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ACL 22-11 (Revised)

Date: October 3, 2023

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

From: California Department of Aging (CDA) CBAS Bureau

Subject: CBAS Emergency Remote Services (ERS) Frequently Asked Questions #2

Purpose

The purpose of this All Center Letter (ACL) is to provide a list of common questions and answers pertaining to ERS policy and processes. More information, including the CBAS ERS Policy Summary, can be found on the ERS tab of the CBAS webpage.

Frequently Asked ERS Questions by CBAS Providers

Question 1

If a CBAS center submits a CBAS ERS Initiation Form (CEIF) to a participant's managed care plan (MCP) for ERS and the MCP denies ERS, what should the provider do?

> ERS is now required within the scope of services of the CBAS benefit just as nursing, social services, physical therapy, and all other CBAS services. If a CBAS participant experiences an emergency and needs ERS supports and services per ERS policy, the CBAS provider is required to provide ERS, which is a billable service.
>
> If, after coordination with the CBAS provider, participant, and/or caregiver to obtain necessary information about the participant's status, the MCP makes the determination that CBAS ERS is **not** appropriate, the MCP would be required to follow Medi-Cal policy for modifying or denying services and any related noticing and appeal processes.

Per ERS policy and Waiver provisions, CBAS providers and MCPs are required to coordinate and exchange information necessary to ensure participant/member care, including for provision of ERS to support the rapid response to participant needs when they are restricted or prevented from receiving services at the center. In the event the MCP determines a participant does not meet the criteria for ERS supports and services per ERS policy but is still eligible for in-center services, further coordination should occur between the MCP and CBAS provider to explore alternative options including but not limited to, a possible reduction in the number of days medically necessary, a need for additional services and supports to address gaps in care (e.g., Enhanced Care Management, Community Supports, etc.), and/or discharge if appropriate.

Question 2

Do CBAS providers need to self-register on the California Electronic Visit Verification (EVV) Phase II Provider System now as instructed by our contracting MCPs?

Yes, effective March 23, 2023, the CalEVV system began supporting CBAS providers to ensure compliance with CBAS ERS EVV requirements. Therefore, CBAS providers were required to self-register in the California EVV system.

As of February 2023, DHCS updated the CBAS reimbursement rates and the following CBAS codes and rates should be used for Emergency Remote Services (ERS).

Question 3

What, if any, information should be included in the IPC for participants receiving ERS?

IPC Boxes 15 and 16 for reauthorization must:

- Specify dates for any ERS initiated during the TAR/authorization period set to expire, and, if ERS concluded within the expiring TAR/authorization period, the date that ERS concluded.
- Include other information relevant to provision of ERS during the expiring TAR/authorization period which pertains to the continuation of ERS if crossing over the TAR/authorization period.

Question 4

If a CBAS provider indicates on the CEIF that ERS is anticipated to last no more than two weeks, but then needs to extend, do they need to submit a new CEIF through the PEACH Portal?

A CBAS provider is not required to resubmit a new CEIF, but they may be required to provide additional information to the participant's MCP if requested. According to the CBAS ERS Policy Summary Item # 10, a CEIF is only required to be resubmitted when an emergency occurrence exceeds three consecutive months. CBAS providers and MCPs must coordinate to ensure duration of ERS is appropriate during the participant's current TAR/authorized period and, as necessary, for reauthorization into a new period.

Question 5

If a center experiences an outbreak of COVID and temporarily pauses in-center services per the public emergency policy, how long should we continue to pause?

The length of a center's temporary pause of in-center services must take into consideration guidance from your local County Health Department, as they have the best understanding of the current variants of impact to your community, including infection rates and hospitalizations. It is also important to consider current CDC guidelines, the nature of the exposures, and discussion with your staff physician, and clinical team. The duration of a temporary pausing of in-center services may be different for each center, as this is a fluid and changing environment that requires up to date information from these sources to ensure all current recommendations are followed.

Some considerations about the length of a center's temporary pause of in-center services may include: the number of participants infected, the number who become ill and the duration of their recovery, and the days needed for participants to remain out of the center to ensure no further contact until they are safe to return. The pausing of in-center services is to be **temporary**, for the time necessary to ensure safe re-congregating in the center after the exposures of have passed.

Refer to ACL 22-08 CBAS ERS Public Emergency Requirements for further detail on pausing in-center services.

Question 6

When providing ERS, is there weekly documentation that needs to be submitted?

The only documentation that providers must **submit** to CDA for ERS is the CEIF and monthly reporting of ERS days of attendance through the CDA portal*. ERS policy specifies that documentation is to be maintained in the health record as follows:

- All customary CBAS documentation such as IPCs, ongoing assessments, ERS care plans, progress notes, and notes reflecting services provided
- Documentation of regular communication with the participant by a multidisciplinary team (MDT) member, including at least weekly a:
    - Review and update of the ERS participant's health and functional status based on emerging needs
    - Review of the care plan for ERS and adjustments made as indicated

*NOTE: Documentation of ERS days of attendance on the CDA portal is to be completed each month by the 10th of the following month at the same time of submission of the provider's Monthly Statistical Summary Report (MSSR). However, providers may complete the ERS days of attendance anytime during the month and prior to the 10th of the following month. CDA recommends that providers keep the ERS attendance days up to date weekly if possible.

Question 7

Should centers begin to provide services immediately when they have determined that there is a need for ERS, or do they need to wait for the MCP to respond to the CEIF?

Yes, CBAS providers should respond to the participant's needs during an emergency as rapidly as possible. ERS policy specifies that the purpose of ERS is "to allow for immediate response to address the continuity of care needs of CBAS participants when an emergency restricts or prevents them from receiving services at their center."

Additionally, CBAS providers are required to communicate and coordinate with the participant's MCP promptly, including meeting the timelines for submission of the CEIF and following up as needed to ensure the MCP has information needed to address any additional or alternative service needs the participant may have.

Note: A CEIF must be completed for each participant assessed as needing ERS and for whom ERS is provided. A CEIF must be completed for a ERS day of service to be considered billable. The three working-day submission requirement for the CEIF may be extended for up to seven working days when a majority (50% or more) of a center's participants may need ERS or at the discretion of the contracting MCP(s).

Question 8

Should a care plan be created when initiating ERS?

ERS policy does not require completion of a new IPC upon initiation of ERS. The CEIF addresses basic needs and services at the time that ERS is initiated, which serves as a preliminary care plan at the start of the emergency. A modified care plan, updated weekly for each week a participant is receiving ERS (reference Question 6 above), must

be maintained in the health record and is to reflect the participants emerging needs and plan for services during the emergency.

Question 9

Are private pay participants (VA and Regional Center reimbursed participants) able to receive remote services?

No. CDA addressed this question during a webinar in September 2022 based on information we had received at that time, saying remote services would be allowed. Subsequently, CDPH notified CDA that private pay participants are NOT allowed to receive remote services.

Question 10

Should the focus of ERS supports and services be on getting the participants back to center-based services?

ERS policy specifies that ERS is **temporary** and is intended to address the continuity of care needs of CBAS participants when they experience emergencies. ERS supports and services should "promote return to center-based services and/or aid in a transitional period to/from the center."

Questions

Please contact the CBAS Bureau if you have any questions: (916) 419-7545 or at cbascda@aging.ca.gov.