



# CBAS Monthly Emergency Remote Services (ERS) Reporting Requirements

September 29, 2022

# Today's Presenters

**Jennifer Jaeger**

CBAS Bureau Chief, Field Support Team

**Brett Hendrickson**

Field Support Data Analyst

- Questions are welcome – please submit via the webinar “Questions” box
- This webinar is being recorded and will be posted on the CDA website
- Please encourage staff and providers who are not able to join us today to listen to the reporting requirements webinar once posted

- Monthly ERS Reporting Requirements Overview
- Accessing and Downloading the CEIF
- Reporting Requirements
  - Adding ERS Dates
  - Concluding ERS
  - Bulk Initiation Form
  - Resuming and Saving a CEIF
- Next Steps
- Questions & Answers



# CBAS Monthly ERS Reporting Requirements

- Please refer to [ACL 22-09](#) CBAS Monthly Emergency Remotes Services (ERS) Reporting Requirements for additional details regarding reporting.
- Beginning **October 1st, 2022**, providers are required to report dates of service for each participant receiving ERS.
- CBAS providers are required to report ERS days **each** month.
- This data will be used in conjunction with Monthly Statistical Summary Report (MSSR) data to account for individual and total days of ERS attendance.
- This will allow CDA to provide monitoring and oversight of the newly established ERS component of CBAS care.

# CBAS Monthly ERS Report Overview

- Each time a CDA 4000 – CBAS ERS Initiation Form (CEIF) is completed, an Event ID is assigned in the Peach Portal ERS section.
- Providers must submit each participant's ERS attendance dates for a corresponding emergency via the Peach Portal.
- ERS attendance dates are defined as dates the participant receives CBAS services in a setting other than the CBAS center.
- Reports are due by the **10th day of the following month** ERS was provided.
  - If the participant receives ERS during the month of October, the corresponding attendance dates are due no later than November 10th.
- Providers will report attendance dates each month until the participant has returned to in-center services, at which time the provider will close the ERS Event in the Peach Portal.

# CBAS Monthly ERS Instructions

- Detailed instructions for reporting ERS attendance dates can be found in the [ERS Portal Instructions](#).
- For additional information on ERS please visit:
  - The [Emergency Remote Services - Forms and Instructions](#) page on the CBAS webpage;
  - The [CBAS ERS Policy Summary](#)



**CBAS  
Emergency  
Remote  
Services (ERS)**

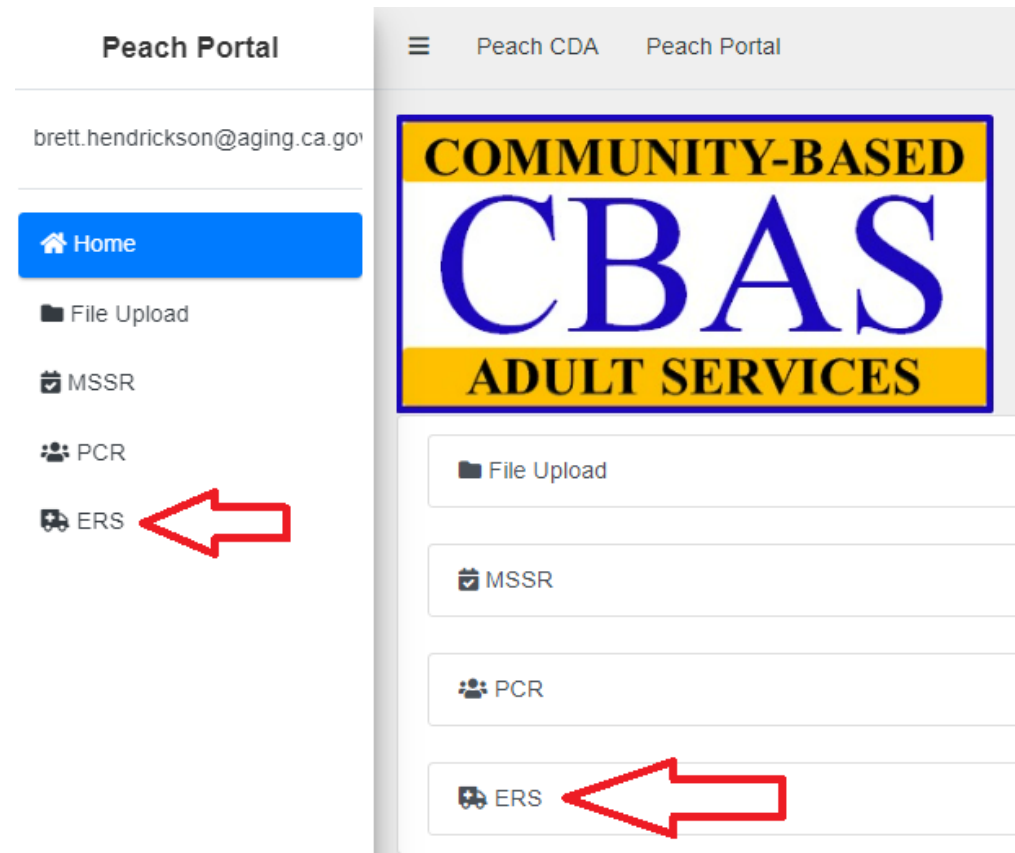


**Accessing, Completing,  
and Submitting the CEIF  
(CDA 4000)**



# Accessing the CEIF (CDA 4000)

1. Log in to the [Peach Portal](#).
2. Select ERS from the list of options.



# Accessing the CEIF (CDA 4000)


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

Emergency Remote Services

[+ New Initiation Form](#) [Bulk Initiation Form](#)

Emergency Date From

Emergency Date To

Center  

[CEIF In Progress 0](#) [Active ERS Events 0](#) [Closed ERS Events 0](#)

Show  entries

Search:

Event Id	Participant First Name	Participant Last Name	CIN	MCP/FFS	Emergency Date	Consent Date	Emergency
No data available in table							

Showing 0 to 0 of 0 entries

[Previous](#) [Next](#)

# Accessing the CEIF (CDA 4000)

## 4. Select + New Initiation Form.

### Emergency Remote Services

[+ New Initiation Form](#) [Bulk Initiation Form](#)

Emergency Date From  Emergency Date To  Center

[CEIF In Progress 0](#) [Active ERS Events 0](#) [Closed ERS Events 0](#)

Show  entries

Search:

Event Id	Participant First Name	Participant Last Name	CIN	MCP/FFS	Emergency Date	Consent Date	Emergency
No data available in table							

Showing 0 to 0 of 0 entries

[Previous](#) [Next](#)

# Participant Details

5. Participant: Select participant from list if available or select **New Participant** and proceed to step 6.

Participant Details

Participant

Bunny, Bugs (12345678E) ▾

Last Name \*

Bunny

First Name \*

Bugs

Medi-Cal Identification Number (CIN) # \*

12345678E

Payer \*

Choose Payer ▾

Cancel

Next Emergency Details →

Participant Details

Participant

- New Participant - ▾

Last Name \*

First Name \*

Medi-Cal Identification Number (CIN) # \*

Payer \*

Choose Payer ▾

Cancel

Next Emergency Details →

# Participant Details

6. Last Name

7. First Name

8. Medi-Cal Identification  
Number (CIN) #

- Must be an 8-digit number followed by a letter

9. Payer

- Select Managed Care Payer or Medi-Cal fee-for-service

**Participant**

Bunny, Bugs (12345678E) ▼

**Last Name \***  **First Name \***

**Medi-Cal Identification Number (CIN) # \***

**Payer \***

Choose Payer ▼

- Choose Payer
- Medi-Cal fee-for-service
- Aetna
- Alameda Alliance
- Anthem Blue Cross
- Blue Shield Promise
- California Health & Wellness
- CalOptima
- CalViva Health
- CenCal Health
- Central California Alliance
- Community Health Group
- Contra Costa
- Gold Coast
- Health Net
- Health Plan of San Joaquin
- Health Plan of San Mateo
- Inland Empire Health Plan
- Kaiser Permanente
- Kern Family Health Care

# Participant Details

## 9. Payer

Select Managed Care Payer or Medi-Cal fee-for-service

**Payer \***

▼

▼

Choose Payer

Medi-Cal fee-for-service

Aetna

Alameda Alliance

Anthem Blue Cross

Blue Shield Promise

California Health & Wellness

CalOptima

CalViva Health

CenCal Health

Central California Alliance

Community Health Group

Contra Costa

Gold Coast

Health Net

Health Plan of San Joaquin

Health Plan of San Mateo

Inland Empire Health Plan

Kaiser Permanente

Kern Family Health Care

▼

# Participant Details

## 10. Select **Next Emergency Details**

### Participant Details

**Participant**

Bunny, Bugs (12345678E) ▼

**Last Name \*** **First Name \***

Bunny Bugs

**Medi-Cal Identification Number (CIN) # \*** **Payer \***

12345678E Medi-Cal fee-for-service ▼

# Participant Details

## Example: Missing Required Information

### Participant Details

**Participant**

Bunny, Bugs (12345678E) ▼

<b>Last Name *</b>	<b>First Name *</b>
Bunny	Bugs
<b>Medi-Cal Identification Number (CIN) # *</b>	<b>Payer *</b>
12345678E	Choose Payer ▼ <small>This value is required.</small>

CancelNext Emergency Details →



# Emergency Details

- 11. Situation - Nature of Emergency
- 12. Date of Emergency
- 13. Date of Participant Consent
- 14. First Date ERS Provided
- 15. Current TAR Dates

## Emergency Details

**Emergency \***

Serious illness or injury

**Date of Emergency \***

09/21/2022

**Date Of Participant Consent \***

09/22/2022

**First Date ERS Provided \***

09/22/2022

**Current TAR Date From \***

07/01/2022

**Current TAR Date To \***

12/31/2022

← Back to Participant Details

Cancel

Next CEIF Form →

# Emergency Details

## 16. Select **Next CEIF Form**

### Emergency Details

**Emergency \***

Serious illness or injury

**Date of Emergency \***

09/21/2022

**Date Of Participant Consent \***

09/22/2022

**First Date ERS Provided \***

09/22/2022

**Current TAR Date From \***

07/01/2022

**Current TAR Date To \***

12/31/2022

[← Back to Participant Details](#) [Cancel](#) [Next CEIF Form →](#)

# CEIF Details

## Emergency Remote Services Initiation Form (CEIF)

[← Back to list](#)

Participant	CIN	Plan	Emergency	Date of Emergency	Date of Participant Consent	TAR Range	First Date ERS Provided
Bugs Bunny	12345678E	California Health & Wellness	Flood	09/21/2022	09/23/2022	Friday, July 1, 2022 - Saturday, December 31, 2022	Friday, September 23, 2022

### Additional Circumstances Related to the Emergency ?

- ☐ Hospitalization
- ☐ Personal Health Care Provider Restrictions
- ☐ Loss of Caregiver
- ☐ Loss of Housing
- ☐ Loss of Transportation
- ☐ Nursing Home Admission

Description of Emergency \*

First Date ERS Provided \*

09/23/2022

Current TAR Date From \*

07/01/2022

Current TAR Date To \*

12/31/2022

Background (Pertinent information related to the participant and the emergency) \*

17. Additional Circumstances Related to the Emergency

18. Description of Emergency (320 Characters Maximum)

**Additional Circumstances Related to the Emergency ?**

- ☐ Hospitalization
- ☒ Personal Health Care Provider Restrictions
- ☐ Loss of Caregiver
- ☐ Loss of Housing
- ☐ Loss of Transportation
- ☐ Nursing Home Admission

**Description of Emergency \***

Participant positive for symptomatic COVID-19 via BinaxNOW rapid antigen test upon arrival to center for services.

19. Background (520 Characters Maximum)

20. Assessment (420 Characters Maximum)

Background (Pertinent information related to the participant and the emergency) \*

Participant positive for COVID-19 upon arrival to CBAS center for services at 9:10AM on 8/24/2022. Participant experiencing mild symptoms of congestion, sore throat, fever (100.6F), and fatigue. Participant quarantines and transported individually back to residence. PCP contacted by staff RN, given instructions to isolate and monitor symptoms requiring admission to hospital via 911.

Assessment (Participant's immediate assessed needs due to emergency) \*

Participant requires monitoring for severity and duration of COVID-19 symptoms resulting from infection. Participant quarantining and requires assessment of COVID-19 symptoms until resolved and testing negative, assistance with access to resource/meal services in lieu of caregiver not being able to enter home, and liaison with care team PRN.]

## 21. Planned Emergency Services

a. Required

b. Check all that apply

### Required \*

**a**

- ☒ Provide services specified on the participant's authorized individual plan of care as appropriate and feasible during the emergency
- ☒ Communicate regularly with participant, caregiver, and network of care supports
- ☒ Evaluate current and emerging needs on an ongoing basis (required at least once per week)

### Check all that apply

**b**

- ☒ Coordinate care (care transitions, referrals, advocacy, and liaison with medical provider(s), participant's managed care plan, family, caregivers, other community supports/agencies)
- ☒ Deliver or arrange delivery of food, medications, supplies
- ☒ Provide caregiver support
- ☐ Identify equipment/technology needs and/or provide assistance with receipt of telehealth
- ☐ Other

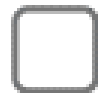
---

Planned ERS Supports and Services will be provided via:  
Check all that apply (at least one)

**Planned ERS supports and services will be provided via \***



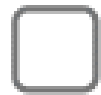
Telehealth



In-Home



At the Home (Doorstep)



In the Community

## Description of Proposed Services to be Provided (320 Characters Maximum)

Description of Proposed Services to be Provided \*

Participant to receive telephonic monitoring/check-in from RN for each day of ERS to assess progression/severity of COVID-19 and existing symptoms related to HTN, DM. RN to remotely monitor med self-admin. Doorstep delivery of two meals and one snack, activity and personal care supplies for each day of ERS.



## 22. Dates & Signature

**Must** be reviewed and verified by the Administrator or Program Director

### Dates & Signature

I certify the following: 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 need for, and the Center's provision of, ERS will be documented in the participant's health record.

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.

Name \*

Brett Hendrickson

Date

09/26/2022

Center Representative Title \*

☒ Administrator ☐ Program Director

# Review and Submission

1. Carefully examine each field for accuracy and verify that all requirements for ERS have been met.
2. Select **Review**

## Dates & Signature

I certify the following: 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 need for, and the Center's provision of, ERS will be documented in the participant's health record.

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.

Name \*

Brett Hendrickson

Date

09/26/2022

Center Representative Title \*



Administrator



Program Director

 Review



# Review and Submission

## 3. Select **Submit and send to CDA**

Summary

Emergency Remote Services Initiation Form (CEIF) is ready to print/download for the following participant at Maywood Adult Day Health Care Center:  
  
**First Name:** Bugs  
**Last Name:** Bunny  
**CIN:** 12345678E  
**Plan:** Medi-Cal fee-for-service  
**Emergency:** Serious illness or injury  
**Emergency Date:** 09/21/2022  
**Consent Date:** 09/22/2022

Edit Form

Submit and send to CDA

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.

# Accessing the CEIF (email)

## a. Email

- i. Locate email with the subject: "Emergency Remote Services Initiation Form (CEIF) - *[Center Name Here]*"

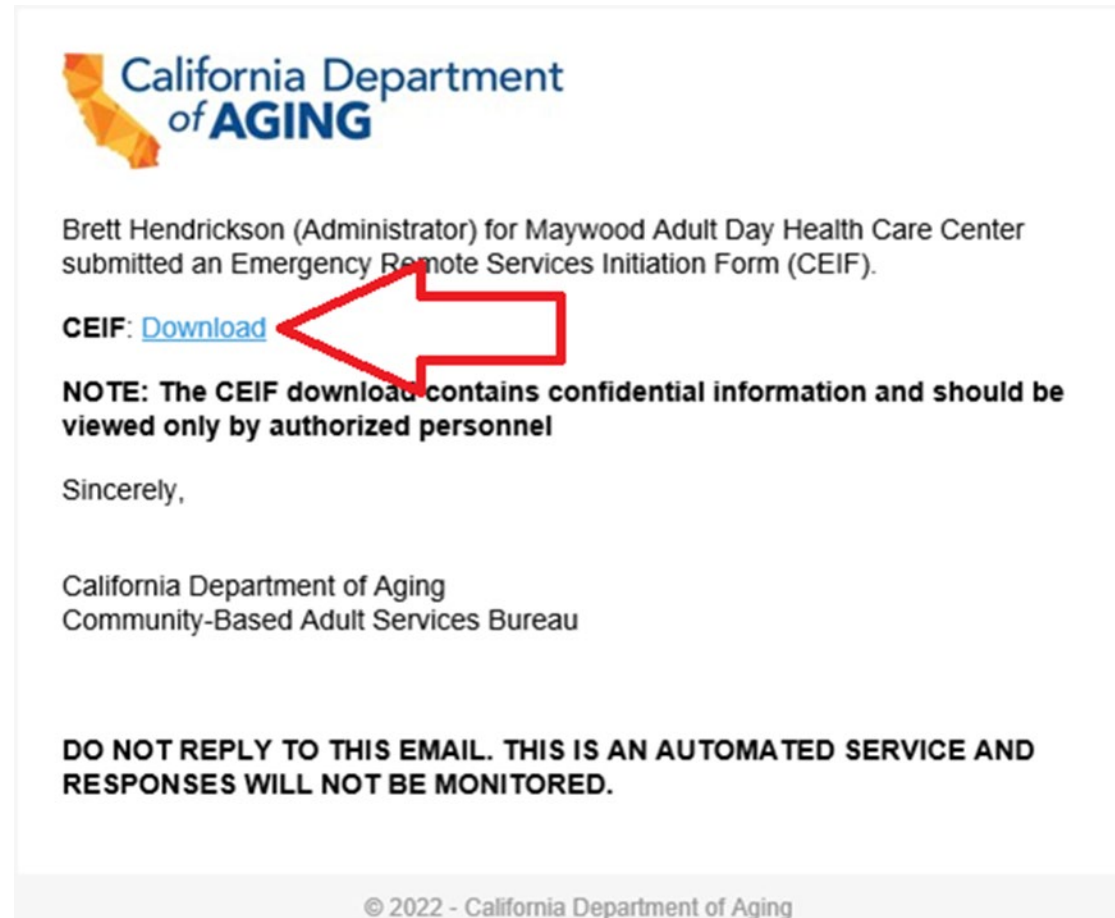
\*\*\*DEMO ONLY\*\*\* - Emergency Remote Services Initiation Form (CEIF) - Maywood Adult Day Health Care Center



California Department of Aging <HAL@aging.ca.gov>  
To ○ CBAS@CDA

# Accessing the CEIF (email)

## ii. Select **Download**



# Accessing the CEIF (email)

## iii. Select **Print/PDF**

### CEIF Download Page

Thank you for submitting an Emergency Remote Services Initiation Form (CEIF).  
We sent you an email that contains a link to get back to this page in the future.



**Print/PDF**



**Download Form (Excel)**

# Accessing the CEIF (Peach Portal)

- b. Peach Portal:
  - i. Select the **Active ERS Events** tab

[+ New Initiation Form](#) [Bulk Initiation Form](#)

Emergency Date From

mm/dd/yyyy

Emergency Date To

mm/dd/yyyy

Center

Maywood Adult Day Health Care Center

[CEIF In Progress](#)

[Active ERS Events](#)

[Closed ERS Events](#)

Show 10 entries

Search:

	Event Id	Participant First Name	Participant Last Name	CIN	MCP/FFS	Emergency Date	Consent Date	Emergency	Received Date
	7	Bugs	Bunny	12345678E	Medi-Cal fee-for-service	9/21/2022	9/22/2022	Serious illness or injury	9/26/2022 9:27 AM

Showing 1 to 1 of 1 entries

[Previous](#) [1](#) [Next](#)

# Accessing the CEIF (Peach Portal)

- ii. Find the ERS Event
- iii. Select the **paperclip icon**

✎ CEIF In Progress
☰ Active ERS Events
📄 Closed ERS Events

Show 10 entries

	Event Id	Participant First Name	Par
📎	7	Bugs	

Showing 1 to 1 of 1 entries



# Accessing the CEIF (Peach Portal)

## iv. Select **Download PDF File**

CEIF In Progress 0

Active ERS Events 1

Closed ERS Events 0

Download Actions

Download PDF File

Download Microsoft Excel File

	Participant First Name	Part
7	Bugs	

# Downloading the CEIF (Email or Peach)

## 5. Select **Print Preview**

- ☒ Deliver or arrange delivery of food, medications, supplies
- ☒ Provide caregiver support
- ☐ Identify equipment/technology needs and/or provide assistance with receipt of telehealth

Planned ERS supports and services will be provided via:

- ☒ Telehealth ☐ In-Home
- ☒ At the Home (Doorstep) ☐ In the Community

### Description of Proposed Services to be Provided:

Participant to receive telephonic monitoring/check-in from RN for each day of ERS to assess progression/severity of COVID-19 and existing symptoms related to HTN, DM. RN to remotely monitor med self-admin. Doorstep delivery of two meals and one snack, activity and personal care supplies for each day of ERS.

### Dates and Signature

I certify the following: 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 need for, and the Center's provision of, ERS will be documented in the participant's health record.

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 Multidisciplinary Team (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.

Signature: Brett Hendrickson

Date: 9/26/2022

Position (Administrator or Program Director): Administrator

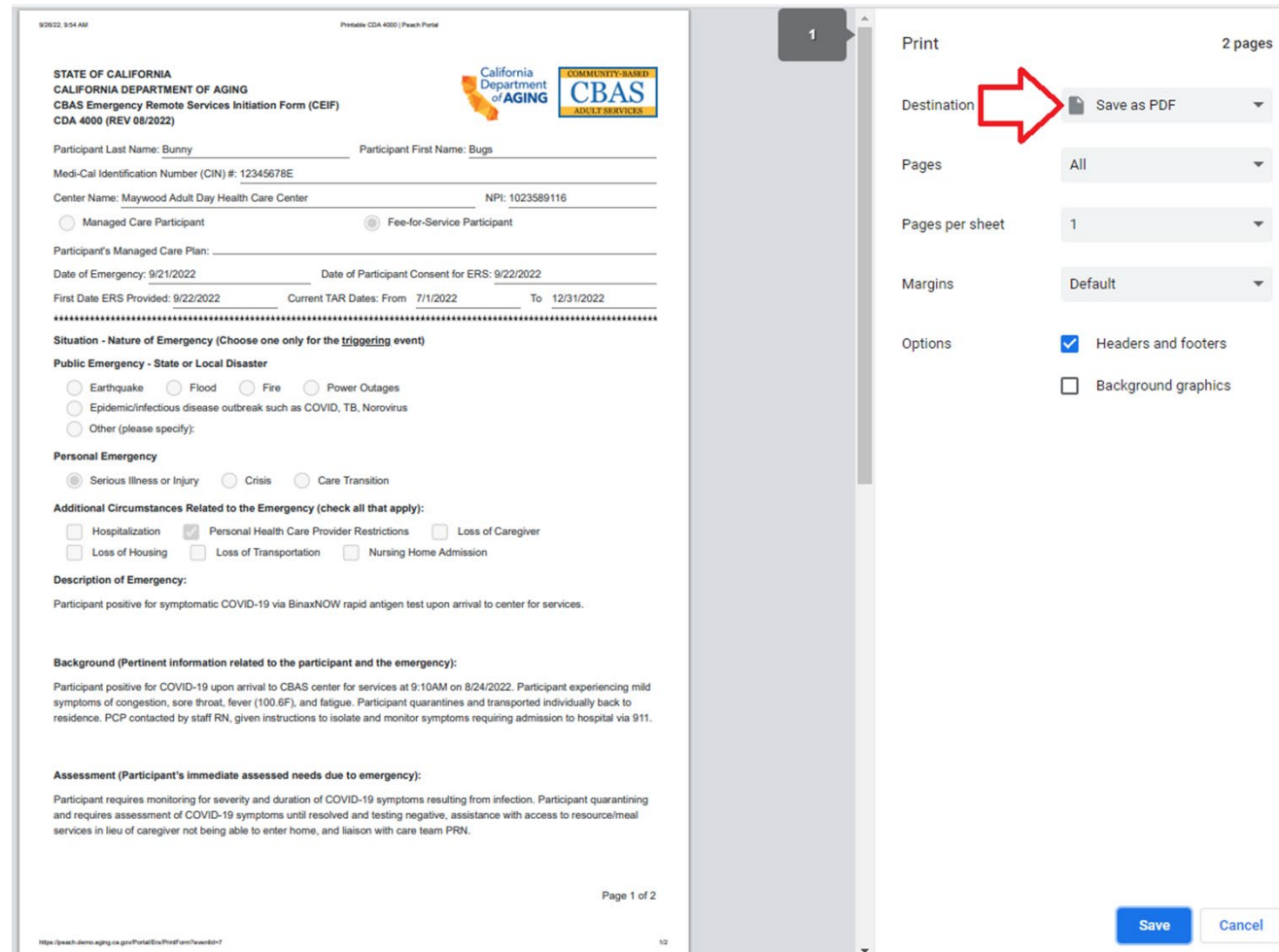
Date CEIF Submitted to CDA: 9/26/2022

**Note:** Provider must submit a copy of the CEIF to the participant's managed care plan (or DHCS for fee-for-service participants) no more than three working days after the start of ERS.




# Downloading the CEIF (Email or Peach)

## 6. Choose Destination: Save as PDF or designate a printer



The screenshot shows a web browser displaying the CEIF form and a print menu. The form is titled "STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF AGING CBAS Emergency Remote Services Initiation Form (CEIF) CDA 4000 (REV 08/2022)". It contains fields for participant information, center name, and emergency details. The print menu on the right has a red arrow pointing to the "Destination" dropdown, which is currently set to "Save as PDF". Other options in the menu include "Pages", "Pages per sheet", "Margins", and "Options".

Print 2 pages

Destination  Save as PDF

Pages All

Pages per sheet 1

Margins Default

Options ☒ Headers and footers ☐ Background graphics

Save Cancel

# Downloading the CEIF (email or Peach)

## 7. Select **Save** to save the PDF or **Print** to print a copy

9/26/22 9:54 AM Print: CDA 4000 | Peach Portal

1

STATE OF CALIFORNIA  
CALIFORNIA DEPARTMENT OF AGING  
CBAS Emergency Remote Services Initiation Form (CEIF)  
CDA 4000 (REV 08/2022)

Participant Last Name: Bunny Participant First Name: Bugs  
Medi-Cal Identification Number (CIN) #: 12345678E  
Center Name: Maywood Adult Day Health Care Center NPI: 1023589116  
☐ Managed Care Participant ☒ Fee-for-Service Participant  
Participant's Managed Care Plan: \_\_\_\_\_  
Date of Emergency: 9/21/2022 Date of Participant Consent for ERS: 9/22/2022  
First Date ERS Provided: 9/22/2022 Current TAR Dates: From 7/1/2022 To 12/31/2022

Situation - Nature of Emergency (Choose one only for the triggering event)

Public Emergency - State or Local Disaster  
☐ Earthquake ☐ Flood ☐ Fire ☐ Power Outages  
☐ Epidemic/infectious disease outbreak such as COVID, TB, Norovirus  
☐ Other (please specify): \_\_\_\_\_

Personal Emergency  
☒ Serious Illness or Injury ☐ Crisis ☐ Care Transition

Additional Circumstances Related to the Emergency (check all that apply):  
☐ Hospitalization ☒ Personal Health Care Provider Restrictions ☐ Loss of Caregiver  
☐ Loss of Housing ☐ Loss of Transportation ☐ Nursing Home Admission

Description of Emergency:  
Participant positive for symptomatic COVID-19 via BinaxNOW rapid antigen test upon arrival to center for services.

Background (Pertinent information related to the participant and the emergency):  
Participant positive for COVID-19 upon arrival to CBAS center for services at 9:10AM on 8/24/2022. Participant experiencing mild symptoms of congestion, sore throat, fever (100.6F), and fatigue. Participant quarantines and transported individually back to residence. PCP contacted by staff RN, given instructions to isolate and monitor symptoms requiring admission to hospital via 911.

Assessment (Participant's immediate assessed needs due to emergency):  
Participant requires monitoring for severity and duration of COVID-19 symptoms resulting from infection. Participant quarantining and requires assessment of COVID-19 symptoms until resolved and testing negative, assistance with access to resource/meal services in lieu of caregiver not being able to enter home, and liaison with care team PRN.

Page 1 of 2

Print 2 pages

Destination Save as PDF

Pages All

Pages per sheet 1

Margins Default

Options ☒ Headers and footers ☐ Background graphics

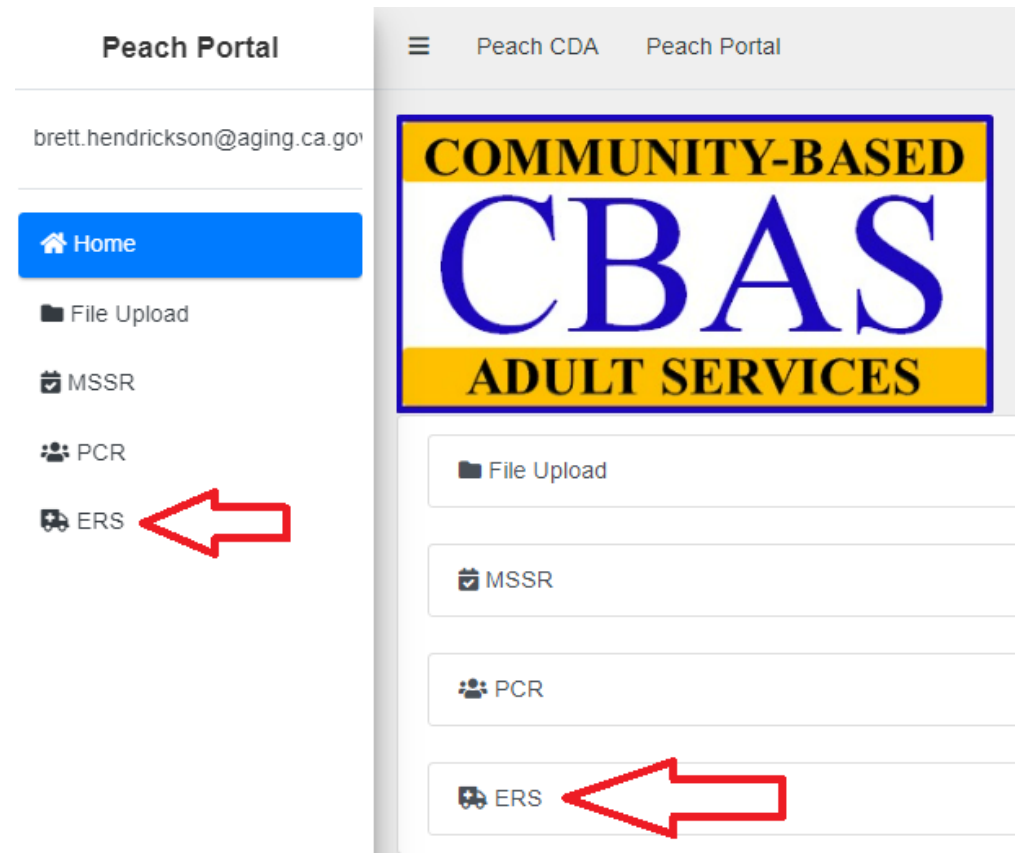
Save Cancel

# ERS Submission/Reporting Overview

- Submit a CEIF (CDA 4000) to CDA via the [Peach Portal](#). This creates an ERS Event corresponding to the participant and moves the submission to the **Active ERS Events** tab in the Peach Portal.
- Submit CEIF (CDA 4000) to the participant's Managed Care Plan **within three working days** of the first date of ERS, unless otherwise specified due to a widespread public emergency.
- Providers are required to update the ERS Event each month by the 10<sup>th</sup> day of the following month by reporting individual attendance days.
- Once the participant has concluded ERS, close the event.

# Accessing the ERS Portal

1. Log in to the [Peach Portal](#).
2. Select ERS from the list of options.



# Accessing the ERS Portal

3. Choose the appropriate center from the **Center** dropdown menu.

Emergency Remote Services

[+ New Initiation Form](#) [Bulk Initiation Form](#)

Emergency Date From  Emergency Date To  Center

[CEIF In Progress 0](#) [Active ERS Events 0](#) [Closed ERS Events 0](#)

Show  entries

Event Id	Participant First Name	Participant Last Name	CIN	MCP/FFS	Emergency Date	Consent Date	Emergency
No data available in table							

Showing 0 to 0 of 0 entries

[Previous](#) [Next](#)



# Updating Participant ERS Attendance Dates

1. Select the **Active ERS Events** tab.

New Initiation Form

Bulk Initiation Form

Emergency Date From

mm/dd/yyyy

Emergency Date To

mm/dd/yyyy

Center


Maywood Adult Day Health Care Center

CEIF In Progress 0

Active ERS Events 1

Closed ERS Events 0

Show 10 entries

	Event Id	Participant First Name	Participant Last Name	CIN	MCP/FFS	Emergency Date
	7	Bugs	Bunny	12345678E	Medi-Cal fee-for-service	9/21/2022

Showing 1 to 1 of 1 entries




# Updating Participant ERS Attendance Dates

2. Select the arrow next to the participant's name.

CEIF In Progress 0 Active ERS Events 1 Closed ERS Events 0

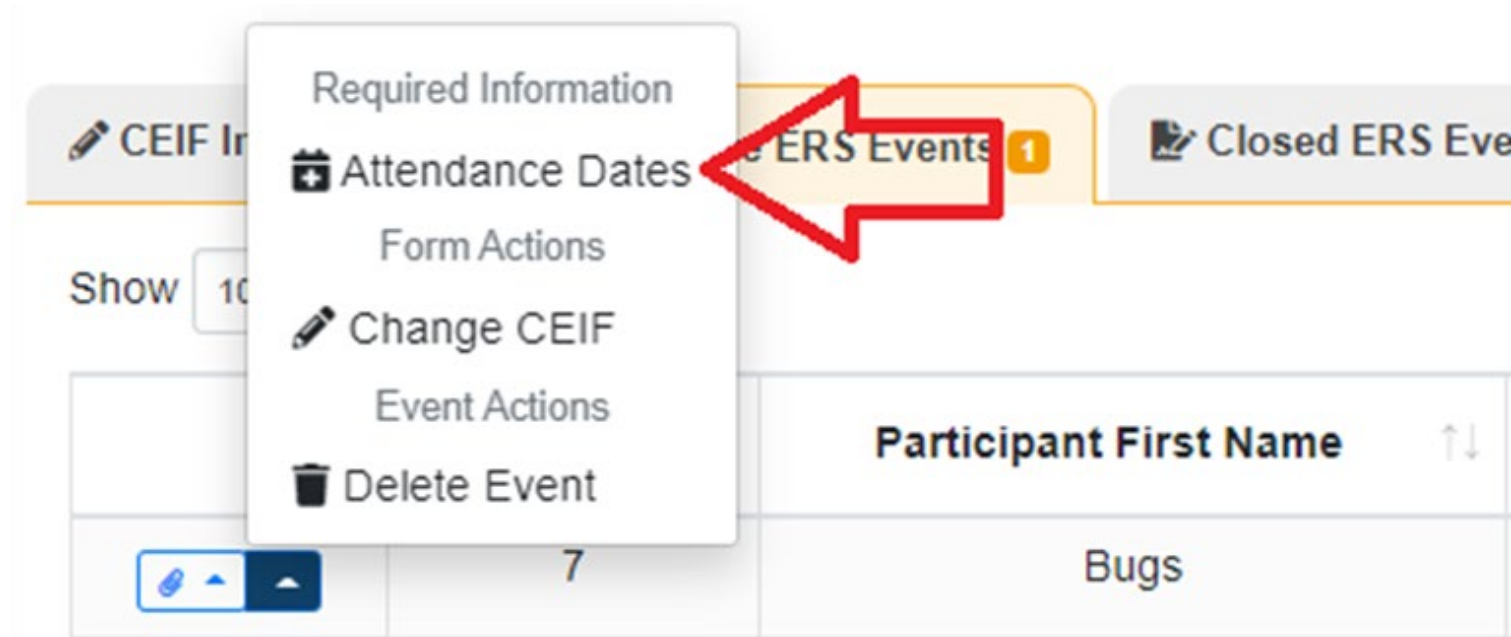
Show 10 entries

	Event Id ↑↓	Participant First Name ↑↓	Participant Last Name ↑↓
	7	Bugs	Bunny

Showing 1 to 1 of 1 entries

# Updating Participant ERS Attendance Dates

## 3. Select **Attendance Dates**.



# Updating Participant ERS Attendance Dates

4. Select all dates from the calendar in which the participant received ERS for the current CEIF.

### Attendance Days

Participant	CIN	Plan	Emergency
Bugs Bunny	12345678E	Medi-Cal fee-for-service	Serious illness or injury

**Date of Emergency** 09/21/2022

**Date of Participant Consent** 09/22/2022

**TAR Range** Friday, July 1, 2022 - Saturday, December 31, 2022

**First Date ERS Provided** Thursday, September 22, 2022


September 2022

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

No Dates Selected

Cancel Save Days

# Updating Participant ERS Attendance Dates

5. Remove a date by clicking on the  icon next to the date to be removed.

## Attendance Days

Participant	CIN	Plan	Emergency
 Bugs Bunny	12345678E	Medi-Cal fee-for-service	Serious illness or injury
Date of Emergency 09/21/2022			
Date of Participant Consent 09/22/2022			
TAR Range Friday, July 1, 2022 - Saturday, December 31, 2022			
First Date ERS Provided Thursday, September 22, 2022			

September 2022

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

 9-22-22

 9-23-22

 9-24-22

 9-26-22



Cancel

Save Days

# Updating Participant ERS Attendance Dates




## 6. Select **Save Days**

### Attendance Days

Participant	CIN	Plan	Emergency
 Bugs Bunny	12345678E	Medi-Cal fee-for-service	Serious illness or injury
Date of Emergency 09/21/2022			
Date of Participant Consent 09/22/2022			
TAR Range Friday, July 1, 2022 - Saturday, December 31, 2022			
First Date ERS Provided Thursday, September 22, 2022			

September 2022

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

 9-22-22  
 9-23-22  
 9-24-22







Cancel

Save Days






# Concluding ERS

1. Confirm all attendance dates have been reported.
  - a. Select the **Active ERS Events** tab.

Emergency Date From   Emergency Date To

 CEIF In Progress 0  **Active ERS Events** 1  Closed ERS Events 0


Show  entries

	Event Id 	Participant First Name 	Participant Last Name 
 	7	Bugs	Bunny




Showing 1 to 1 of 1 entries

# Concluding ERS





b. Select the arrow next to the participant's name.

Emergency Date From  

Emergency Date To

 CEIF In Progress 0  Active ERS Events 1  Closed ERS Events 0

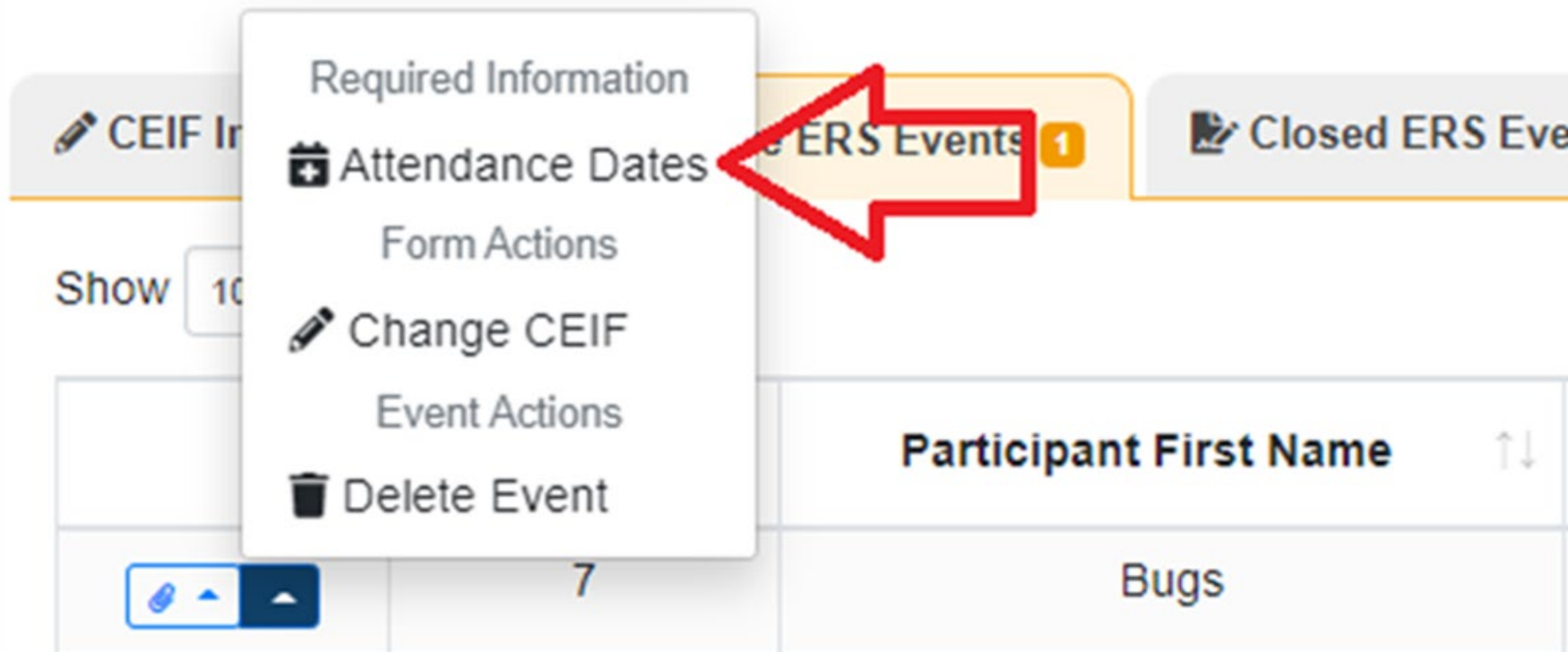
Show  entries

	Event Id 	Participant First Name 	Participant Last Name 
	7	Bugs	Bunny

Showing 1 to 1 of 1 entries

# Concluding ERS

## c. Select **Attendance Dates**





# Concluding ERS




## d. Confirm ERS Dates

### Attendance Days

Participant	CIN	Plan	Emergency
 Bugs Bunny	12345678E	Medi-Cal fee-for-service	Serious illness or injury
Date of Emergency 09/21/2022			
Date of Participant Consent 09/22/2022			
TAR Range Friday, July 1, 2022 - Saturday, December 31, 2022			
First Date ERS Provided Thursday, September 22, 2022			

September 2022

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

 9-22-22  
 9-23-22  
 9-24-22


Cancel

Save Days

# Concluding ERS

e. Select **Save Days** if these days are accurate or edit accordingly.

### Attendance Days

Participant	CIN	Plan	Emergency
 Bugs Bunny	12345678E	Medi-Cal fee-for-service	Serious illness or injury

**Date of Emergency** 09/21/2022




**Date of Participant Consent** 09/22/2022

**TAR Range** Friday, July 1, 2022 - Saturday, December 31, 2022

**First Date ERS Provided** Thursday, September 22, 2022

September 2022

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	


 9-22-22  
 9-23-22  
 9-24-22

Cancel




Save Days

# Concluding ERS





2. Select the arrow next to the corresponding participant's name.

Emergency Date From  

Emergency Date To

 CEIF In Progress **0**  Active ERS Events **1**  Closed ERS Events **0**

Show  entries

	Event Id 	Participant First Name 	Participant Last Name 
	7	Bugs	Bunny

Showing 1 to 1 of 1 entries

# Concluding ERS

## 3. Select **Close Event**

Emergency Date From mm/dd/yyyy mm

CEIF In RS Events 1 Closed ERS Ever

Show 10

Required Information

- Attendance Dates 3

Form Actions

- Change CEIF

Event Actions

- ☒ Close Event
- Delete Event

Participant First Name ↑↓

7 Bugs

# Concluding ERS

## 4. Select **Close Event**

Close Event?

x

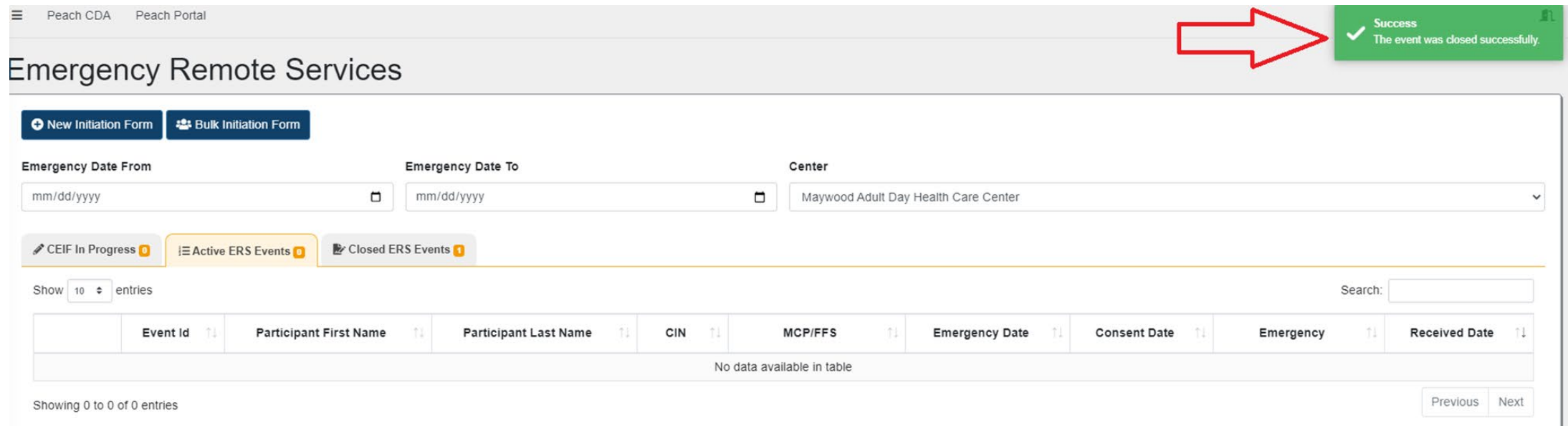
Are you sure you want to close this event?

Cancel

Close Event

# Concluding ERS

5. A green box will appear in the righthand corner of the screen stating "Success – the event was closed successfully".



Peach CDA Peach Portal

## Emergency Remote Services

[+ New Initiation Form](#) [Bulk Initiation Form](#)

Emergency Date From:  Emergency Date To:  Center:

[CEIF In Progress](#) [Active ERS Events](#) [Closed ERS Events](#)

Show  entries

Event Id	Participant First Name	Participant Last Name	CIN	MCP/FFS	Emergency Date	Consent Date	Emergency	Received Date
No data available in table								

Showing 0 to 0 of 0 entries

Previous Next

Success  
The event was closed successfully.

# Bulk Initiation Form

## 1. Select **Bulk Initiation Form**

Emergency Remote Services

[+ New Initiation Form](#) [Bulk Initiation Form](#)

Emergency Date From

Emergency Date To

[CEIF In Progress 0](#) [Active ERS Events 0](#) [Closed ERS Events 1](#)

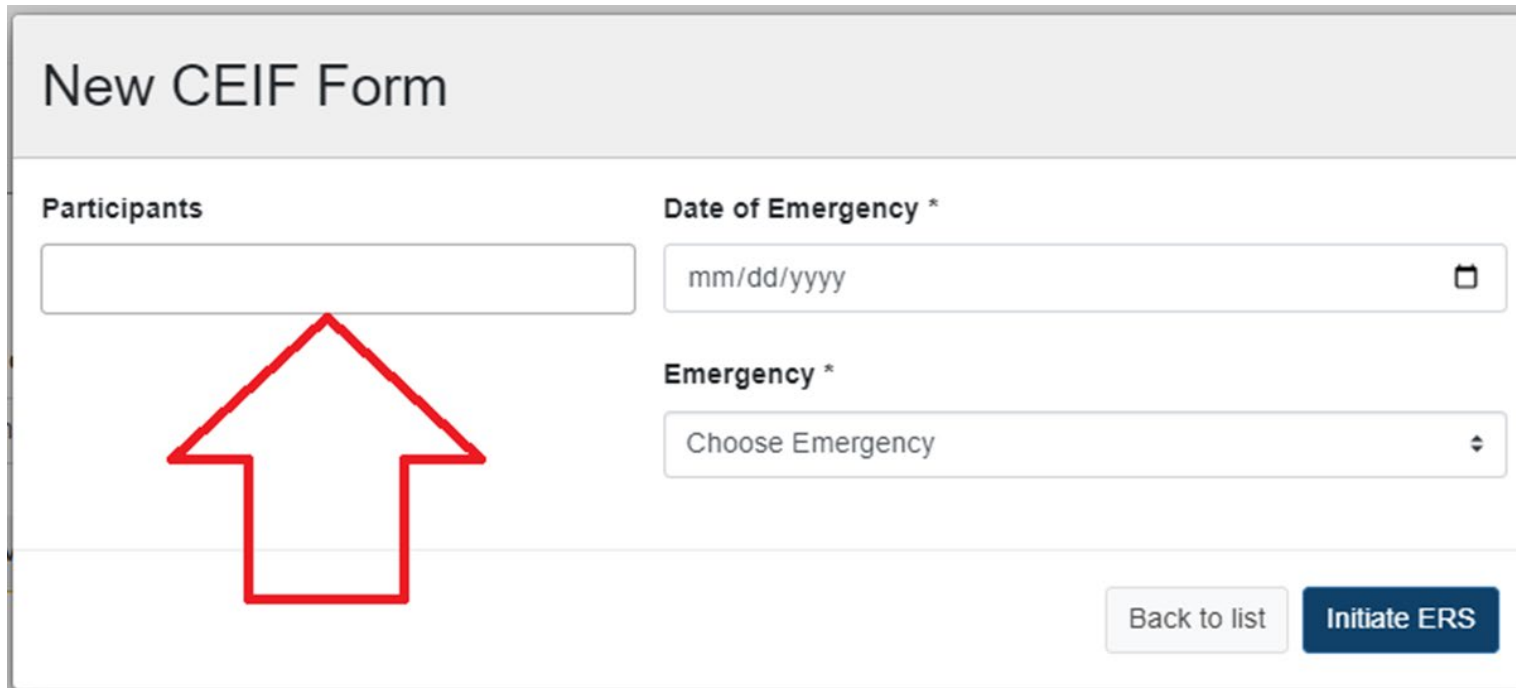
Show  entries

	Event Id ↑↓	Participant First Name ↑↓	Participant Last Name ↑↓	CIN ↑↓	
No data available					

Showing 0 to 0 of 0 entries

# Bulk Initiation Form

2. A New CEIF Form pop up box will appear.
3. Click on the **Participants** field.



New CEIF Form

Participants

Date of Emergency \*

Emergency \*

Back to list

Initiate ERS



# Bulk Initiation Form

4. Select all participants experiencing the same public emergency. Any participants not listed must be submitted individually via the standard CEIF process.

Participants

Bunny, Bugs (12345678E) ✕
Mouse, Mickey (12345678A) ✕
Rao, Anton (94651578E) ✕
Scott, Michael (12345678D) ✕
Swanson, Ron (12345678C) ✕
Beck, Melissa (12345678A)
Bergman, Otavio (64587625C)
<b>Bunny, Bugs (12345678E)</b>
Cosic, Bosko (87654325D)
Herrero, Natalia (91645751G)
Mouse, Mickey (12345678A)

Note: All participants listed above are fictitious characters. No real names have been used.

# Bulk Initiation Form

## 5. Select the **Date of Emergency**

**Date of Emergency \***

09/21/2022



# Bulk Initiation Form

## 6. Select the **Emergency**

**Emergency \***

Flood

Choose Emergency

**Public Emergencies**

- Earthquake
- Flood**
- Fire
- Power Outages
- Epidemic/infectious disease outbreak such as COVID, TB, Norovirus
- Other

**Personal Emergencies**

- Serious illness or injury
- Crisis
- Care transition

# Bulk Initiation Form

## 7. Select **Initiate ERS**

### New CEIF Form

**Participants**

Bunny, Bugs (12345678E) ×  
Mouse, Mickey (12345678A) ×  
Rao, Anton (94651578E) ×  
Scott, Michael (12345678D) ×  
Swanson, Ron (12345678C) ×

**Date of Emergency \***

09/21/2022

**Emergency \***

Flood

Back to list

Initiate ERS

Note: All participants listed above are fictitious characters. No real names have been used.

# Bulk Initiation Form

8. Update the payer for each individual participant:
  - a. Select the arrow next to the participant. They will be in the **CEIF In Progress** tab.

CEIF In Progress
5

Active ERS Events
0

Closed ERS Events
1

Show

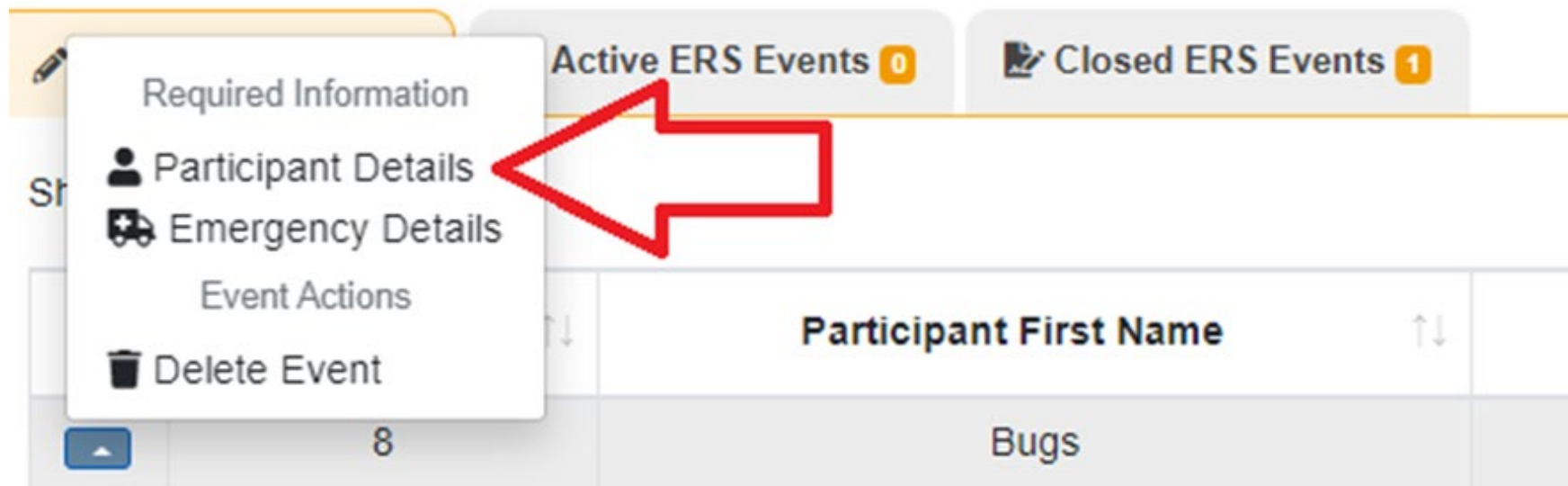
10

entries

	Event Id	Participant First Name
	8	Bugs
	9	Melissa
	10	Anton
	11	Michael
	12	Ron

Note: All participants listed above are fictitious characters. No real names have been used.

## b. Select **Participant Details**



Note: All participants listed above are fictitious characters. No real names have been used.

# Bulk Initiation Form

- c. Select the **Payer** dropdown menu and choose the Managed Care Plan or Medi-Cal fee-for-service.

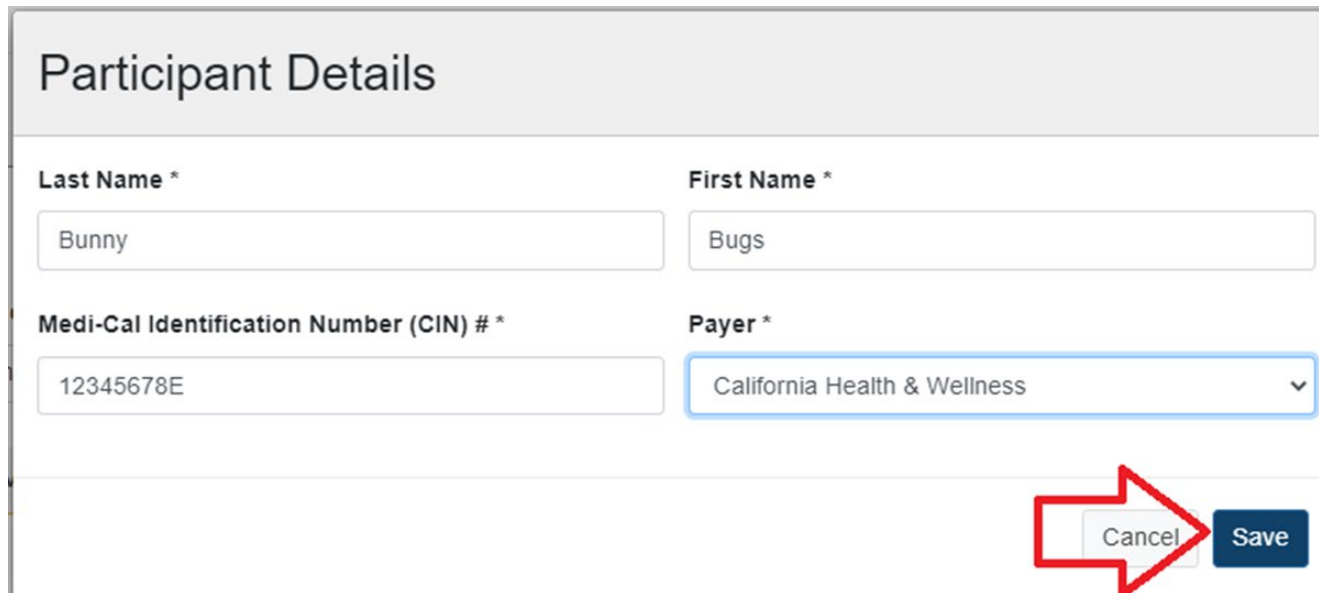
The screenshot shows a web form titled "Participant Details". It contains four input fields: "Last Name \*" with the value "Bunny", "First Name \*" with the value "Bugs", "Medi-Cal Identification Number (CIN) #" with the value "12345678E", and "Payer \*" which is a dropdown menu currently showing "California Health & Wellness". A large red arrow points from the "Medi-Cal Identification Number" field towards the "Payer" dropdown menu. At the bottom right of the form are "Cancel" and "Save" buttons.

Note: All participants listed above are fictitious characters. No real names have been used.

# Bulk Initiation Form

d. Select **Save**.

e. Repeat process for each participant to update the payer.



The screenshot displays a web form titled "Participant Details". It contains four input fields arranged in a 2x2 grid. The top row has "Last Name \*" with the value "Bunny" and "First Name \*" with the value "Bugs". The bottom row has "Medi-Cal Identification Number (CIN) #" with the value "12345678E" and a "Payer \*" dropdown menu currently showing "California Health & Wellness". At the bottom right of the form, there are two buttons: "Cancel" and "Save". A red arrow points from the "Cancel" button towards the "Save" button, indicating the next step in the process.

Participant Details	
Last Name *	First Name *
Bunny	Bugs
Medi-Cal Identification Number (CIN) # *	Payer *
12345678E	California Health & Wellness
<div>Cancel Save</div>	

Note: All participants listed above are fictitious characters. No real names have been used.



# Bulk Initiation Form

9. Update the emergency details for each participant:
  - a. Select the arrow next to the participant.

CEIF In Progress 5

Active ERS Events 0

Closed ERS Events 1


Show 10 entries

	Event Id	Participant First Name
	8	Bugs
	9	Melissa
	10	Anton
	11	Michael
	12	Ron

Note: All participants listed above are fictitious characters. No real names have been used.

# Bulk Initiation Form

## b. Select **Emergency Details**.

Emergency Date From mm/dd/yyyy  Emergency mm/dd/yyyy

Active ERS Events 0 Closed ERS Events 1

Required Information

- Participant Details
- Emergency Details**
- Event Actions
- Delete Event

Participant First Name

Bugs

Note: All participants listed above are fictitious characters. No real names have been used.

# Bulk Initiation Form

c. Emergency and Date of Emergency will already be completed

d. Date of Participant Consent

e. First Date ERS Provided

f. Current TAR Date From

g. Current TAR Date To

h. Select **Save**

i. Repeat process for each participant

## Emergency Details

Emergency \*

Flood

Date of Emergency \*

09/21/2022

Date Of Participant Consent \*

09/23/2022

First Date ERS Provided \*

09/23/2022

Current TAR Date From \*

07/01/2022

Current TAR Date To \*

12/31/2022


Cancel

Save

# Bulk Initiation Form

10. Update form details for each participant:

- Select the  icon next to the participant. If the icon is not showing, check **Participant Details** and **Emergency Details** for completion.

<div>CEIF In Progress 5</div> <div>Active ERS Events 0</div> <div>Closed ERS Events 1</div>			
Show 10 entries			
	Event Id ↑↓	Participant First Name ↑↓	Participant Last Name ↑↓
	8	Bugs	Bunny

Note: All participants listed above are fictitious characters. No real names have been used.

# Bulk Initiation Form

- b. Complete the remaining fields and submit CEIF as directed in the [CDA 4000i - CEIF Instructions](#).
- c. Complete process for each participant.

Emergency Remote Services Initiation Form (CEIF)

[← Back to list](#)

Participant	CIN	Plan	Emergency	Date of Emergency	Date of Participant Consent	TAR Range	First Date ERS Provided
Bugs Bunny	12345678E	California Health & Wellness	Flood	09/21/2022	09/23/2022	Friday, July 1, 2022 - Saturday, December 31, 2022	Friday, September 23, 2022

**Additional Circumstances Related to the Emergency** ⓘ  
☐ Hospitalization  
☐ Personal Health Care Provider Restrictions  
☐ Loss of Caregiver  
☐ Loss of Housing  
☐ Loss of Transportation  
☐ Nursing Home Admission

First Date ERS Provided \*  
09/23/2022

Current TAR Date From \*  
07/01/2022

Current TAR Date To \*  
12/31/2022

Description of Emergency \*

Background (Pertinent information related to the participant and the emergency) \*

Note: All participants listed above are fictitious characters. No real names have been used.

# Saving a CELF in Progress

The Participant Details section must be complete to save an ERS Event. Select **Next Emergency Details**.

### Participant Details

**Participant**

Mouse, Mickey (12345678A) ▼

**Last Name \*** **First Name \***

Mouse Mickey

**Medi-Cal Identification Number (CIN) # \*** **Payer \***

12345678A Blue Shield Promise ▼

Note: All participants listed above are fictitious characters. No real names have been used.

# Saving a CEIF in Progress

Once at **Emergency Details**, the Event has been saved. Select **Cancel** to complete the remaining fields later.

### Emergency Details

**Emergency \***

Choose Emergency

**Date of Emergency \*** **Date Of Participant Consent \***

mm/dd/yyyy

mm/dd/yyyy

**First Date ERS Provided \***

mm/dd/yyyy

**Current TAR Date From \*** **Current TAR Date To \***

mm/dd/yyyy

mm/dd/yyyy

← Back to Participant Details

→

Cancel

Next CEIF Form →

# Saving a CEIF in Progress

To save any fields in **Emergency Details**, the entire section must be complete. Select **Next CEIF Form**.

### Emergency Details

**Emergency \***

Serious illness or injury

**Date of Emergency \*** **Date Of Participant Consent \***

09/26/2022

09/26/2022

**First Date ERS Provided \***

09/26/2022

**Current TAR Date From \*** **Current TAR Date To \***

07/01/2022

12/31/2022

← Back to Participant Details

Cancel

Next CEIF Form →



# Saving a CELF in Progress

Once at the **CELF Details** section, the **Participant Details** and **Emergency Details** sections are saved. Select **Back to List** to save and return later.



Participant	CIN	Plan	Emergency	Date of Emergency	Date of Participant Consent	TAR Range	First Date ERS Provided
Mickey Mouse	12345678A	Blue Shield Promise	Serious illness or injury	09/26/2022	09/26/2022	Friday, July 1, 2022 - Saturday, December 31, 2022	Monday, September 26, 2022

## Additional Circumstances Related to the Emergency ?

- ☐ Hospitalization
- ☐ Personal Health Care Provider Restrictions
- ☐ Loss of Caregiver
- ☐ Loss of Housing
- ☐ Loss of Transportation
- ☐ Nursing Home Admission

First Date ERS Provided \*

09/26/2022

Current TAR Date From \*

07/01/2022

Current TAR Date To \*

12/31/2022

Note: All participants listed above are fictitious characters. No real names have been used.

# Saving a CELF in Progress

While completing the **CELF Details**, the system will auto-save each time an edit is made. Select **Back to List** at any time to save and return later.



Participant	CIN	Plan	Emergency	Date of Emergency	Date of Participant Consent	TAR Range	First Date ERS Provided
Mickey Mouse	12345678A	Blue Shield Promise	Serious illness or injury	09/26/2022	09/26/2022	Friday, July 1, 2022 - Saturday, December 31, 2022	Monday, September 26, 2022

## Additional Circumstances Related to the Emergency ?

- ☐ Hospitalization
- ☐ Personal Health Care Provider Restrictions
- ☐ Loss of Caregiver
- ☐ Loss of Housing
- ☐ Loss of Transportation
- ☐ Nursing Home Admission

First Date ERS Provided \*

09/26/2022

Current TAR Date From \*

07/01/2022

Current TAR Date To \*

12/31/2022

Note: All participants listed above are fictitious characters. No real names have been used.

# Resuming a CEIF in Progress

Select the appropriate center and confirm that the **CEIF in Progress** tab is selected by clicking on it.

Emergency Date From  Emergency Date To  Center

**CEIF In Progress** 6 **Active ERS Events** 0 **Closed ERS Events** 1

Show 10 entries

	Event Id	Participant First Name	Participant Last Name	CIN	MCP/FFS	Emerg
	13	Mickey	Mouse	12345678A	Blue Shield Promise	9/
	8	Bugs	Bunny	12345678E	California Health & Wellness	9/
	9	Melissa	Beck	12345678A		9/
	10	Anton	Rao	94651578E		9/
	11	Michael	Scott	12345678D		9/
	12	Ron	Swanson	12345678C		9/

Showing 1 to 6 of 6 entries

Note: All participants listed above are fictitious characters. No real names have been used.







# Resuming a CEIF in Progress

Find the desired ERS Event from the list and select the arrow icon.

Emergency Date From  Emergency Date To  Center

**CEIF In Progress** 6 **Active ERS Events** 0 **Closed ERS Events** 1

Show 10 entries

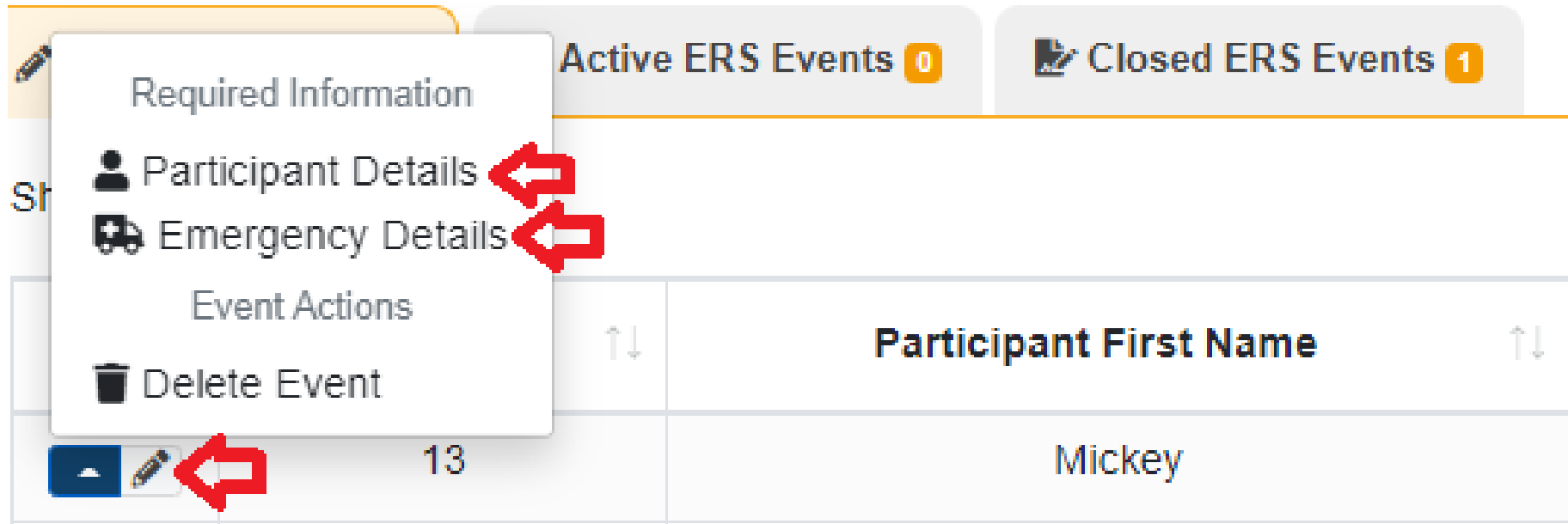
	Event Id	Participant First Name	Participant Last Name	CIN	MCP/FFS	Emerg
	13	Mickey	Mouse	12345678A	Blue Shield Promise	9/
	8	Bugs	Bunny	12345678E	California Health & Wellness	9/
	9	Melissa	Beck	12345678A		9/
	10	Anton	Rao	94651578E		9/
	11	Michael	Scott	12345678D		9/
	12	Ron	Swanson	12345678C		9/

Showing 1 to 6 of 6 entries

Note: All participants listed above are fictitious characters. No real names have been used.

# Resuming a CELF in Progress

Select **Participant Details**, **Emergency Details**, or select the  icon (CELF Details).



Active ERS Events 0 Closed ERS Events 1

Required Information

- Participant Details
- Emergency Details
- Event Actions
- Delete Event

	Participant First Name
13	Mickey

Note: All participants listed above are fictitious characters. No real names have been used.

# Next Steps

## Timeline:

- **September 30, 2022:** CBAS TAS ends. 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](#)].
- **October 1, 2022:** ERS implementation as a required service under the Medi-Cal standards of participation for CBAS.
- **Upcoming Webinars/Training:**
  - Thursdays in October (13<sup>th</sup> & 27<sup>th</sup> 2:00-3:00pm): CDA & DHCS to hold ERS Office Hours to provide additional support post ERS implementation.



# Questions





## CBAS Bureau Contact Information

Phone: (916) 419-7545

Email: [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov)

Emergency Remote Services - Forms and Instructions

