. A Member selects or is assigned to a primary care provider who provides primary and preventive medical care and is responsible for coordinating ongoing delivery of specialty medical services. "Primary care physician" may include physician assistant and nurse practitioner within their scope of practice and under the appropriate supervision of the physician.

AFFECTED DEPARTMENTS/PARTIES

All Alliance Departments

RELATED POLICIES AND PROCEDURES

1. CBAS--001 Initial Member Assessment and Member Reassessment forCommunity-Based Adult Services (CBAS) Eligibility
2. CBAS--005 Provision of Unbundled CBAS Services

REVISION HISTORY

06/16/2016, 09/06/2018, 04/15/2019, 5/21/2020, 5/20/2021, 06/28/2022, 9/19/2023, 04/18/2024

RELATED WORKFLOW DOCUMENTS OR OTHER ATTACHMENTS

REFERENCES

DHCS Contract, Exhibit A, Attachment 18

MONITORING

This policy will be reviewed annually to ensure effectiveness.