



CALIFORNIA DEPARTMENT OF AGING (CDA)

FAX Cover

TO: Community-Based Adult Services (CBAS) Providers
FROM: CBAS Branch
DATE: October 19, 2012
SUBJECT: Phase II CBAS Transition: Fee-For-Service (FFS) Participant Choice Deadlines and an "Easy Way Back" into CBAS Services

The purpose of this letter is to provide guidance on upcoming Medi-Cal Managed Care choice deadlines and announce "Easy Way Back" into CBAS services for discharged Fee-For-Service participants.

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) 5

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Date: October 19, 2012

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

From: CBAS Branch

Subject: Phase II CBAS Transition: Fee-For-Service (FFS) Participant Choice Deadlines and an "Easy Way Back" into CBAS Services

Purpose

This letter provides guidance regarding upcoming Medi-Cal Managed Care choice deadlines for CBAS participants who chose to remain in Medi-Cal FFS and CBAS provider discharge responsibilities for those participants choosing to continue in FFS Medi-Cal on or after November 1, 2012. Additionally, this letter announces and explains the path for "Easy Way Back," the process for discharged FFS participants to quickly resume CBAS during November and December 2012, after cessation of CBAS services on November 1, 2012, due to the beneficiaries' choice to opt-out of Medi-Cal Managed Care.

Choice Deadlines

The following are deadlines for current FFS CBAS participants who have chosen to opt-out of Medi-Cal Managed Care to join Medi-Cal Managed Care and continue with uninterrupted CBAS on or after November 1, 2012:

Choice Method	Deadline
1. Submission of written Medi-Cal Managed Care Choice form 1-800-430-4263 www.healthcareoptions.dhcs.ca.gov	✓ October 18, 2012
2. Phone call to Health Care Options (HCO) 1-800-430-4263	✓ October 25, 2012

Discharge Planning

CDA is currently preparing a guidance letter regarding discharge of participants who choose to remain in FFS Medi-Cal on or after November

1, 2012. Meanwhile, we encourage CBAS providers to begin updating discharge plans and preparing for the discharge of those participants who indicate they will choose to remain in FFS on or after November 1, 2012.

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

“Easy Way Back”

DHCS has created an “Easy Way Back” process that will allow for resumption of CBAS for participants who choose to remain in FFS, experience a discontinuation of services on November 1, 2012, and then change their minds and decide during November and December 2012 that they want to resume CBAS.*

Such participants may do so by:

1. Initiating Medi-Cal Managed Care enrollment – either by submitting the Choice form or calling HCO.
2. Obtaining and completing the Medi-Cal Managed Care Enrollment Initiation Attestation Form (available through CBAS Centers and on the CDA website).
3. Contacting their former CBAS center, providing a copy of the “Attestation” form to the CBAS Center, and requesting resumption of services.

Prior to restarting service delivery, CBAS providers must:

1. Obtain a copy of the “Attestation” form described above from the former participant.
2. Complete and sign the “Attestation” form and FAX a copy to CDA before beginning services for the participant. CDA Fax: (916) 928-2507.
3. Submit a Treatment Authorization Request (TAR) and the most recent Individual Plan of Care (IPC) to the Los Angeles Medi-Cal Field Office.

TARs must indicate the following:

- ✓ The participant is a candidate for “Easy Way Back” (enter in Miscellaneous Section of electronic TAR or Medical Justification Section of paper TAR).
- ✓ The first date services are resumed, which will be the new “From Date.” This date must correspond with the first date of resumption of services indicated on the “Attestation” form and be no earlier than the date the participant initiated Medi-Cal Managed Care enrollment.
- ✓ The same number of days of service per week previously

authorized.

The LA Medi-Cal Field Office will adjudicate the TAR for the same number of days of service per week previously authorized. NO face-to-face assessment will be required. The TAR will be authorized for six months although the beneficiary will be transferred to the Medi-Cal Managed Care plan upon completion of enrollment.

NOTE: To expedite resumption of services the TAR adjudication will not require centers to update the IPC. However, it is the center's responsibility to update the participant's care plan as needed based on regulatory requirements and changing participant needs.

*** The "Easy Way Back" process will not be available to participants who are enrolled in a managed care plan on November 1, 2012 and subsequently choose to opt out of Medi-Cal managed care.**

All former CBAS participants wanting to return to CBAS after December 31, 2012, will be required to be enrolled in Medi-Cal Managed Care and be determined eligible for CBAS prior to receiving services.

Questions

For questions regarding the process described in this letter, please call the CBAS Branch at (916) 419-7545. For questions about specific TARs, please call the LA Medi-Cal Field Office at (213) 897-0745.



Medi-Cal Managed Care Enrollment Initiation Attestation

Part I – To Be Completed By Medi-Cal Beneficiary

Name: _____

I enrolled in Medi-Cal Managed Care by mailing the "Choice" Form on _____, 2012 OR by calling Health Care Options on _____, 2012 .
(Date) (Date)

I enrolled in _____ . I wish to resume
(Name of Medi-Cal Managed Care Plan)

services at _____ CBAS Center.

Signed by Beneficiary:	Date:
Or Signed by Personal Representative:	Date:
On Behalf of (Name of Beneficiary):	

PERSONAL REPRESENTATIVE INFORMATION – Legal Authority to make Medical Decisions for the Beneficiary: (Check one)
 Conservator* Medical Power of Attorney* Other

NOTE: *Attaching Legal Documentation is REQUIRED to verify that you have Medical Decision-Making Authority for the Beneficiary.

Part II – To Be Completed By CBAS Center

I reviewed the information stated above. CBAS resumption of services effective: _____, 2012 .
(Date)

CBAS Center Name: _____

NPI: _____

Client Identification number (CIN): _____

TAR #: _____ (most recently authorized)

Administrator/Program Director Signature Date