

CALIFORNIA DEPARTMENT OF AGING**Community-Based Adult Services Bureau**

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**ACL 22-07**

Date: September 12, 2022

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

From: California Department of Aging (CDA) CBAS Bureau

Subject: Emergency Remote Services (ERS) Frequently Asked Questions #1

Purpose

Refer below to 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](#).

Top 10 Most Frequently Asked ERS Questions by CBAS Providers**Question 1**

If a participant is approved for five days per week but only physically capable to attend in-center services for two days per week, will they be eligible to receive ERS on the remaining three days?

Answer:

No. ERS is for participants who are unable to attend the center due to a public or personal emergency such as a serious injury, crises, or care transition. If a participant is able to receive services in the center, then he/she would not meet the criteria for requiring ERS. Participants who are capable of attending the center some but not all of their authorized days may need additional alternative services and supports. In such cases, providers should coordinate with the participant's managed care plan to ensure the participant's needs are addressed.

For participants who are unable to attend the center due to a public or personal emergency and they meet the criteria for ERS, their ERS ends when:

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- The precipitating emergency is resolved, and the participant can return to the center to receive care plan services and supports.
- The participant's managed care plan (MCP), or DHCS for fee-for-service participants, determines ERS is no longer appropriate and/or that the participant requires alternative supports and services.
- The participant's existing CBAS authorization expires without reauthorization.
- The participant chooses to cease receipt of ERS.

Question 2

If a participant is not comfortable coming to the center because of fear of COVID or Monkey Pox does this qualify them to receive ERS?

Answer:

No. Fear of COVID, Monkey Pox, or other similar concerns participants and/or caregivers may have regarding attending the center would not meet the criteria for ERS.

Question 3

How do CDA and the MCP process the CBAS ERS Initiation Form (CDA 4000)? Does ERS require a special authorization?

Answer:

CDA: Providers are required to complete the CEIF (CDA 4000) via the CBAS Peach Portal according to ERS policy and CEIF Instructions (CDA 4000i). CDA will retain the CEIF data for each participant and each provider, monitor and provide oversight of ERS activities, and report data regarding ERS to federal and state partners as well as MCPs.

MCP: Once completed, providers are to send a copy of the CEIF to the participant's MCP (or DHCS for fee-for-services participants) and follow the MCP's guidelines for coordinating the participant's care during ERS.

Regarding "special authorization": No, special authorization is not needed **unless** the participant's managed care plan requires it. Since ERS is only available to CBAS participants, meaning those who have already been determined eligible and have authorized care plans in place, the ERS incident by definition occurs within an authorized timeframe and does not need any special authorization. However, the participant's managed care plan has responsibility for authorization of services and may have additional requirements for ERS that providers must follow.

Question 4

If my license capacity is 100 participants, can we bill for ERS more than 100 on any day?

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Answer:

No. A CBAS provider may not bill above its center's licensed capacity for services provided on the same day to participants in the center and participants receiving ERS. In other words, the total number of participants receiving services in the center and ERS per day must be equal to or less than a center's license capacity. Providers must maintain records of all participant attendance in the center as well as participant days of service provided through ERS and ensure staffing levels meet required average daily attendance (ADA) ratios.

Question 5

How many days per week can we provide ERS to a participant?

Answer:

ERS should be provided no more than the days the participant needs during the emergency AND the days authorized by their MCP or DHCS.

Question 6

What services are we required to provide participants through ERS?

Answer:

CBAS providers are required to continue providing supports and services specified in participants' authorized person-centered care plans as appropriate and feasible during the time of emergency.

Additionally, ERS supports and services to be provided include:

- Regular communication with the participant, including the following performed by a center multidisciplinary team member at least weekly during provision of ERS:
 - 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
- Phone and email access for participant and family support six hours daily, Monday through Friday
- Assessment of participants' and caregivers' current and emerging needs
- Response to needs through targeted interventions
- Communication and coordination with participants' networks of care supports
- Identification of equipment/technology needs and assistance with telehealth
- Delivery of services and visits in-person if barriers to telehealth exist

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- Delivery of/arranging for delivery of food, medications, and/or supplies. Meal delivery limited to no more than two meals per day.

Question 7

Is a CEIF required for each participant within three days of initiating ERS in the case of a large-scale community emergency? That could be a lot of forms to complete in a very short timeframe.

Answer:

No. The three-day submission requirement for the CEIF may be extended for up to seven days when a majority (50% or more) of a center's participants are in need of ERS or at the discretion of the contracting MCPs. However, a CEIF **must** be completed for each participant assessed as needing ERS during a public emergency and for whom ERS is provided and billed,

Question 8

If a participant has a psychotic episode, would they be eligible for ERS?

Answer:

ERS **may** be appropriate when a participant experiences a personal emergency such as a psychotic episode that prevents them from attending the center. In all cases, ERS is appropriate only when the participant both experiences a qualifying emergency AND needs services and supports CBAS provides under ERS.

Some considerations regarding need for and/or duration of ERS include:

- Medical necessity - meaning that services and supports are necessary to protect life, address or prevent significant illness or disability, or to alleviate severe pain. Since CBAS participants are determined to meet medical necessity criteria for **center-based services** during the eligibility determination and TAR/authorization approval processes, ERS must address needs when center-based care plan services are prevented or restricted.
- Hospitalization – whether the participant has been hospitalized related to an injury or illness and is returning home but not yet to the CBAS center
- Restrictions set forth by the participant's primary/personal health care provider due to recent illness or injury
- Participant's overall health condition
- Extent to which other services or supports meet the participant's needs during the emergency
- Personal crises such as sudden loss of caregiver or housing that threaten the participant's health, safety, and welfare

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Question 9

Should participants who will not be returning by October 1, 2022, be discharged?

Answer:

Discharge of any participant must be done in accordance with CBAS policy specified in the CBAS Discharge Summary Report (4008) and Instructions (4008i), the center's discharge policy, and in coordination with the participants' managed care plans.

Possible discharge scenarios:

- Participants who will definitely not be participating in CBAS center-based services October 1, 2022, and beyond are appropriate for discharge.
- For participants who may not be ready to attend the center in October 2022, or to attend on their authorized days, providers should evaluate and consider the participant's circumstances for possible need for reduction in days of attendance each week and/or to determine when the participant may be able and choose to attend the center.
- For participants who choose to attend a different center and/or the center does not have adequate space for them, the provider should make necessary referrals for needed services, including to another CBAS center if one is desired by the participant and available.

Question 10

Can ERS be provided for only three months?

Answer:

ERS is intended to be temporary and time limited. ERS is available only to CBAS participants because CBAS is fundamentally a facility-based program. As such, with the exception of participants who may be transitioning to higher level of care, most participants who receive ERS are expected to return to center-based services. Individuals who cannot participate in center-based services frequently due to unstable conditions or for extended periods of time may not be appropriate for CBAS. In some cases, ERS may be appropriate for up to and even beyond three months as determined by the participant's MCP and per the participant's choice.

Questions

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