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ACL 22-08

Date: September 20, 2022

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

From: California Department of Aging (CDA) CBAS Bureau

Subject: CBAS Emergency Remote Services (ERS) - Public Emergency Requirements

Purpose

This All Center Letter (ACL) establishes requirements for state and local public disasters and public health emergencies that further elaborates on definitions and requirements for CBAS ERS specified in the [California Advancing and Innovating Medi-Cal \(CalAIM\) 1115 Demonstration Waiver](#) (Waiver) and the CBAS [ERS Summary Policy](#). Policy specified in this ACL is effective October 1, 2022.

Background

The Waiver, authorized by the Centers for Medicare & Medicaid Services (CMS) in January 2022, now includes provisions of CBAS ERS under defined conditions. Those conditions include public emergencies as follows:

- **Natural or Human-made Disasters** - such as fires, earthquakes, floods, power outages; and
- **Public Health Emergencies** - such as disease outbreak or epidemics

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, including requirements for public emergencies that may have varying levels of impact at a state and/or local level.

Policy and processes for delivery of CBAS emergency remote services (ERS) during public emergencies that are described in this ACL have been designed to:

- Address emergencies caused by natural and/or human-made disasters, as well as public health emergencies such as disease outbreaks and epidemics;
- Mitigate disruptions to participants and CBAS centers during such emergencies; and

- Support oversight and enforcement of appropriate utilization of ERS.

Public Emergency Policy Overview

1. Public Emergencies and Varying Levels of Impact

Public emergencies, whether natural or human-made disasters or public health emergencies, may vary in their level of impact to CBAS centers and participants. Varying impacts include:

- Public emergencies that are statewide and impact all CBAS centers and participants
- Local or regional emergencies that affect multiple CBAS centers and some or all their participants
- Limited local emergencies that affect only a few or even one CBAS center and some or all center participants

2. Temporary Pausing of Center-Based Services - Thresholds

At times a public emergency may result in a CBAS provider being unable to serve all participants in the center because it is not physically possible or safe. Following are conditions that must be met for CBAS centers to pause center-based services completely and deliver ERS exclusively during public emergencies:

- Access to the center is not physically possible or safe as a result of a state or local disaster (e.g., major road closures, center access restricted by emergency personnel and/or local authorities, etc.).
- Highly infectious disease outbreak, or epidemic creates unsafe conditions for center-based operations. Thresholds for determining unsafe conditions are to be based on:¹
 - **For COVID**
Identification of three or more suspected, probable, or confirmed COVID 19 cases within a 14-day period among people who are epidemiologically linked in the setting. In such instances, providers must notify and follow any additional guidance provided by the local health department.
 - **For Other Highly Infectious Diseases (e.g., Norovirus, Tuberculosis, etc.)**
Consultation with the center staff physician **AND** determination by the local health department

NOTE: Incidents that occur within the facility and prevent participant attendance such as equipment failures or construction are not considered ERS events. Conditions for providing and billing for ERS while a center is temporarily not open, and operating must relate to a public emergency.

¹ Providers must act in accordance with their emergency response and CalOSHA plans during emergencies, as well as document required actions taken, including communications and/or attempted communications with the local health department.

Provider Requirements

The following are provider requirements specific to public emergencies in addition to all ERS requirements specified in ACL [22-04](#), [22-06](#), and all ERS policies established and posted on the CBAS website [Emergency Remote Services](#) tab.

1. Provider Reporting of Public Emergencies

Providers are required to report public emergencies in accordance with CDA's [CBAS Incident Reporting](#) requirements.

For public emergencies qualifying for and resulting in temporary pause of center-based services as defined above, providers are required to report as follows:

- Send an [ADHC/CBAS Incident Report \(CDA 4009\)](#) to the California Department of Public Health (CDPH), CDA, and contracting managed care plans per CDA Incident Report requirements, within 24 hours of incident
- Notify CDPH and CDA in writing within 24 hours of conclusion of the temporary pause and resumption of center-based services
- Notify CDA and CDPH in writing of any temporary pause in center-based services lasting more than two weeks

2. Participants Eligible for ERS During a Public Emergency

At the time of a public emergency providers are required to determine which participants are prevented from attending the center due to the emergency and, of those affected, which meet the criteria for ERS. Participants who meet criteria defined in ACL 22-04 may be considered eligible for CBAS ERS during a public emergency. This includes the need for services and supports provided through CBAS ERS that address continuity of care while they are prevented from attending the center.

3. CBAS ERS Initiation Form (CEIF) Completion and Submission

A CEIF must be completed for each participant assessed as needing ERS and for whom ERS is provided. A CEIF must be completed for a ERS day of service to be considered billable. The three working-day submission requirement for the CEIF may be extended for up to seven working days when a majority (50% or more) of a center's participants may need ERS or at the discretion of the contracting MCP(s).

Summary

This ACL outlines CBAS ERS requirements for public emergencies. Policy specified in this ACL is effective October 1, 2022.

Questions

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