STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
**CBAS EMERGENCY REMOTE SERVICES (ERS) INITIATION FORM**
**INSTRUCTIONS**
CDA 4000i (03/2023)

The CBAS Emergency Remote Services (ERS) Initiation Form (CEIF) (CDA 4000) is a standardized form required for use by all CBAS providers to meet the requirements for ERS specified in the California Advancing and Innovating Medi-Cal (CalAIM) 1115 Demonstration Waiver (Waiver) and in Medi-Cal policy letters.

CBAS providers shall comply with all requirements for the provision of ERS specified in CDA All Center Letters (ACLs) and as specified by their contracting managed care plans or Department of Health Care Services (DHCS) for fee-for-service participants and have policies and procedures in place and provide training to center staff to ensure proper implementation of the CEIF (CDA 4000).

## OVERVIEW

**The CEIF (CDA 4000) shall be:**

1. Required whenever a CBAS center initiates ERS for a participant on or after October 1, 2022 and is accessed via the Peach Portal.

2. Completed based on the assessment of the participant's emergency circumstances and needs by the CBAS center's nurse and/or social worker.

3. Reviewed for completeness and accuracy and signed by the CBAS center Administrator or Program Director.

4. Filed in the participant's health record.

5. Completed as is and shall not be modified or altered.

6. Submitted to the participant's managed care plan or DHCS for fee-for-service participants as follows:

    a. Within three working days of the first day of ERS;

    b. ERS services extending beyond the initial three months must be approved by the participant's managed care plan at least one week prior to continuation of ERS; and

    c. ERS services which cross over TAR/Authorization periods must have a current CEIF (CDA 4000) attached to the renewing TAR/Authorization and follow supplementary instructions designated by the participant's managed care plan.

> NOTE: Up to seven working days may be allowed for completion of the CEIF (CDA 4000) in cases of widespread emergency affecting a majority (50% or greater) of participants enrolled at a CBAS center at the time of the emergency. Providers and contracting managed care plans (or DHCS for fee-for-service participants) must coordinate to ensure that the CEIF is both transmitted and received and that ERS and any additional or alternative supports and services are expedited as necessary.

These instructions and a sample form are available on the CBAS website under Forms & Instructions - Emergency Remote Services.

## INSTRUCTIONS FOR COMPLETING CEIF (CDA 4000)

**Accessing the CEIF (CDA 4000)**

1. Log in to the Peach Portal.

2. Select ERS from the list of options.

3. Find the **Center** dropdown menu and select the appropriate center.

4. Select **+ New Initiation Form**.

   NOTE: The Bulk Initiation feature can be used to add an ERS Event for multiple participants. For instructions, please see the ERS Portal Instructions on the CBAS website under Forms & Instructions - Emergency Remote Services.

**Participant Details**

5. Participant:  If the participant was reported in a previous Participant Characteristics Report, they may be found in the dropdown menu. Last Name, First Name, and CIN # will then be filled automatically once the participant's name is selected from the drop down. If the participant is not listed in this section, select **New Participant,** and proceed to step 6.

6. Last Name:  Enter the last name of the CBAS participant.

7. First Name:  Enter the first name of the CBAS participant.

8. Medi-Cal Identification Number (CIN) #:  Enter the CBAS participant's Medi-Cal Identification Number. Format should be an eight-digit number followed by a letter. Example: 12345678C

9. Payer:  Select the participant's **Managed Care Plan** from the dropdown menu. If the participant is a Medi-Cal fee-for-service participant and does not have a Managed Care Plan, select **Medi-Cal fee-for-service** from the dropdown menu. NOTE: CBAS ERS does not apply to private pay participants.

10. Select **Next Emergency Details** ⟶

**Emergency Details**

11. Situation – Nature of Emergency:

Select <u>one</u> **Emergency** from the dropdown categories under either Public Emergencies or Personal Emergencies to indicate the type of emergency that triggered the participant's need for ERS, either:

a. **Public Emergency.** This includes state or local disasters. Select the appropriate category from the dropdown menu to indicate the type of public disaster, such as: earthquake; flood; fire; power outages; epidemic or infectious disease outbreak such as COVID, TB, Norovirus. If a different type of public disaster, check 'Other' and specify.

**OR**

b. **Personal Emergency.** Select the appropriate category from the dropdown menu to indicate the type of personal emergency, such as: serious illness or injury; crisis; or care transition. Definitions for the Personal Emergency categories are as follows:

1. **Serious Illness or Injury** means that the illness or injury is preventing the participant from receiving CBAS within the facility AND providing medically necessary services and supports are required to protect life, address or prevent significant illness or disability, and/or alleviate pain.

2. **Crisis** means that the participant is experiencing, or threatened with, intense difficulty, trouble, or danger. The "Crisis" category should be used for emergencies such as the sudden loss of a caregiver, neglect or abuse, loss of housing, etc.

3. **Care Transition** refers to transitions to or from care settings, such as returning to home or another community setting from a nursing facility or hospital. CBAS ERS provided during care transitions should address service gaps and participant/caregiver needs and not duplicate responsibilities assigned to intake or discharging entities.

12. <u>Date of Emergency:</u> Enter the date manually or select the date from the dropdown menu to indicate when the participant first experienced the emergency.

a. Format: MM/DD/YYYY

b. Data Validation: Must be a past or present date.

13. <u>Date of Participant Consent for ERS:</u>  Enter the date manually or select the date from the dropdown menu to indicate the CBAS center staff discussed with the participant/caregiver the choice of supports and services needed and available, and the participant/caregiver gave consent for ERS.

a. Format: MM/DD/YYYY

b. Data Validation: Must be a past or present date. Cannot occur before Date of Emergency.

14. <u>First Date ERS Provided:</u>  Enter the first date manually or select the date from the dropdown menu to indicate the first date ERS was provided for this emergency.

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     a. Format: MM/DD/YYYY

     b. Data Validation: Must be a past or present date. Cannot occur before Date of Participant Consent. Must occur within current TAR dates.

15. Current TAR Dates: Enter the "From" and "To" dates manually or select a date from the dropdown menu. These dates should be listed on the CBAS participant's currently authorized TAR/IPC.

     a. Format: MM/DD/YYYY

     b. Data Validation: Current TAR Date "From" must be a past or present date.

16. Select **Next CEIF Form** ⟶

**NOTE: If there are any errors with the Emergency Details the field will turn red and inform user to update or correct the information before proceeding to CEIF Details.**

**CEIF Details**

17. Additional Circumstances Related to the Emergency: Check **ALL** the additional circumstances related to the emergency that apply:

     a. Hospitalization

     b. Personal Health Care Provider Restrictions set forth by the participant's personal health care provider

     c. Loss of Caregiver, including either loss entirely or other interruption to essential formal or informal caregiver supports

     d. Loss of Housing

     e. Loss of Transportation

     f. Nursing Home Admission

NOTE: As users complete the CEIF Details there will periodically be a green box in the upper right-hand corner of the screen which indicates "Success the form has been saved". This ensures users' work is saved throughout completion.

18. Description of Emergency: Briefly describe the emergency. If due to a state or local disaster or public health emergency that has been officially named, note the name here. (Example: Wildfires, such as the "Camp Fire") Character limit: 320

19. Background (Pertinent information related to the participant and the emergency): Include a brief summary of relevant information to clarify the participant's needs related to the emergency situation. For example: Participant's cognitive status; clinical information such as diagnoses, medications, lab results; prior trauma; level of fall risk; difficulty adapting to new caregivers; or other relevant description of why ERS may be needed. Character limit: 520

20. Assessment (Participant's immediate assessed needs due to emergency): Provide a concise description of the participant's immediate assessed needs due to the emergency situation, based on their known history and conditions. Character limit: 420

NOTE: The participant must be assessed for ERS by the center's registered nurse (RN) and/or social worker (SW) at the time of completion of the CEIF (CDA 4000), and by additional members of the center's multidisciplinary team (MDT) as needed thereafter. Assessment here refers to assessment within the RN's and SW's scope of practice to the extent needed to determine an anticipated course of action and able to be conducted relative to the circumstances of the emergency.

21. Planned Emergency Services:  Check all boxes that identify ERS supports and services that the CBAS center staff anticipates providing to the participant based on known needs at the time of completion of the CEIF (CDA 4000).

    a.  Required:  The services next to the boxes under "Required" must be provided to all participants receiving ERS. Required services include:

        i.  Services specified on the participant's authorized individual plan of care as appropriate and feasible during the emergency

        ii.  Regular communication with the participant, caregiver, and network of care supports

        iii.  Evaluation of current and emerging needs on an ongoing basis **(required at least once per week)**

    b.  Check all that apply:  Check all boxes indicating the supports and services to be provided in addition to the required services to address assessed participant's needs during the emergency.

        i.  Coordinate care (care transitions, referrals, advocacy, and liaison with medical provider(s), participant's managed care plan, family, caregivers, other community supports/agencies)

        ii.  Deliver or arrange delivery of food, medications, supplies

        iii.  Provider caregiver support

        iv.  Identify equipment/technology needs and/or provide assistance with receipt of telehealth

        v.  If there are additional supports or services not listed, enter text into the **Other** field (100 characters maximum) and the field will be checked automatically.

        Planned ERS Supports and Services will be provided via: Check all boxes that specify the methods and/or locations for the delivery of ERS, including:

        i.  Telehealth – Provided via telephone or electronic communication

        ii.  In-Home – Within the location where the participant is residing

        iii.  At the Home – At the "doorstep," rather than inside the residence

        iv.  In the Community – At a location other than where the participant is residing, such as in the physician's office when accompanying a participant to a medical appointment

       c. <u>Description of Proposed Services to be Provided:</u>  Briefly provide additional information for the boxes that are checked in this section describing the planned ERS supports and services. Character limit: 320

22. <u>Dates & Signature:</u>

       a. <u>Signature, Position, and Date</u>:  The CBAS center Administrator or Program Director is **required to review and verify** the CEIF (CDA 4000) certifying that all requirements for ERS have been met. Enter the full name of the representative verifying the form and select their position. The **date signed** field will be automatically filled in.

       b. <u>Upon review, submission, and signature the Administrator or Program Director certifies that the participant meets all criteria for receiving ERS and has been assessed by the center's registered nurse and/or social worker. The required information regarding the participant's needs for, and the Center's provision of, ERS will be documented in the participant's health record.</u>

           i. <u>By signing and submitting the CEIF The Administrator or Program Director also validate Participant has 1) experienced a public or personal emergency that restricts or prevents their attendance in the center; and 2) requires medically necessary services and/or supports determined by CBAS MDT members to ensure essential continuity of care is maintained, assessed needs and service gaps are addressed. ERS supports and services promote return to center-based services and/or aid in a transitional period to/from the center and are not knowingly duplicative.</u>

23. <u>Date CEIF submitted to CDA:</u>  This date will be generated upon submission via the Peach Portal.

## REVIEW AND SUBMISSION

1. Carefully examine each field for accuracy and verify that all requirements for ERS have been met.
2. Select **Review**.
      a. The form will be checked for data validation. Any errors will be shown in red.
      b. Make any necessary changes and select **Review** until you receive a 'Summary' notification.
      c. Select **Edit Form** if any fields need to be edited.
      d. Once all errors are resolved, a Summary box will appear which states.
         i. Emergency Remote Services Initiation Form (CEIF) is ready to print/download for the following participant at Adult Day Health and Alzheimer's Services. This will include: First Name, Last Name, CIN, Plan, Emergency, Emergency Date, and Consent Date.
3. Select **Submit and send to CDA**. You will be redirected to the main ERS page of the Peach Portal.

4. A link to download the CEIF will be emailed to the user logged in to Peach upon submission. You can access the completed CEIF by email or directly from the Peach Portal.
   a. Email:
      i. Find the email with "Emergency Remote Services Initiation Form (CEIF) – [Center Name Here]" in the subject line.
      ii. Select the link labeled **Download**.
      iii. Select **Print/PDF**.
   b. Peach Portal:
      i. Select the **Active ERS Events** tab.
      ii. Find the ERS Event from the list of events corresponding to the participant receiving ERS.
      iii. In the leftmost column, select the  **icon**.
      iv. Select **Download PDF File**.
5. Select **Print Preview** in the bottom right of the screen.
6. Choose Destination: Save as PDF or designate a printer to print a completed copy of the CEIF.
7. Select **Save** and save the PDF to a location on the computer or **Print**, to print a copy of the completed CEIF.