

CALIFORNIA DEPARTMENT OF AGING
Community-Based Adult Services Bureau
2880 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
www.aging.ca.gov
TEL 916-419-7545
TTY1-800-735-2929



ACL 22-06 (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: Initiation of CBAS Emergency Remote Services (ERS) and Completion of the CBAS ERS Initiation Form (CEIF) (CDA 4000)

Purpose

This All Center Letter (ACL) provides excerpts from [ACL 22-04: Launch of New CBAS Emergency Remote Services \(ERS\)](#) specific to completion of the CEIF (CDA 4000) via the Peach Portal in accordance with the CEIF Instructions (CDA 4000i).

CBAS providers are required to complete the CEIF whenever a CBAS center initiates ERS for a participant on or after October 1, 2022, for an ERS day of service to be considered billable. The CEIF instructions and sample CEIF are available on the CBAS website under [Forms & Instructions – Emergency Remote Services \(ERS\)](#).

CBAS ERS Overview

Effective October 1, 2022, CBAS ERS was implemented as one of the required services under the CBAS program authorized under the [California Advancing and Innovating Medi-Cal \(CalAIM\) 1115 Demonstration Waiver](#) (Waiver). CBAS providers must make ERS available to their participants under unique circumstances when all CBAS ERS policy criteria are met. These unique circumstances include public emergencies such as state and local disasters, and personal emergencies such as illness, injury, crises, or care transitions.

Managed care plans (MCPs), for managed care participants, and the Department of Health Care Services (DHCS), for fee-for-service (FFS) participants, are required to cover ERS as part of the CBAS benefit when CBAS participants meet the criteria established in ERS policy and CBAS providers meet provider participation standards. CBAS ERS policies are identified in [ACL 22-04](#) and the [ERS Policy Summary](#).

Initiating ERS and Completion of the CEIF (CDA 4000)

A CBAS provider shall do the following whenever initiating ERS for a participant:

- Assess/evaluate the participant/caregiver's **current** status and **emerging** needs. Upon start of ERS, the registered nurse and/or social worker (per scope of practice) shall determine:
 - Participant's status relative to their existing person-centered plan at time of emergency;
 - Participant's need for specific supports and services at time of emergency; **and**
 - Whether the CBAS provider can meet the participant's needs and/or if additional services and supports are needed*.
- Inform the participant/caregiver of services and supports needed, including agencies other than the CBAS provider, and obtain consent for ERS if the participant chooses.
- Complete the CEIF (CDA 4000) via the CBAS [Peach Portal](#) according to the CEIF Instructions (CDA 4000i).
- Send a copy of completed CEIF (CDA 4000) to participant's MCP (or DHCS for FFS participants) as follows:
 - Within three (3) working days after the start of ERS for personal emergencies or within seven (7) working days for public emergencies.
Note: For FFS participants, CDA will review CEIFs submitted by providers and address any possible needs for coordination with DHCS
 - At least one-week prior to continuation of ERS, or on a timeline specified by the MCP, for any participant whose emergency indicates a need for extending ERS beyond three months; and
 - For participants whose ERS timeframe crosses over a TAR/authorization period, providers are to attach the CEIF (CDA 4000) to the participant's renewing TAR/authorization request and follow any additional specifications set by the MCP.
- Follow guidelines established by the MCP (or DHCS) to coordinate the participant's ERS, including:
 - Processes for CEIF (CDA 4000) submission and communication established by the MCP;
 - Any conditions for/duration of ERS;
 - Need for alternative or additional services and supports during the emergency; and

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- Conclusion of ERS when emergency conditions cease, and participant is able to receive necessary services at the center and/or when the participant requires discharge from the center.

***NOTE: When criteria for ERS are met, CBAS providers are required to provide ERS if feasible and appropriate. If the CBAS provider determines that it cannot meet a participant's needs during an emergency that would otherwise indicate the need for ERS, or if the participant's MCP determines that ERS is not appropriate, the CBAS provider must coordinate with the participant's MCP or DHCS for FFS participants and make referrals to alternative service providers and/or discharge the participant if necessary.**

Important Dates to Remember

- **September 1, 2022**: Deadline for providers to submit an application to the California Department of Public Health to allow ERS as an Optional Service (Title 22, Section 78347) under their Adult Day Health Center (ADHC) license. [Reference: [ACL 22-04](#), "Process for Obtaining ERS Approval" (page 9)].
- **September 30, 2022**: CBAS Temporary Alternative Services (TAS) ended. All ADHC licensing and Medi-Cal flexibilities allowed during the COVID-19 Public Health Emergency (PHE) are no longer allowed. [Reference [ACL 22-02](#)].
- **October 1, 2022**: ERS is implemented as a required service under the Medi-Cal standards of participation for CBAS.

For additional resources and information regarding ERS please visit the CDA CBAS [webpage](#).

Questions

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