

ERS One-Year Look Back: Data, Policy Review, and Best Practices

**CBAS
Emergency
Remote
Services
(ERS)**

November 13 – 15, 2023

Community-Based Adult Services (CBAS)
Bureau

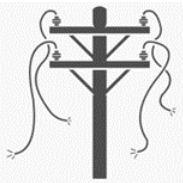
Agenda

- One-Year Data Look Back
- Policy Review, Reminders, and Revisions
- Best Practices
- Q&A

ERS Overview

- On October 1, 2022, ERS became a permanent and added component to the CBAS benefit that all centers **must** make available to their participants.
- Historically, services provided under the CBAS program have always been delivered in a ***congregate, facility-based setting***.
- ERS allows for the provision of CBAS core and additional services in ***alternative settings*** (e.g., community, participant's home, telephonically, via telehealth, etc.) on a time-limited, temporary basis.

- Limited to unique circumstances:



1) Public Emergency – State or local disaster (e.g., earthquake, flood, fire, power outage, epidemic/infections disease outbreak, etc.)

2) Personal Emergency – Serious illness or injury, crisis, care transition

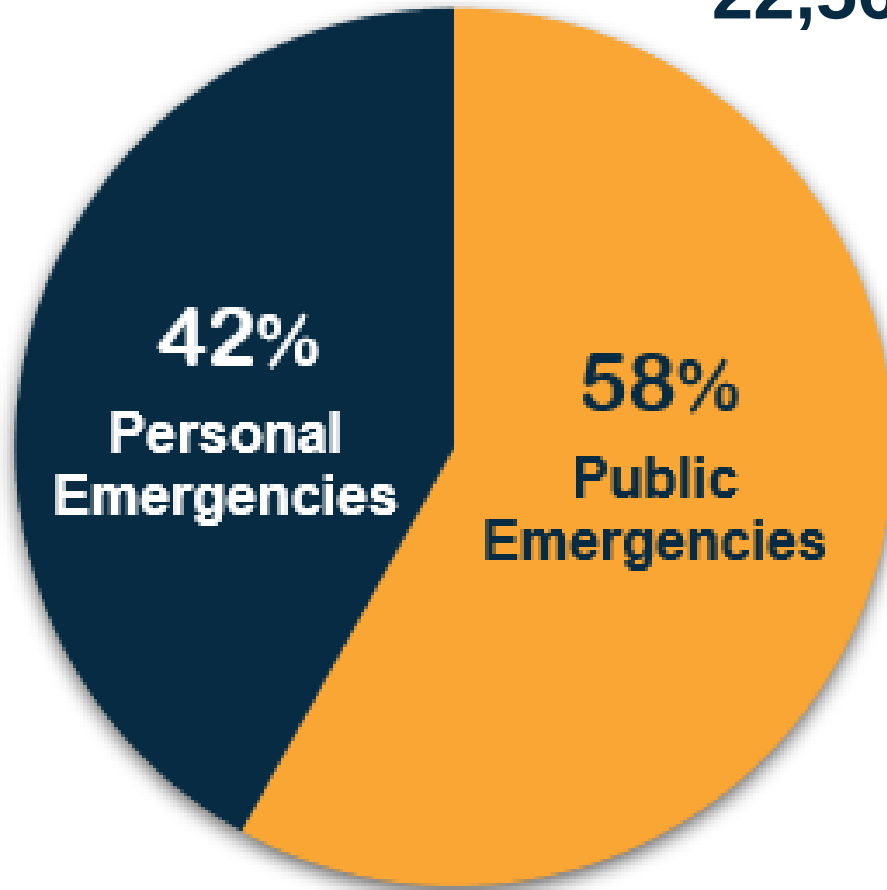


- Purpose: To allow for the **immediate** response to address continuity of care when an **emergency** restricts or prevents CBAS participants from receiving in-center services.

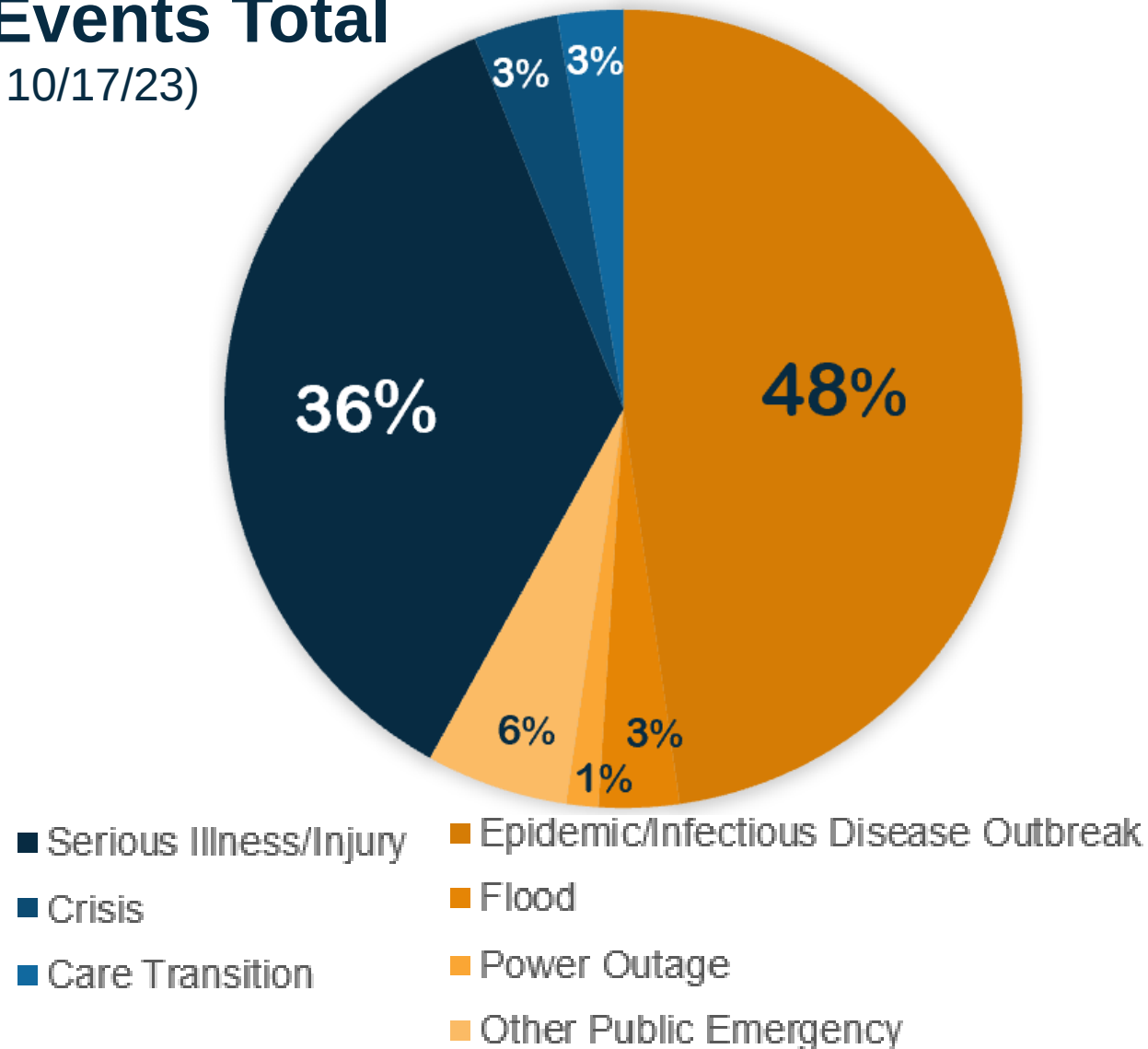
Annual ERS Data Review

One-Year Look Back

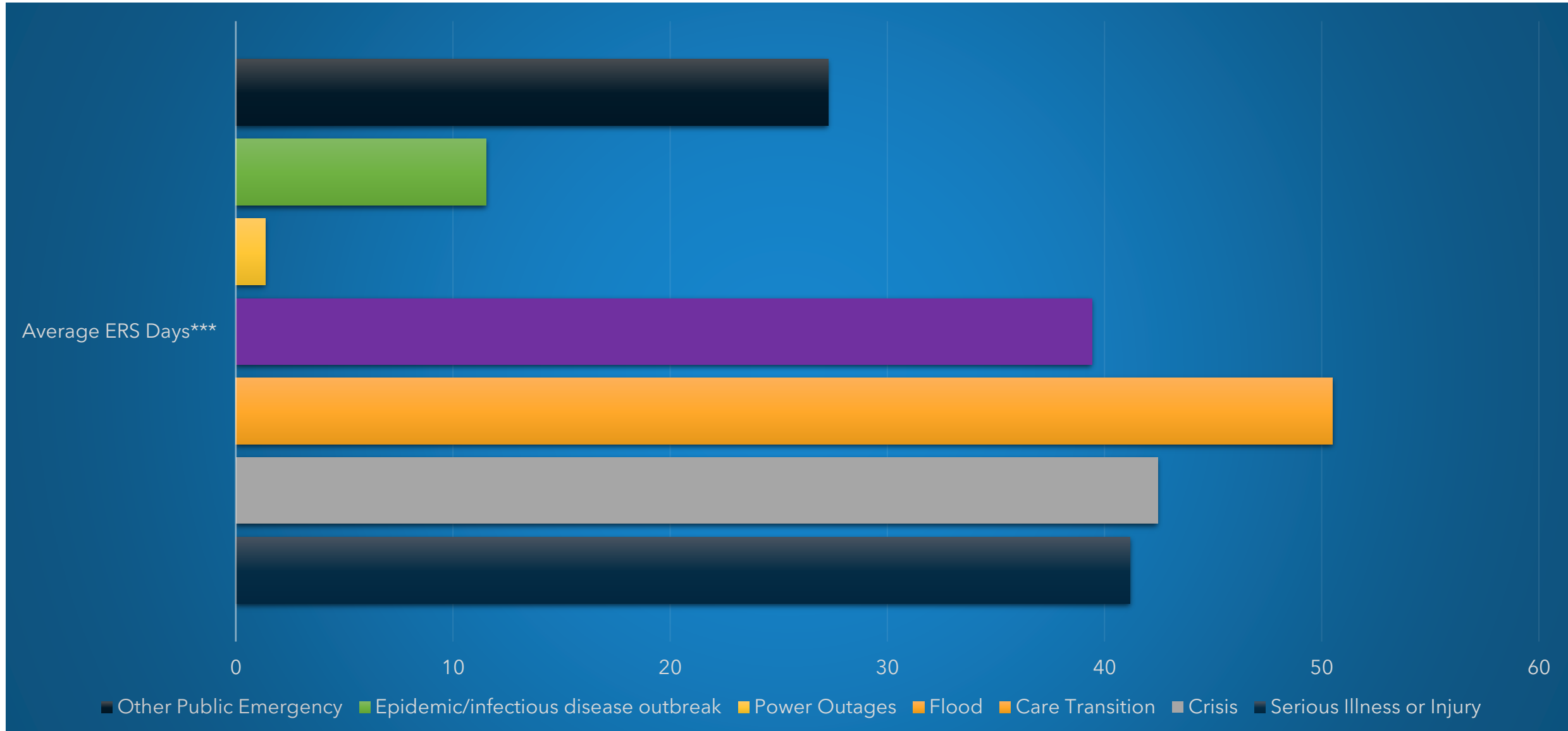
22,565 ERS Events Total (10/1/22 – 10/17/23)



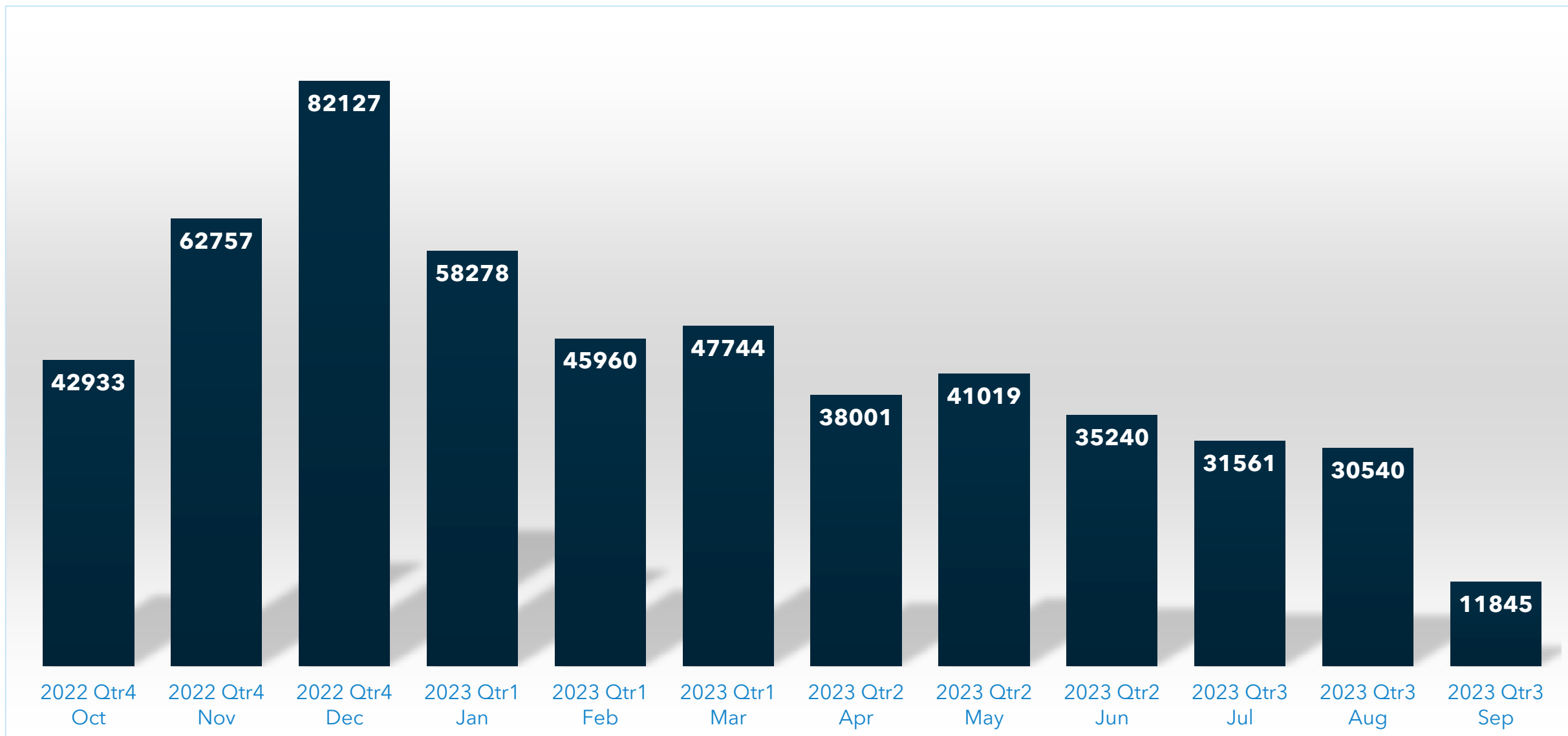
9,369 Personal Emergencies
13,196 Public Emergencies



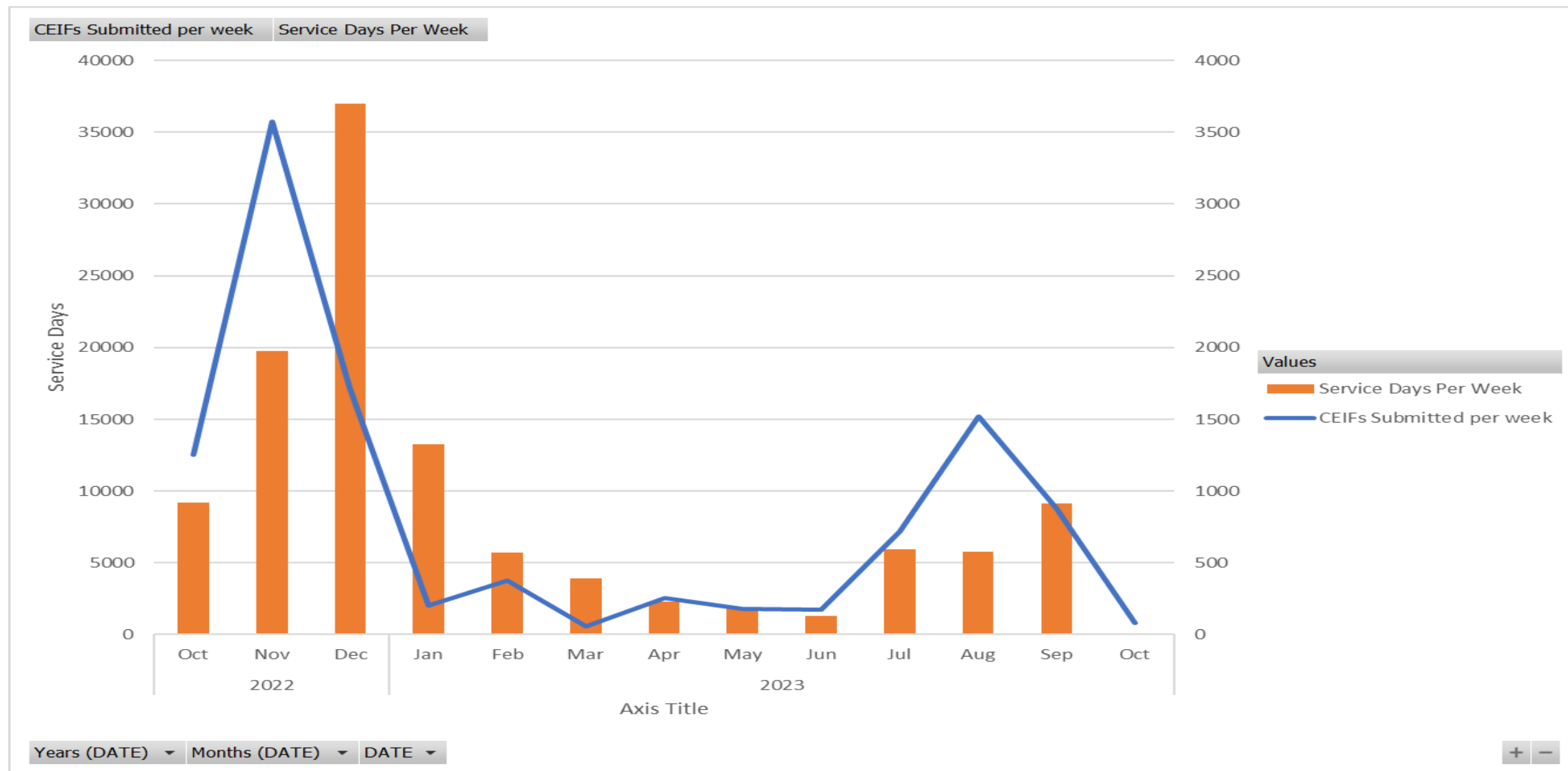
Average Number of ERS Days/Event



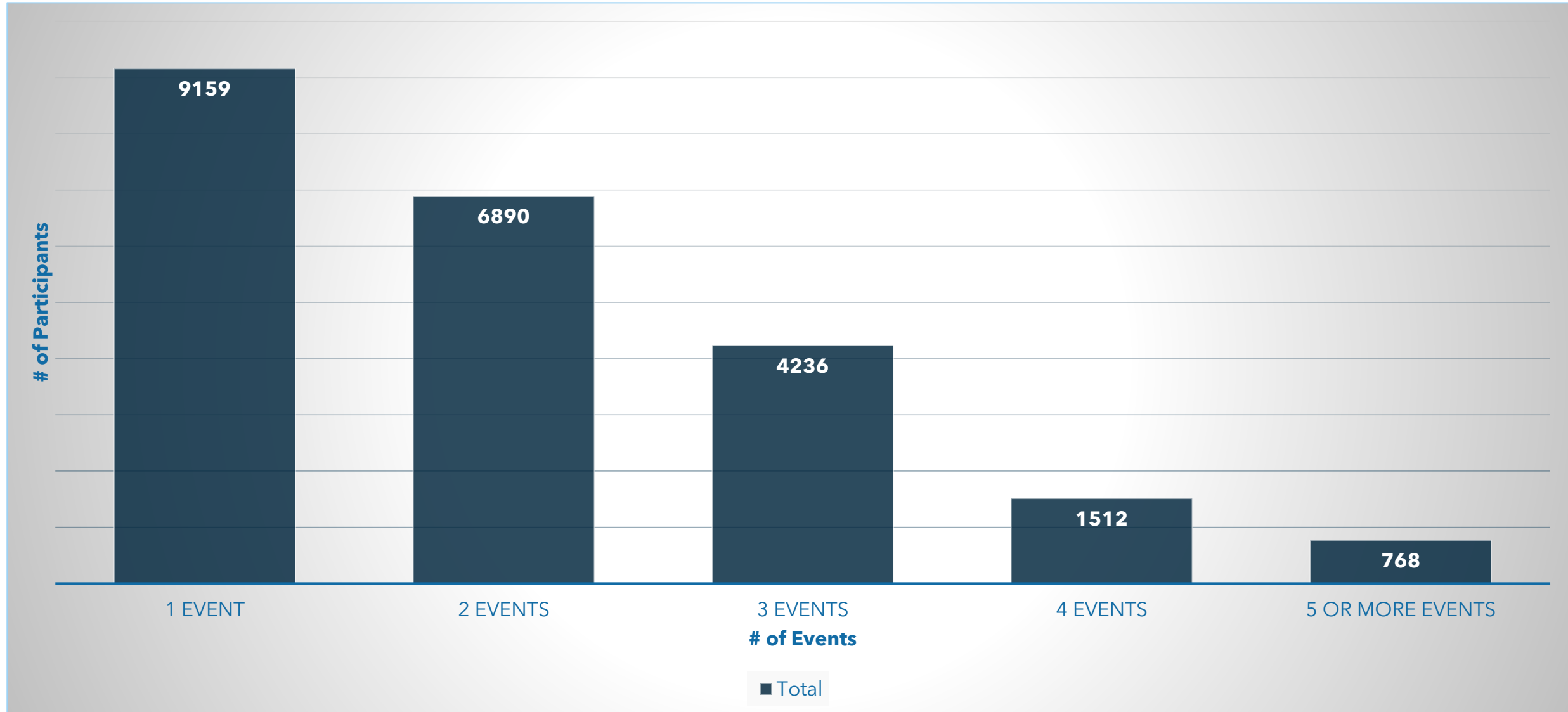
Number of ERS Days by Month



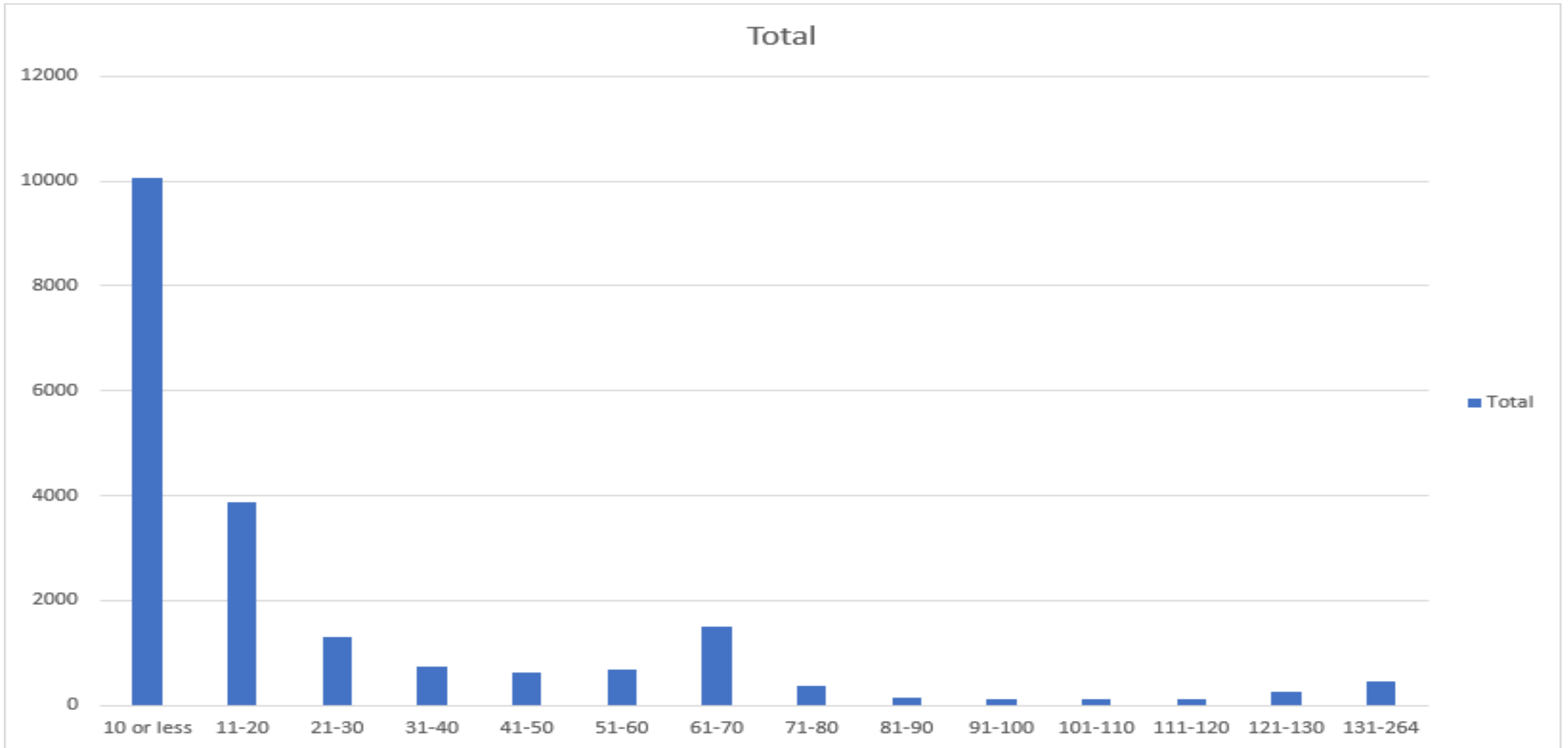
ERS Data Comparisons



Number of Events per Participant

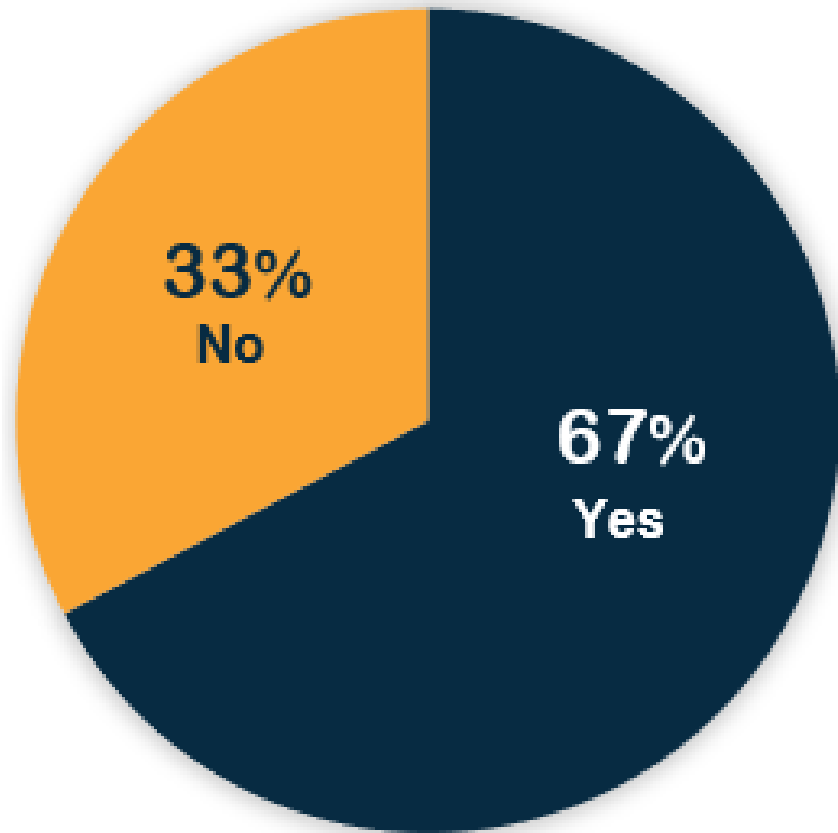


ERS Days Reported per ERS Event



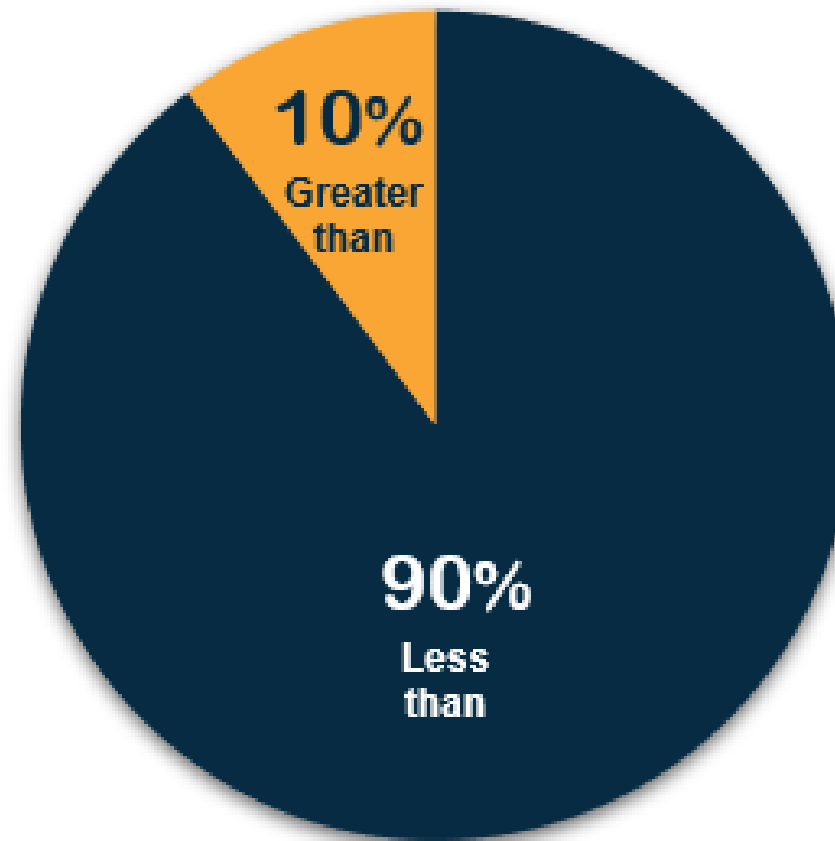
ERS Utilization by Centers

Centers Utilizing ERS



- 193 centers using ERS
- 94 centers not using ERS

ERS Events >90 Days



- 19,855 Less than 90 days
- 2,249 Greater than 90 days

Span: 91–354 days

Days Billed	Events
91-149 days	1,239
150-199 days	553
200-354 days	457

2,249



Policy Review, Reminders, and Revisions

ERS Key Policy Guidance

- **Policy**

- ☒ [ACL 22-04](#)
- ☒ [ACL 22-08](#) (Public Emergencies)

- ☒ [ERS Policy Summary](#)

- ☒ FAQs

- **CBAS ERS Initiation Form (CEIF)**

- ☒ [ACL 22-06](#)
- ☒ [CEIF Tool](#) (CDA 4000)
- ☒ [CEIF Instructions](#) (CDA 4000i)

- **Reporting Requirements**

- ☒ [ACL 22-09](#)
- ☒ [ERS Portal Instructions](#)

Community-Based Adult Services

The California Department of Aging (CDA) administers programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities throughout the State. These services are provided locally by contracted agencies. This webpage is intended for those who provide, or seek to provide, Community-Based Adult Services (CBAS).

For Providers & Partners - Program Narrative and Fact Sheets

For Consumers - Community-Based Adult Services (CBAS)

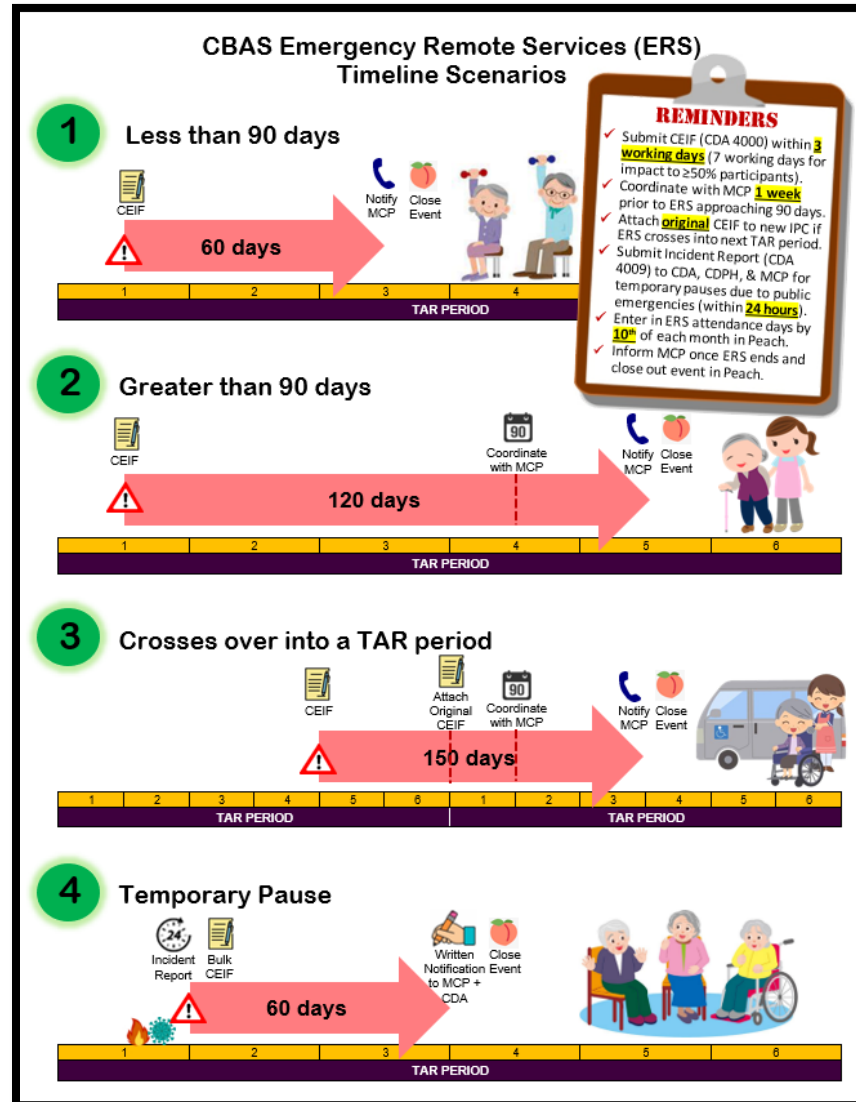
[Become a New CBAS Provider](#)

 Service Area Map	 Program Authority	 All Center Letters
 Forms	 Data & Reports	 Forms & Instructions
 Training	 CBAS Dashboard	 HCB Settings Stakeholder Activities
 External Resources	 CBAS Updates	 Toolkit
 Quality Assurance & Improvement Strategy	 Peach Provider Portal	 Emergency Remote Services

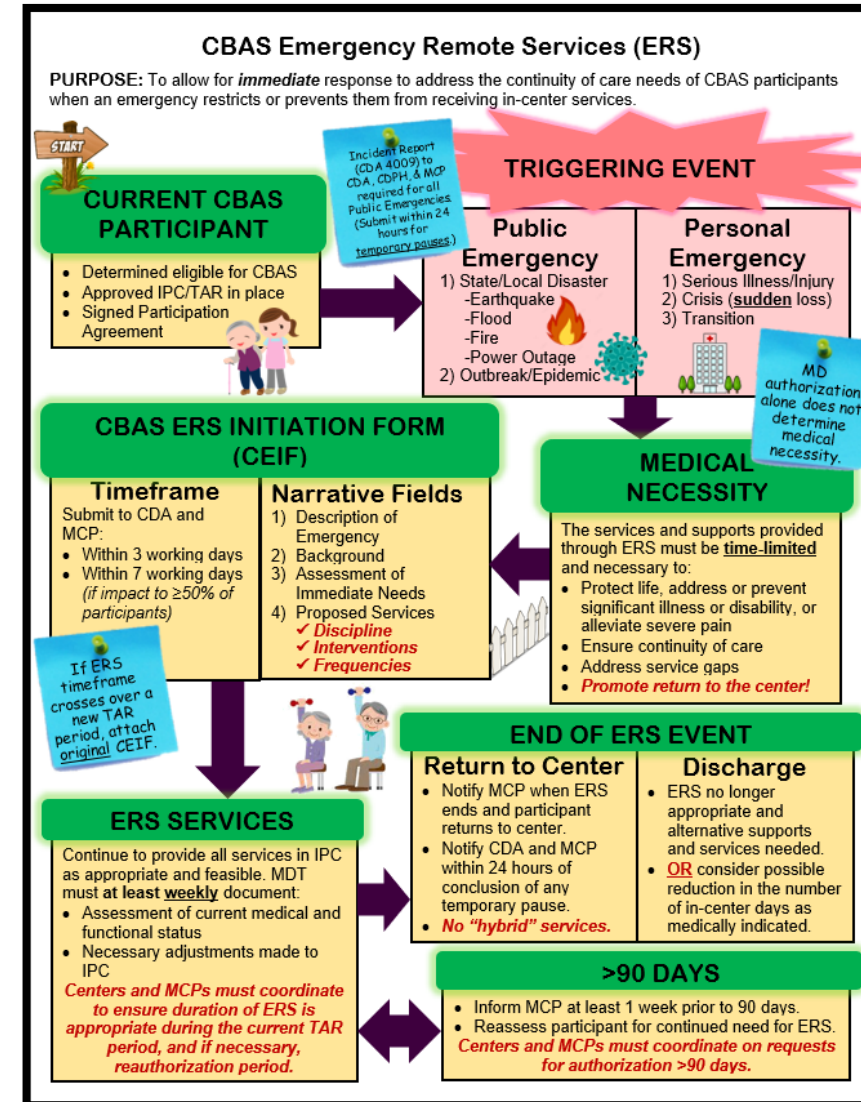


ERS Infographics

Timeline



Flowchart



ERS is NOT a Continuation of TAS

TAS

✓ 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

ERS

✓ 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



Dos & Don'ts

- New Enrollments
- ERS Crossing Over into Another TAR Period
- ERS > 90 days
- ERS Criteria & Medical Necessity
- CEIF Documentation

New Enrollments



- ✓ Ensure that ERS is only available to current CBAS participants who have been determined eligible for CBAS and have an approved IPC in place.



- ✗ Enroll new participants during a center pause.



- ✗ Enroll new participants straight into ERS even if there is no center pause.

ERS Crossing Over into Another TAR Period



- ✔ Attach the **original** CEIF to the TAR/IPC.
- ✔ Provide the MCP with sufficient information in **Boxes 15 and 16** of the IPC.
 - Dates for ERS during TAR period set to expire
 - Relevant details pertaining to continuation of ERS
- ✔ Follow any additional specifications set by the MCP.



- ✘ Generate a new CEIF.

ERS > 90 Days



Do

- ✓ **Coordinate with the MCP** at least one week in advance.
- ✓ Assess for continued need of ERS.
- ✓ Make referrals to **alternative services and supports** as needed.
- ✓ Consider other options (e.g., reduction in number of days, discharge, need for higher level of care, etc.).
- ✓ Ensure interventions **promote return to the center.**



Don't

- ✗ Generate a new CEIF.
- ✗ Prolong ERS if alternative services and supports or a higher level of care is needed.



ERS Criteria & Medical Necessity



Do

- ✔ Ensure there is a **triggering event** such as a public or personal emergency.
- ✔ Ensure there is a documented **need** for the specific services and supports provided under ERS.
- ✔ Keep in mind that ERS is **temporary** and **time-limited**.
- ✔ Ensure interventions **promote return to the center**.



Don't

- ✘ Use ongoing chronic conditions or diagnoses alone to justify ERS.
- ✘ Use MD authorization alone to justify ERS.
- ✘ Use the participant's request alone to justify ERS.
- ✘ Use ERS for hybrid situations where participants toggle back and forth between in-center and remote services due to ongoing or systemic issues.

CEIF Documentation



Description of Emergency (320-character limit)	Background (520-character limit)	Assessment (420-character limit)	Proposed Services (320-character limit)
✓ Make clear what the <u>emergency</u> is.	✓ Include factors that contribute to the need for ERS.	✓ Provide a concise description of <u>immediate assessed needs</u>. ✓ Ensure assessment by the MDT.	✓ Ensure services address immediate assessed needs. ✓ Include core services. ✓ Specify disciplines, interventions, and frequencies.
Case Example: Serious Illness/Injury			
MCI, DM1, Fall w/ fx 9/24/22. Requires center monitoring of pain, healing, medication effectiveness/compliance, BS, BP, cog status until pain controlled. W/C & transp obtained, est 3 wks 185 characters	Ptp unable to monitor own health status rel to dx MCI. Req. structure & routine to maintain functional abilities. Stressors of recent fall w/ fx, pain, new med regime & disrupted routine. Increased confusion & need for services and supports. CG stressed & wks during day. 271 characters	Ptp needs nursing telehealth svcs qd to ensure med compliance, eval eff, walk ptp through BS/BP chks, evaluate level of cog, pain, mobility, healing and safety needs. Ptp needs SW telehealth sv 2x/wk to coordinate w/c transp and provide 1:1 interaction. 253 characters	Nsg telehealth QD video obs for med adm BS/BP, assess pain, healing, mobility, personal care needs to ensure needs are met. SW telehealth 2x/wk coord transp w/c, cg support, ptp 1:1 interaction 147 characters



Revisions to ACL 22-08

- Incidents that occur within the center facility that are **not** due to a public emergency but prevent participant attendance such as equipment failures (e.g., water heater) or facility renovations are **not** considered ERS events.
- If damage ***caused directly by a public emergency*** renders the center unsafe and results in needed repair, ERS may be appropriate initially to ensure continuity of care for participants. However, the duration of ERS **must be approved by CDA** and may not exceed **90 calendar days** unless otherwise deemed urgently necessary by CDA.

Revisions to ACL 22-11 (FAQs #2)

- If the MCP makes a determination that CBAS ERS is not appropriate, the determination **does not** necessarily mean that the participant is no longer appropriate for CBAS.
- In the event the MCP determines a participant does not meet the criteria for ERS supports and services per ERS policy but is still eligible for in-center services, further coordination should occur between the MCP and CBAS provider to explore alternative options.



Q&A



Thank You!

CBAS Bureau

Phone: (916) 419-7545

Email: cbascda@aging.ca.gov



Stories from the Field

Provider and Participant Experiences

Public Emergencies: Outbreaks and Disasters

Personal Emergencies



Public Health Emergency – COVID Outbreaks

"This is not TAS"

"It is a huge challenge to stop and start"

"I waited too long to pause"

"It's a judgment call as to how long to pause to be safe"



Outbreak Lessons Learned

- Use ACL 22-08 and have a plan in place ahead of time so everyone knows their role and what your policy and procedures are in the event of exposure
 - Use your best judgment to assess infection rate of spread.
 - Isolated case or more than one?
 - Centers are often the first sign of an impending wave
- Take appropriate action to protect health and safety
 - Test and monitor symptoms daily- staff and participants (free test kits are still available through your county public health if you are enrolled)
 - Seek guidance from peers, CAADS, Medical Director
 - The decision to pause is yours and yours alone
- It is difficult to pause and move into ERS. Be thoughtful but confident in your decisions. You know your participants and staff the best!
 - If you do pause consider infection incubation period as people may be infected on a “rolling” basis
 - Estimate your length of the pause
 - Notify your managed care plans before you start submitting CEIFs
 - File an Incident Report
- At moments of stress, remind yourself, everything will be fine – practice gratitude each day



Natural Disaster Stories



Disasters: Lessons Learned

Natural disasters A 19-01 Alerting

Anticipate – Plan ahead – have an emergency plan and update it regularly
This is required for ADPs and ADHCs!

For more details and requirements about disaster planning see CDA [ACL 19-01](#)

Each County in California has an alerting program that you can sign up for to receive alerts if an emergency situation were to arise. If you work in one county, but or participants live in another, you can sign up for both [here](#):

Additional resources:

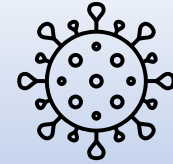
- <https://www.listocalifornia.org/>
- <https://www.listocalifornia.org/resources/>



Personal Emergencies: Stories



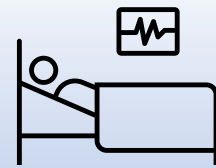
Injury



Outbreak



Emergency



Care Transition



Personal Emergencies: Lessons Learned

- ERS acknowledges that CBAS provides valuable services, are in the best position to step in during emergencies, and offer continuity care
- Participants need ERS! Especially while the pandemic disproportionately continues to impact older and disabled population
- Participants should not be expected to understand Medi-Cal policies
- Don't let admin burden scare you away from using ERS when it is appropriate
- Many times we have had to provide services that are not compensated because that is what we do to meet needs



CBAS Emergency Initiation Form



Pro Tip: CEIFs & Reporting

When you have a participant that needs ERS here are steps to take:

- 1) Begin by adding a new CEIF in the Peach provider Portal – you can add them and not submit the CEIF, it will just be ‘in progress’ until you are ready to submit
 - a. Go to the peach provider portal website: <https://peach.aging.ca.gov>
 - b. If you don't know how to use the portal or login: [Peach Provider Portal Login Instructions](#)
 - c. Once you get to the portal there are many tasks, here is a link on how to complete them: [ERS Portal Instructions](#)



Pro Tip: CEIFs & Reporting Tips (cont.)

- 2) If you aren't ready to enter information into the portal, it doesn't mean you can't start gathering it using the [ERS Portal Tool](#)
- 3) Remember, once you finish entering the CEIF in the Peach Portal, you must send a copy of the completed CEIF to the participant's Managed care Plan to notify them that you have initiated ERS. You can print the form directly from the Peach portal.
- 4) Remember, at the end of the month, when you submit your MSSR, you need to go to the Peach Portal and mark ERS attendance days for each participant. This is very important, as CDA gets statistics on ERS use from this data. It gets reported to CMS and DHCS because ERS is part of a demonstration project.



Pro Tips – CEIFs for Center-Wide Pauses

- Tag Team: RNs or SWs can fill out CEIFs with PD and/or administrator for final review & approval. CEIF is “in progress” until submitted
 - You can add users to the PEACH portal with CDA notification. Important esp. when staff are out ill. Be prepared! Do this in advance.
- Talk to MCPs before initiating CEIFS. This reduces calls and emails
- Have a template at the ready for recording progress notes, ie, mode of contact, reason for contact, outcome
- For short-term center-wide pauses, it is okay to expect there will be a similar text for each person. Staff focus and priority must be on securing all participants’ health and safety.



Pro Tips – CEIFs for Personal Emergency

- RNs or SWs can fill out CEIFs but PD and/or administrator provide final review & sign-off. CEIF is “in progress” until submitted
 - You can add users to the PEACH portal with CDA notification. Important esp. when staff are out ill. Be prepared! Do this in advance.
- Have a template at the ready for recording progress notes, ie, mode of contact, reason for contact, outcome
- MDT needs to think about what a transition plan looks like for a participant returning to center after ERS



COVID-19 Resources

State of California

[California COVID-19 Website](#)

California Department of Aging (CDA)

[COVID-19 Information and Resources](#)

California Department of Health Care Services (DHCS)

[DHCS COVID-19 Response](#)

California Department of Public Health (CDPH)

[CDPH All Facilities Letters \(AFLs\)](#)

[CDPH COVID-19 Home](#)

[CDPH Find All Guidance](#)

California Department of Social Services (DSS)

[COVID-19 Information and Resources](#)

[Provider Information Notices \(PINs\) for Adult and Senior Care \(ASC\) Programs](#)

Centers for Disease Control and Prevention (CDC)

[COVID-19](#)

[Stay Up To Date with Your COVID-19](#)

[Vaccines](#)

[People with Certain Medical Conditions](#)

[COVID-19 Treatments and Medications](#)



COVID & FLU Guidance

[Influenza \(Flu\), RSV, and Other Respiratory Diseases](#)

[Influenza Public Awareness Toolkit \(various languages\)](#)

[Get the Facts on COVID-19 Vaccines, Boosters, and Additional Doses \(10/12/23\)](#)

[COVID-19 Booster Doses \(Issued 6/13/23\)](#)

[COVID-19 Vaccine Booster Questions & Answers \(Issued 6/13/23\)](#)

[Guidance for the Use of Face Masks \(Issued 3/3/23\)](#)

[Updated Testing Guidance \(Issued 6/15/23\)](#)

[Health Care Worker Vaccine Requirement \(Issued 9/13/22\)](#)

[Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public \(8/29/23\)](#)

Includes guidance specific to High-Risk Settings/Healthcare Facilities

[Isolation and Quarantine Q&A \(Issued 9/21/23\)](#)

[COVID19.CA.GOV](#)

[Find All Guidance](#)

[All Facilities Letters \(AFLs\)](#)



Additional Public Health Resources

General Resources

For questions about infection prevention and control of COVID-19, please contact the CDPH Healthcare-Associated Infections Program via email at HAIProgram@cdph.ca.gov or novelvirus@cdph.ca.gov.

Anyone can [submit an inquiry](#) to CDPH requesting clarification of information in CDPH Guidance and Policy documents.

[Sign up](#) to receive **Alerts** for updates to California State Public Health Officer Orders and public health mandates related to COVID-19 in 14 languages.

Local Resources

CDPH Licensing and Certification Program Information – Field Operations Branch (District Offices)
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Listing of California Local Health Services Departments (County or City)
<https://www.cdph.ca.gov/Pages/LocalHealthServicesAndOffices.aspx#>



ERS Policy Resources & CEIF Tools

CBAS Emergency Remote Services

https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Emergency_Remote_Services/

CBAS ERS Policy Summary

https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Emergency_Remote_Services/

CBAS ERS Forms & Instructions

https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/Emergency_Remote_Services/

CBAS ERS Initiation Form (CEIF) Instructions

<https://aging.ca.gov/download.ashx?IE0rcNUV0zab%2bfznm4pP9g%3d%3d>

CBAS ERS Portal Instructions

<https://aging.ca.gov/download.ashx?IE0rcNUV0zZsiEaAPZ7Saw%3d%3d>

CBAS ERS Portal Tool

<https://aging.ca.gov/download.ashx?IE0rcNUV0zb7%2fDuvem3nEg%3d%3d>



CBAS All Center Letters

CDA CBAS Webpage

https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/

CBAS All Center Letters

https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/All_Center_Letters/

ACL 22-04 Launch of New CBAS Emergency Remote Resources (ERS)

<https://aging.ca.gov/download.ashx?IE0rcNUV0zat4VbuY0SwBw%3d%3d>

ACL 22-06 Initiation of CBAS Emergency Remote Services (ERS) Completion of the CBAS ERS Initiation Form (CEIF) (CDA 4000)

<https://aging.ca.gov/download.ashx?IE0rcNUV0za6yCDrNxnsew%3d%3d>

ACL 22-07 ERS Frequently Asked Questions #1

<https://aging.ca.gov/download.ashx?IE0rcNUV0zYrSGbnBmyNWg%3d%3d>

ACL 22-08 CBAS ERS Public Emergency Requirements

<https://aging.ca.gov/download.ashx?IE0rcNUV0zax4f%2fJkXlqZQ%3d%3d>

ACL 22-09 CBAS Monthly ERS Reporting Requirements

<https://aging.ca.gov/download.ashx?IE0rcNUV0zZ0W89aMHHZ8g%3d%3d>

ACL 22-11 ERS Frequently Asked Questions #2

<https://aging.ca.gov/download.ashx?IE0rcNUV0zYTAXTMKOCUSg%3d%3d>



CBAS Required Reporting Resources

CBAS Reporting Requirements

https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/Reporting_Requirements/

ADHC/CBAS Incident Report Form (CDA 4009)

<https://aging.ca.gov/download.ashx?IE0rcNUV0zaqMET2XrTCdw%3d%3d>

ADHC/CBAS Incident Report Instructions (CDA 4009i)

<https://aging.ca.gov/download.ashx?IE0rcNUV0zZ9LQamuTIR3Q%3d%3d>

DHCS All Plan Letter (APL) 22-020 Community-Based Adult Services Emergency Remote Services

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-020.pdf>

DHCS APL 22-020 - CBAS ERS Reporting Template & Instructions

<https://www.dhcs.ca.gov/Documents/MCQMD/CBAS-ERS-Reporting-Template-Final-Nov-2022.xlsx>

