

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

**CBAS Eligibility Determination Tool (CEDT)
Instructions**

Before beginning to complete individual reviews using the CBAS Eligibility Determination Tool (CEDT), conduct an entrance conference with the Program Director or designated staff member to 1) present the day's patients to be reviewed; 2) familiarize yourself with the Center and center staff, and 3) become oriented to the patient health records. A typical ADHC health record will have a separate section for physician provided documentation, nursing, social work (psycho-social), physical therapy, occupational therapy, speech therapy, recreational therapy and dietary at a minimum.

PREPARATION

Step 1: Prior to beginning eligibility determination:

- a. Identify the name of the patient to be reviewed.
- b. Pull the CBAS Eligibility Screening Tool completed by the Center prior to the onsite review.
- c. Request the patient's health record.
- d. Confirm that the patient, CBAS Eligibility Screening Tool and health record all match.

Step 2: Complete the top portion of the CEDT with patient information and note the patient's preferred language.

Step 3: Discuss with ADHC staff any circumstances that may impact a successful face to face interview such as dementia, hearing impairments, psychiatric history or cultural/language barriers. Make a plan in consultation with ADHC staff representative regarding the best approach to obtain needed information, including arranging for translation, if needed.

Step 4: Looking at the CBAS Eligibility Screening Tool completed by the Center, document the proposed qualifying category (CEDT Section A through C). If categorical or presumptive eligibility is confirmed, go to page 4 to finalize determination.

DOCUMENTATION OF ELIGIBILITY

Step 1: Briefly familiarize yourself with the patient health record.

Step 2: Note diagnoses and medications as listed in the health record. (CEDT Section E)

Location in Health Record:

- **Diagnoses:** Identify “history and physical” or other physician generated communication which should contain diagnoses.
- **Medications:** Most current medication list may generally be found on a nursing medication sheet, history and physical, or physician communication.

Step 3: If there is a confirmed diagnosis in one of the following three diagnostic categories:

- Organic, acquired or traumatic brain injury
- Chronic mental illness, or
- Alzheimer’s disease or other dementia

Skip to “**DIAGNOSTIC ELIGIBILITY DETERMINATION**”. If not, proceed to step 4.

Step 4: Proceed with **NF-A Eligibility Determination**. Since the patient does not have a diagnosis related to three diagnostic categories that would potentially qualify him or her for CBAS eligibility, the reviewer must determine if patient is at NF-A LOC or above. When ready, the reviewer may ask the ADHC staff representative to escort the patient to the reviewer for a face-to-face interview or may observe the patient functioning in the program. If most of the information needed is available in the patient’s health record, the face-to-face interview may be a brief confirmation of the patient’s condition.

Step 5: Complete sections D through J of the CEDT utilizing patient responses, health record, staff information and/or caregiver interviews. Use the CEDT Health Record Quick Guide for suggested locations of information in patient health record.

Step 6: Based on information, make a determination if patient is:

- NF-A LOC or above
- Eligible under another category, or
- Not CBAS eligible.

Refer to “*CBAS Eligibility Categories*” in this document for definitions and descriptions of the four (4) relevant qualifying categories.

Step 7: Document determination on page 4 of the CEDT.

DIAGNOSTIC ELIGIBILITY DETERMINATION

Step 1: Highlight or circle on the CEDT which of the three diagnostic categories potentially qualifies the patient for CBAS eligibility. Confirm that the diagnosis is supported by documentation. The three diagnostic categories are:

1. Organic, Acquired or Traumatic Brain Injury
2. Chronic Mental Illness
3. Alzheimer’s disease or other dementia

Step 2: Refer to “*CBAS Eligibility Categories*” for clarification of eligibility criteria for each diagnostic category.

1. Organic, Acquired or Traumatic Brain Injury - **Category 2**
2. Chronic Mental Illness - **Category 2**
3. Alzheimer’s disease or other dementia - **Category 3 or 4**

Step 3: Based on category, reviewer will need to determine the following. Refer to “*CBAS Eligibility Categories*” in this document for corresponding ADL/IADLs specific to that category.

Category #	Description	Requirement for Eligibility
1	Nursing Facility A (NF-A) or above	Confirm NF-A or above
2	Brain Injury or Chronic Mental Health	Confirm diagnosis plus specified ADL/IADL requirement
3	Alzheimer disease or Other Dementia (Severe)	Confirm stage of dementia is 5 or higher
4	Alzheimer Disease or Other Dementia (Moderate)	Confirm stage of dementia is a 4 plus specified ADL/IADL requirement
5	Developmental Disability	Currently Categorically Eligible

Step 4: When ready, the reviewer may ask the ADHC staff representative to escort the patient to the reviewer for a face-to-face interview or may observe the patient functioning in the program. If most of the information needed is available in the patient’s health record, the face-to-face interview may be a brief confirmation of the patient’s condition.

Step 5: If patient is CBAS eligible, reviewer will highlight qualifying ADL/IADL’s and/or note Stage of Alzheimer’s disease or dementia (CEDT Section D).

Step 6: Document determination on page 4 of the CEDT.

Step 7: If patient is not CBAS eligible based on one of the three diagnostic categories, the reviewer must follow steps for NF-A LOC or above determination.

Step 8: Document determination on page 4 of the CEDT.

CBAS ELIGIBILITY CATEGORIES

Category 1: NF-A Level of Care

Individuals who meet NF-A Level of Care (LOC) or above:

- NF-A LOC patients have needs beyond which can be met in a Board and Care setting. (Note that under CBAS they can still be living in the board and care setting). They may need assistance or supervision with ADLs and IADLs.
- They do not need ongoing services provided in a hospital or skilled nursing facility.
- NF-A LOC is characterized by scheduled and predictable nursing needs. This patient needs protective and supportive care without the need for continuous licensed nursing, however it is appropriate to have goals that encourage independent functioning. Note that if served in ADHC for some time, the individual's condition may have stabilized, so reviewer should consider how he or she would function in the absence of CBAS.
- They may require minor assistance or supervision with personal care, such as bathing or dressing. They may have special diets, but require little or no assistance in feeding themselves.
- Professional nursing may be required to observe the effects of medications on a long-term basis, but daily injectable or PRN medications are usually not included in a NF-A patient profile.

Category 2: Organic, Acquired or Traumatic Brain Injury and/or Chronic Mental Illness

Individuals who have been diagnosed by a physician as having an Organic, Acquired or Traumatic Brain Injury, and/or have a Chronic Mental Illness (specific list below) **AND** require assistance and/or supervision in ADL and IADL categories listed below.

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:

- 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

AND

ADL/IADL requirement:

Individual must require assistance and/or supervision with two (2) of the following ADLs/IADLs: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management, and hygiene;

OR

Individual must require assistance and/or supervision with one (1) ADL/IADL listed above, and one (1) of the following: money management, accessing resources, meal preparation, or transportation.

For eligibility purposes, applicants/recipients do not need to show a need for a service at the center providing CBAS services to be included in the qualifying ADL/IADLs.

Category 3: Individuals with Alzheimer's disease or other Dementia

Individuals have moderate to severe Alzheimer's disease or other dementia characterized by the descriptors of, or equivalent to, Stages 5, 6, or 7 Alzheimer's disease.

Stages 5, 6, or 7

Stage 5: Moderately severe cognitive decline

Major gaps in memory and deficits in cognitive function emerge. Some assistance with day-to-day activities becomes essential. At this stage, individuals may:

- 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

Memory difficulties continue to worsen, significant personality changes may emerge, and affected individuals need extensive help with daily activities. At this stage, individuals may:

- 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

This is the final stage of the disease when individuals lose the ability to respond to their environment, the ability to speak, and, ultimately, the ability to control movement.

- 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: Mild Cognitive Impairment including Moderate Alzheimer's disease or other Dementia

Individuals who have mild cognitive impairment or moderate Alzheimer's disease or other dementia, characterized by the descriptors of, or equivalent to, Stage 4 Alzheimer's disease **AND** meet all current ADHC eligibility and *Medical Necessity Criteria, **AND** require assistance and/or supervision in ADL and IADL categories below.

Stage 4

Stage 4: Moderate cognitive decline

At this stage, a careful medical interview detects clear-cut deficiencies in the following areas:

- Decreased knowledge of recent events
- Impaired ability to perform challenging mental arithmetic. For example, to count backward from 100 by 7s
- 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

AND

ADL/IADL requirement:

The individual must demonstrate a need for assistance or supervision with two of the following ADLS/IADLS: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management, and hygiene.

For eligibility purposes, applicants/recipients do not need to show a need for a service at the center providing CBAS services to be included in the qualifying ADL/IADLs.

Category 5: Developmental Disabilities

[Currently these participants are categorically eligible. This category is only significant after ADHC is fully transitioned into CBAS and categorical and presumptive eligibility no longer exist]

Individuals who meet the criteria for Regional Center eligibility listed below

California Code of Regulations Section 54001(a):

(a) "Substantial disability" means:

(1) A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of special or generic services to assist the individual in achieving maximum potential; and
(2) The existence of significant functional limitations, as determined by the regional center, in three or more of the following areas of major life activity, as appropriate to the person's age:

- a. Receptive and expressive language
- b. Learning
- c. Self-care
- d. Mobility
- e. Self-direction
- f. Capacity for independent living
- g. Economic self-sufficiency