

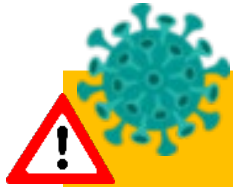
CBAS Temporary Alternative Services (TAS) and Emergency Remote Services (ERS) Comparison

2020

2021

2022

2023



TAS

March 16, 2020 – September 30, 2022

← 2.5 years →

ERS

October 1, 2022 – ongoing

← 1 year →

✓ PURPOSE:

- Deliver essential services to participants most at risk during the COVID-19 outbreak
- Reduce access to other parts of the health care system that may be overwhelmed
- Protect center staff
- Maintain CBAS infrastructure so centers are ready to reopen when the crisis ends

✓ CRITERIA:

No special criteria

✓ ELIGIBILITY:

New and continuing participants

✓ BILLING:

Can bill beyond licensed capacity

✓ REQUIRED SERVICES:

- Each billable day – Minimum of one service **OR** “doorstep” well check when delivering food, medicine, activity packet, etc.
- At least weekly – Wellness check and risk assessment

✓ DOCUMENTATION:

No CEIF

✓ Person-centered services

✓ 6-hour phone and email access and support M-F

✓ Assessment of participants' and caregivers' current and emerging needs

✓ Response to needs and outcomes through targeted interventions

✓ Communication and coordination with participants' networks of care support

✓ Arrangement or delivery of food, medications, supplies, etc.

✓ Documentation of assessment and services in the health record

✓ PURPOSE:

Allow for immediate response to address continuity of care when an **emergency** restricts or prevents CBAS participants from receiving in-center services

✓ CRITERIA:

- Public **OR** personal emergency
- Medical necessity

✓ ELIGIBILITY:

Continuing participants only

✓ BILLING:

Cannot bill beyond licensed capacity

✓ REQUIRED SERVICES:

- Each billable day – Provision of services specified in the IPC as appropriate and feasible
- At **least** weekly (by MDT) –
 - 1) Review and update of health and functional status based on emerging needs
 - 2) Review of the IPC for necessary adjustments

✓ DOCUMENTATION:

CEIF

