

# CBAS Emergency Remote Services (ERS) Initiation Form (CEIF) CDA 4000 Bulk Initiation Enhancements

April 20, 2023

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#### Today's Presenters

#### **Jennifer Jaeger** CBAS Bureau Chief, Field Support Team

#### **Brett Hendrickson**

Field Support Data Analyst

## Housekeeping



- Questions are welcome please submit via the webinar "Questions" box
- This webinar is being recorded and will be posted on the CDA website:
  - https://www.aging.ca.gov/Providers and Partners/Communi ty-Based Adult Services/#pp-tr
- Please encourage staff and providers who are not able to join us today to listen to the training webinar once posted

#### AGENDA



- Bulk CEIF submission
- Print Multiple CEIFs
- Best Practices
- Data Review
- Questions & Answers



CBAS Emergency Remote Services (ERS) Portal Enhancements

## Bulk CEIF (CDA 4000) Submission



#### 1. Select Bulk Initiation Form





New CEIF Form
Participants Select All





#### 3. Required Fields

New CEIF Form	
Participants Select All	
Emergency *	
Choose Emergency	
Date of Emergency *	
mm/aa/yyyy	



#### 4. Optional Fields: All Remaining Fields are Optional

<b>Note</b> : You can fill out any additional fields below that are similar.		
Date Of Participant Consent		
mm/dd/yyyy	Ĺ	1
First Date ERS Provided		
mm/dd/yyyy	Ĺ	5
Current TAR Date From	Current TAR Date To	
mm/dd/yyyy	mm/dd/yyyy	1
Payer		
Choose Payer		~



5. Optional Fields Can be Personalized Later

Description of Emergency \*

COVID-19 outbreak at center. 5 ptps tested positive upon arrival at center on 4/7/23. Pausing in-center services until 4/21/23.

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5. Optional Fields Can be Personalized Later





#### 7. Complete remaining fields for individual participants

Emergency Deta	ils		
Emergency *			
Epidemic/infectious disease out	break such a	s COVID, TB, Norovirus	¢
Date of Emergency *		Date Of Participant Consent *	
04/07/2023	Ö	04/07/2023	
First Date ERS Provided *			
04/07/2023			
Current TAR Date From *		Current TAR Date To *	
04/01/2023	Ċ	09/30/2023	
		Cancel	Save



#### 7. Complete remaining fields for individual participants

Description of Emergency \*

Ptp tested + for COVID-19 upon arrival at center on 4/7/23. COVID-19 outbreak at center. 4 other ptps tested positive upon arrival at center on 4/7/23. Pausing in-center services until 4/21/23.



#### 7. Complete remaining fields for individual participants



## **Bulk CEIF Enhancements**



#### 8. Update Center Representative Title

#### **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 *	Date	Center Representative Title *
Brett Hendrickson	04/07/2023	Administrator
		Program Director

## **Bulk CEIF Enhancements**



9. Review and submit





1. Click on Active ERS Events



#### 2. Click on **Print Multiple CEIFs**



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Print Multiple CEIFs	
Choose Active Events Select All	
	Cancel Print Multiple Forms

California <u>Depart</u>ment

of AG



Print Multiple CEIFs	
Choose Active Events Select All	
	Cancel Print Multiple Forms

California Department

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5. This may take a few moments. Once document has been created, select **Print Preview**.





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

Print			6 pages
Destination		Save as PDF	•
Pages	All		•
Pages per sheet	1		•
Margins	Def	ault	•
Options		Headers and footer Background graphi	rs cs

## **Best Practices for Public Emergency**



- Use the CEIF (CDA 4000) whenever ERS is initiated
- Nurse or Social Worker should assess the participants needs
- Use the Bulk CEIF to add multiple participants during a largespread public emergency
- Print the CEIFs and send to the Managed Care Plan(s) (MCP) to inform the plans of ERS initiation
- Communicate often and frequently with the MCP throughout the ERS process
  - ERS services beyond three months must be approved by the MCP
  - ERS that cross over TAR/Auth periods must have the CEIF attached to the renewal TAR/Auth



# Questions





#### CBAS Bureau Contact Information Phone: (916) 419-7545

Email: <a href="mailto:cbascda@aging.ca.gov">cbascda@aging.ca.gov</a>

