

California Department of Aging
Community-Based Adult Services Program
Medi-Cal 1115 Waiver Program

Program Code:

The Community-Based Adult Services (CBAS) Program code is 3910300.

Description:

Adult Day Health Care (ADHC):

On March 31, 2012, the ADHC Program ended as an optional benefit under California's Medicaid State Plan. ADHC continues as a licensed health facility category under California law. The California Department of Public Health (CDPH) licenses ADHC centers.

CBAS:

Effective April 1, 2012, a new program similar to ADHC – CBAS – began under California's "Bridge to Reform" 1115 Medicaid waiver, now known as California Advancing and Innovating Medi-Cal (CalAIM) following the Centers for Medicare & Medicaid Services (CMS) approval of California's request for a section 1115(a) demonstration five-year extension in December 2021. CBAS is a community-based day health program that provides services to older persons and adults with chronic medical, cognitive, or mental health conditions and/or disabilities that are at risk of needing institutional care. The purpose is to delay or prevent institutionalization and maintain individuals in their homes and communities for as long as possible.

Former ADHC participants who met the more stringent CBAS eligibility standards began receiving CBAS services in approved CBAS centers on April 1, 2012. There are approximately 270 CBAS centers statewide (as of June 30, 2021). In addition to meeting Medi-Cal program and waiver requirements, CBAS providers must maintain an ADHC license.

Under an interagency agreement, the CBAS Program is administered among the Department of Health Care Services (DHCS), the CDPH, and

the California Department of Aging (CDA). CDA certifies licensed ADHC centers as Medi-Cal CBAS providers.

CDA is responsible for initial certification of new CBAS centers as Medi-Cal providers, certification renewal, providing ongoing training and technical assistance to centers, and initiating adverse certification actions against centers that are substantially out of compliance with program requirements.

Benefits:

The CBAS Program is an alternative to institutionalization for those individuals who are capable of living at home with the aid of appropriate health, rehabilitative, personal care, and social services. The Program stresses partnership with the participant, the family and/or caregiver, the primary care physician, and the community in working toward maintaining personal independence.

Each CBAS center has a multidisciplinary team of health professionals who conduct a comprehensive assessment of each potential participant to determine and plan services needed to meet the individual's specific health and social needs. Services provided at the center include the following: professional nursing services; physical, occupational and speech therapies; mental health services; therapeutic activities; social services; personal care; hot meals and nutritional counseling; and transportation to and from the participant's residence.

Eligibility:

Eligibility Factor	Description
Age	18 years or older and meet specific medical necessity and eligibility criteria
Income	Currently eligible for Medi-Cal under a qualifying primary Medi-Cal aid code
Other	<ul style="list-style-type: none">• CBAS is a Medi-Cal managed care benefit• CBAS remains a Medi-Cal fee-for-service benefit for a small percentage of individuals who are exempt from Medi-Cal managed care enrollment• ADHC remains a non-Medi-Cal program for individuals who pay "out-of-pocket" for services

Eligibility Factor	Description
	in licensed ADHC centers, such as, third party payers (e.g., long-term care insurance companies, Regional Centers, or the Veterans Administration)

Access:

Information on the CBAS Program is available through the statewide toll-free Senior Information Line at **1-800-510-2020** and the [California Department of Aging](http://www.aging.ca.gov/) website (<http://www.aging.ca.gov/>).

Current State Fiscal Year Funding Information:

This information is for Fiscal Year 2021-22.

Funding	Description
Source	<ul style="list-style-type: none"> • Social Security Act Title XIX Medicaid federal funds • State General Fund (GF)
Match Requirements	50 percent State General Fund
Other Information	Not applicable
Cycle	July 1 – June 30