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ACL 22-04 (Revised)

Date: October 3, 2023

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

From: California Department of Aging (CDA) CBAS Branch

Subject: Launch of New CBAS Emergency Remote Services (ERS)

Purpose

This All Center Letter (ACL) informs CBAS providers of the new CBAS Emergency
Remote Services (ERS) authorized under the [California Advancing and Innovating
Medi-Cal (CalAIM) 1115 Demonstration Waiver](#) (Waiver) that will be implemented
October 1, 2022.

Background

Based on experiences of CBAS participants and caregivers, along with lessons learned
during the COVID-19 public health emergency (PHE), the State determined that the
CBAS program needed to expand its current service delivery model on an ongoing
basis to include the provision of remote services. Specifically, CBAS supports and
services delivered in the community, at the doorstep or in the home, and via telehealth
allow for immediate response during participant emergencies. Inclusion of remote
service delivery to CBAS participants by CBAS providers also supports the vision,
principles and goals/initiatives adopted in California's Master Plan for Aging (MPA) and
in the Waiver, including:

- Innovating service delivery to support seniors, persons with disabilities, and their
  families and caregivers where and when services are needed

- Expanding access to home and community-based services to support individuals
  remaining in their homes and communities

The Waiver, which the Centers for Medicare and Medicaid Services (CMS) authorized
in January 2022, now includes provisions of CBAS ERS under defined conditions.
CBAS Temporary Alternative Services (TAS) will end on September 30, 2022.

Expanding the CBAS model to include CBAS ERS will allow for continued flexibility for CBAS to respond to participant and caregiver needs during specified emergencies. The State and its partner managed care plans (MCPs), as well as CBAS providers and advocates, collaborated over several months to develop policies and processes for the implementation of CBAS ERS as authorized in the Waiver. This ACL reflects those collaborative efforts aimed at successful implementation of this new CBAS ERS component of the CBAS program and the important opportunity it presents.

CBAS ERS Overview

Effective October 1, 2022, CBAS ERS will be implemented as one of the required services under the CBAS program that all CBAS providers must make available to their participants when all ERS policy criteria are met. CBAS providers are required to provide ERS as a mode of service delivery when participants experience emergencies described in this ACL and when all conditions for ERS are met. The Department of Health Care Services (DHCS) and MCPs are required to cover ERS as part of the CBAS benefit when participants meet the criteria established in ERS policy, including that ERS is determined to be the appropriate service for the participant and their emergency situation, and the CBAS provider meets the criteria specified in this ACL.

The following are key definitions and requirements specified in the Waiver, along with further policy and processes established by the State to implement CBAS ERS. CBAS providers must meet all policy requirements specified in this ACL effective October 1, 2022.

1. ERS Defined

Under specified emergency situations, CBAS ERS is the **temporary provision** and reimbursement of CBAS in alternative settings such as the community, in or at the doorstep of the participant's home, or via telehealth. ERS is a component of the CBAS benefit, available to CBAS participants as needed and when ERS policy criteria are met. **CBAS ERS is the provision of CBAS in a setting other than the CBAS center[i].**

2. Purpose of ERS

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.

3. Who May Receive ERS

CBAS ERS is available only to CBAS participants. "CBAS participant" means an individual who:

- Has been determined eligible for CBAS by their MCP or DHCS (for fee-for-service (FFS) participants); **and**

- Has the following in place prior to initiation of ERS supports and services:

    o A completed person-centered care plan and treatment authorization request (TAR)/authorization request for CBAS approved by their managed care plan or DHCS; **and**

        ▪ A signed CBAS Participation Agreement in place at the CBAS center

NOTE: CBAS ERS is available only when CBAS participants meet all ERS emergency criteria and the CBAS provider follows all required ERS policy and processes.

4. Circumstances for ERS

Two types of "unique circumstances" listed in the Waiver Special Terms and Conditions (STCs) that may result in need for ERS are:

- **Public Emergencies**, such as state or local disasters, regardless of whether formally declared. These may include, but are not limited to earthquakes, floods, fires, power outages, epidemic/infectious disease outbreaks such as COVID, Tuberculosis, Norovirus, etc.

- **Personal Emergencies**, such as illness, injury, crises, or care transitions. Specific personal emergencies may include serious illness or injury*, crises**, care transitions such as to/from nursing facility, hospital, home*** as defined below.

    *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 to alleviate pain.

    **Crises mean that the participant is experiencing, or threatened with, intense difficulty, trouble, or danger. Examples of personal crises would be the sudden loss of a caregiver, neglect or abuse, loss of housing, etc.

    ***Care Transitions refers to transitions to or from care settings, such as returning to home or another community setting from a nursing facility or hospital. ERS provided during care transitions should address service gaps

and participant/caregiver needs and not duplicate responsibilities assigned to intake or discharging entities.

NOTE: A participant emergency alone does not warrant provision of ERS. The participant must experience a public or personal emergency AND need the services and supports CBAS provides under ERS.

5. Determining Need for ERS

In determining the initial need for and/or duration of ERS, CBAS providers and MCPs/DHCS may consider:

- 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

6. Services and Supports Included in ERS

CBAS providers must continue to provide 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

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

NOTE: ERS may be provided only for the number of days the participant needs during the emergency and may not exceed the number of days currently authorized. ERS days of service are billable only when supports and services are provided:

- As specified on the participant's authorized person-centered care plan, as appropriate and feasible during the emergency; **and**
- As specified on the participant's CBAS ERS Initiation Form (CEIF) (CDA 4000) [reference Items 7 and 9 below] and any subsequent ERS care plan(s)

7. Steps Providers Must Take to Initiate ERS for a Participant

A CBAS provider shall do the following whenever it initiates 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:

  o Participant's status relative to their existing person-centered plan at time of emergency;

  o Participant's need for specific supports and services at time of emergency; **and**

  o 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 by agencies other than the CBAS provider, and obtain consent for ERS if the participant chooses.

- Complete the CEIF (CDA 4000) per CDA instructions (additional information in Documentation and Reporting section below [reference Item 9]).

- Send a copy of completed CEIF (CDA 4000) to participant's MCP (or DHCS for FFS participants) no more than 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.

- Follow guidelines established by the MCP to coordinate the participant's ERS, including:

  o Processes for CEIF (CDA 4000) submission and communication established by the MCP;

  o Any conditions for/duration of ERS;

  o Need for alternative or additional services and supports during the emergency; and

  o 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.

8. Timeframe for Provision of ERS to a Participant

Provision of ERS supports and services is temporary and time limited. Specifically:

- **Short-term:** Participants may receive ERS for an emergency occurrence for up to three consecutive months. 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.

- **Beyond Three Consecutive Months**: ERS for an emergency occurrence may not exceed three consecutive months, either within or crossing over a TAR/authorized period, without assessment and review for possible continued need for remote/telehealth delivery of services and supports as part of the reauthorization of the individual's care plan. CBAS providers and MCPs must coordinate on requests for authorization of ERS that exceed three consecutive months.

- **ERS End Date:** An ERS incident ends when:

- The precipitating emergency is resolved and the participant can return to the center to receive care plan services and supports.
- The participant's MCP 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.

NOTE: Participants may choose to cease receipt of ERS at any time.

9. Documentation and Reporting Requirements

CBAS providers are required to complete the following documentation whenever a CBAS participant receives ERS:

- CEIF (CDA 4000*)*, which includes:
  - Date of emergency and date of participant/caregiver consent for ERS;
  - Nature of emergency; **and**
  - Participant's identified needs and ERS care plan that addresses supports and service needs specified in STC 22.d.i-viii and demonstrate that the participant meets ERS criteria.

  The CEIF (CDA 4000) is to be completed per CDA reporting requirements and sent to the participant's MCP (or DHCS for FFS participants):
  - Within three (3) working days of initiation of ERS for personal emergencies and seven (7) for public emergencies*;
  - 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 participant's 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.

  *NOTE: additional time for completion of the CEIF (CDA 4000) may be allowed in cases of widespread emergency affecting multiple participants at a CBAS center. Providers are to coordinate with their contracting MCP partners.

- Monthly reporting of ERS data, including:
  - <u>CBAS Monthly ERS Report:</u> Each time a provider submits a CEIF (CDA 4000) a corresponding Event ID is assigned in the Peach Portal. The provider is responsible to submit each participant's ERS attendance dates for a corresponding emergency via the Peach Portal. ERS attendance dates are

defined as dates the participant received CBAS services in a setting other than the CBAS center. This report is due by the 10th day of the following month ERS was provided. For example, if the participant receives ERS during the month of October, the corresponding attendance dates are due no later than November 10th. The provider will report this information each month until the participant returns to in-center services, at which time the provider will close the ERS Event in the Peach Portal.

- o Monthly Statistical Summary Report (MSSR): ERS days of service data summarized on the MSSR, reflect both in-center attendance and ERS days of service that providers are required to maintain daily for all days on which services are provided. Detailed instructions for reporting ERS attendance dates can be found in the ERS Portal instructions on the Emergency Remote Services – Forms and Instructions page.

- All customary CBAS documentation, maintained in the health record, such as Individual Plans of Care (IPC)*, ongoing assessments, progress notes, and notes reflecting services provided.

  *IPC Documentation in Boxes 15 and 16 for TAR/reauthorization requests must:

  - o 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 ERS concluded.

  - o Include other information relevant to provision of ERS during the expiring TAR/authorization period and, pertaining to continuation of ERS if crossing over the TAR/authorization period.

10. CBAS Center Staff Training

All center administrators, program directors, multidisciplinary team members and other staff involved in ERS must receive training in ERS policy, processes for CEIF (CDA 4000), coordination with MCPs/DHCS, and ERS documentation and reporting requirements. Providers must maintain documentation demonstrating that each staff member is fully trained as specified in this ACL and produce said documentation upon request by the State or an MCP contracting plan.

Next Steps for CBAS Providers

All CBAS providers are required to meet standards for participation in CBAS, including meeting all requirements in this ACL. Providers must apply for approval for ERS. Following is information specific to provider approval for ERS:

Provider Participation Standards

To provide ERS, CBAS providers must:

1. Have an Adult Day Health Center (ADHC) license in good standing, including having "Emergency Remote Services" added to their ADHC license by the California Department of Public Health (CDPH), and be open and operating;

2. Be CBAS-certified by CDA;

3. Have a signed contract(s) with a Medi-Cal MCP(s);

4. Have no administrative sanctions by the Medi-Cal program, including but not limited to provider number withhold or suspension; **and**

5. Have received approval from CDA for provision of CBAS ERS.

Additionally: CDA reserves the right to determine ERS eligibility for CBAS providers that are subject to an enrollment ban or that are under a "Significantly Out-of-Compliance" status.

NOTE: CBAS providers are required by state law and regulation, and MCPs are required under the 1115 Waiver, to coordinate care of CBAS participants, including in the event of emergencies, regardless of whether ERS is authorized.

Process for Obtaining ERS Approval

1. Current providers must submit a Change of Service application to CDPH Centralized Applications Branch (CAB) by September 1, 2022, to add ERS to their ADHC license (Title 22, Section 78347). Once a completed Change of Service application packet is received and processed by CAB, CAB will add "Emergency Remote Services" to the license.

   The required forms and supporting documents for a Change of Service application packet for currently licensed ADHC CBAS providers are:

   - A cover letter with details of the request
   - HS 200 – Licensure and Certification Application
   - CDPH 609 – Bed and Service Request

   Refer to the CDPH website for additional information regarding a [Change of Service application packet](#).

   Submit completed application packets to CAB at the address listed below.

   California Department of Public Health
   Licensing and Certification Program
   Centralized Applications Branch

P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377

Note: Do not send completed application packets, forms, or supporting documents to the local CDPH District Office or to CDA.

Questions regarding the Change of Service application process may be directed to CAB by phone at (916) 552-8632 or by email at CAB@cdph.ca.gov.

2. CDA will issue ERS approval letters to providers after review of providers' certification status to determine that all standards are met, and substantiation by CDPH of the Change of Service application submission.

Summary

This ACL outlines new CBAS ERS requirements specified in the Waiver. Key dates include:

1. **September 1, 2022**: Deadline for providers to submit an application to CDPH to allow ERS as an Optional Service (Title 22, Section 78347) under their ADHC license

2. **September 30, 2022:** CBAS TAS scheduled to end. All ADHC licensing and Medi-Cal flexibilities allowed during the COVID-19 PHE will no longer be allowed after this date [reference ACL 22-02].

3. **October 1, 2022:** ERS is implemented as a required service under the Medi-Cal standards of participation for CBAS.

Additional ERS resources, including a detailed document titled CBAS ERS Policy Summary, is available on the CDA CBAS Emergency Remote Services webpage.

Questions

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

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[i] The Waiver, approved by the Centers of Medicare and Medicaid Services on January 1, 2022, authorizes California to provide CBAS-ERS. Personal care and/or home health care provided in the home under ERS will be subject to Electronic Visit Verification (EVV) requirements. EVV is a federally mandated telephone and computer-based application program that electronically verifies in-home service visits. As a result, this

program will aid in reducing fraud, waste, and abuse. The EVV program must verify each type of service performed, the individual receiving the service, the date of the service, the location of service delivery, the individual providing the service, and the time the service begins and ends.

See the CalAIM 1115 Approval Letter and Special Terms and Conditions Section 21 (CBAS-Emergency Remote Services [ERS]) and 25 (Home and Community Based Services EVV system), available at: https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1115-Approval-Letter-and-STCs.pdf.