



CALIFORNIA DEPARTMENT OF AGING (CDA)

TO: Community-Based Adult Services (CBAS) Providers
FROM: CBAS Branch
DATE: June 29, 2012
SUBJECT: CBAS Transition to Managed Care: On-site Eligibility Assessments and Treatment Authorization Request (TAR) Processing Update

Purpose

This information is being sent on behalf of the Department of Health Care Services (DHCS) to provide an update to CBAS providers on On-site Eligibility Assessments and TAR Processing in counties transitioning CBAS to Medi-Cal managed care on July 1, 2012.

Face-to-Face Assessments of Presumptively Eligible (PE) CBAS Participants and TAR Adjudication in managed care counties transitioning to CBAS on July 1, 2012

DHCS has completed face-to-face assessments of all PE participants in County Organized Health Systems (COHS) counties transitioning CBAS to managed care on July 1, 2012. In certain cases DHCS was unable to assess a PE participant, because the participant was discharged or DHCS was unable to reach the individual to schedule an assessment at the center. Please be aware that DHCS may still attempt to schedule face-to-face assessments for these participants during the month of July. If, after repeated attempts, DHCS is still unable to reach these participants, DHCS will provide a list of these individuals to their managed care plan. Since these PE participants have not yet had a face-to-face assessment by the state, a face-to-face assessment will be conducted by the managed care plan.

DHCS has adjudicated the majority of remaining TAR authorizations for new CBAS participants in COHS counties transitioning to managed care on July 1, for dates of service beginning in May or June. DHCS will continue to adjudicate TARS received after July 1 if they include dates of service prior to July 1. Providers should bill the managed care plan for dates of service after July 1 (see FAQs below for additional billing information).

Frequently Asked Questions

Q: There are TARs in process, where the center has submitted the TAR but the state has not yet adjudicated the TAR. How should the CBAS center handle billing after July 1? Should the center bill the Medi-Cal Fee-for-Service (FFS) Fiscal Intermediary (FI) for dates of service up to June 30 and the managed care plan for dates of services from July 1 forward?

Yes, the center should bill the FFS Medi-Cal FI for dates of service up to June 30, and the managed care plan for dates of services from July 1 forward.

Q: How should CBAS providers bill for individuals attending their center if the center is in a July 1 COHS county but the participant lives in a bordering non-COHS county or vice versa?

If the individual resides in a COHS county scheduled to transition CBAS to managed care on July 1, enrolled in the COHS (not exempt from managed care), and is eligible for CBAS and attending a center outside the county but under contract with the COHS, the center should bill the COHS plan for services. If the individual resides in a county not transitioning CBAS to managed care on July 1, is eligible for CBAS, and attending a center in a COHS county transitioning CBAS to managed care on July 1, the center should submit claims for the participant to the FFS Medi-Cal FI.

CBAS providers should always check the Automated Eligibility Verification Systems (AEVS) or utilize their Point of Sale (POS) device to check the participant's enrollment status each month. If the member is enrolled in a COHS county scheduled to transition CBAS to managed care on July 1, the center should work with the health plan for payment for dates of service of July 1 forward. If the member is enrolled in a plan in a county transitioning CBAS to managed care on October 1, or FFS, then the center should work through the Medi-Cal Field Office and the FFS Medi-Cal FI for payments.

Q: There will be some participants who are exempt from Medi-Cal Managed Care (those who have a Medical Exemption) but can still attend CBAS if they are found eligible. How should providers bill for these individuals?

If the individual is eligible for CBAS, but exempt from managed care, the individual may attend a CBAS center. The center should submit claims for the participant to the FFS Medi-Cal FI.

Additional information on the CBAS program may be found at the following websites:

- DHCS CBAS/ADHC Transition website at <http://DHCS.ca.gov/ADHCtransition>
- CDA CBAS website at www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp