CALIFORNIA DEPARTMENT OF AGING (CDA)

FAX Cover

TO: **Community-Based Adult Services (CBAS) Providers**

FROM: **CBAS Branch**

DATE: **November 2, 2012**

SUBJECT: **CBAS Center Requirements for Participant Discharge**

The purpose of this letter is to clarify CBAS center requirements for participant discharge.

For More Information:
Access the following websites:

- ✓ http://DHCS.ca.gov/ADHCtransition
- ✓ www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp

Contact DHCS or CDA by email at:

- ✓ DHCS – CBAS@dhcs.ca.gov
- ✓ CDA – CBAScda@aging.ca.gov

Number of pages (including this page) 3

CALIFORNIA DEPARTMENT OF AGING
COMMUNITY-BASED ADULT SERVICES BRANCH
1300 NATIONAL DRIVE, SUITE 200
SACRAMENTO, CA 95834
Internet Home Page www.aging.ca.gov
TDD 1-800-735-2929
TEL (916) 419-7545
FAX (916) 928-2507

Date: November 2, 2012

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: CBAS Branch

Subject: CBAS Center Requirements for Participant Discharge

Purpose

The purpose of this letter is to clarify CBAS Center responsibilities for discharge of participants, including those who dis-enroll from the CBAS program by choosing to remain in Fee-For-Service (FFS) Medi-Cal and those discharged in the event of Center closure.

Discharge Plan Requirements for All Participants

CBAS Center participant discharge responsibilities include:

1. Conducting ongoing discharge planning based on the assessment of the participant by the Center's multidisciplinary team in accordance with Title 22, California Code of Regulations (CCR), §54213, §78345, and §78437, and as prescribed in the Center's policy and procedures for discharge.
2. Developing participant discharge plans that meet the requirements of Title 22, CCR, §78345, and contain the following per the California Bridge to Reform 1115 Demonstration waiver Special Terms and Conditions (# 91.c-pg 45):
   - ✓ The participant's Client Identification Number (CIN)
   - ✓ The name(s) of the participant's physician(s)
   - ✓ The date the participant received notice of pending discharge
   - ✓ The date CBAS services are to end
   - ✓ Specific information about the participant's current medical condition, treatments, and medication regimen
   - ✓ A statement about Enhanced Case Management services and how they are available to eligible beneficiaries
   - ✓ The signature of the beneficiary or representative and the date signed

Discharge Plan Submission Requirements

Participants Who Opt-Out of Managed Care:

Do NOT submit discharge plans to CDA for those participants who have chosen not to enroll in a Medi-Cal managed care plan. The center should maintain discharge plans in the participant health records for a minimum of seven years in accordance with Title 22, CCR §78435.

Additional Note: Participants who choose to remain in FFS Medi-Cal are not eligible to transfer to other CBAS centers and are not eligible for Enhanced Case Management. For these participants, the CBAS center should make referrals for available services and ensure that participants know to contact

their personal health care provider for any medical needs.

Information regarding available local resources can be found on the CDA webpage at: www.aging.ca.gov/ProgramsProviders/ADHC-CBAS

Discharge Plan Submission For All Other Participants:

Upon discharge from the center, provide copies of the participant discharge plan to:

- ✓ The participant; **and**
- ✓ The managed care plan that serves the participant

or, if not served by managed care

- ✓ CDA at:

California Department of Aging
Community-Based Adult Services Branch
1300 National Drive, Suite 200
Sacramento, CA 95834

FAX (916) 928-2507

Requirements in the Event of Center Closure

In the event of a Center closure, the center shall meet requirements specified in the "Activities Prior to Closure" letter located on CDA's website at:

http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/2012/Activites_Prior_to_Closure_Letter.pdf

Centers anticipating closure should notify CDA as far in advance of projected closure date as possible to receive assistance with orderly closure and discharge and referral of center participants.

Questions

For questions please call the CBAS Branch at (916) 419-7545.