California Department of AGING

CBAS Emergency Remote Services (ERS)

One-Year Look Back:

Policy Review, Reminders & Clarification

October 5, 2023

Community-Based Adult Services (CBAS) Bureau

CBAS Centers

+

Medi-Cal Managed Care Plans
(MCPs)

Agenda

- One-Year Look Back
- Policy Review
- Policy Reminders
- Policy Clarification
- Q&A

3.5-Year Look Back

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

2020	2021	2022	2023

TAS
March 16, 2020 – September 30, 2022

← 2.5 years →

ERS
October 1, 2022 – ongoing

← 1 year →

ERS is <u>NOT</u> a Continuation of TAS

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TAS

ERS

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

Shared (center)

✔ 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

# ERS Overview

- On October 1, 2022, ERS became a permanent and added component to the CBAS benefit that all centers **<u>must</u>** 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:
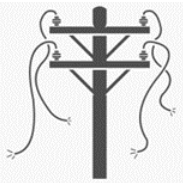
  1) **Public Emergency** – State or local disaster (e.g., earthquake, flood, fire, power outage, epidemic/infections disease outbreak, etc.)
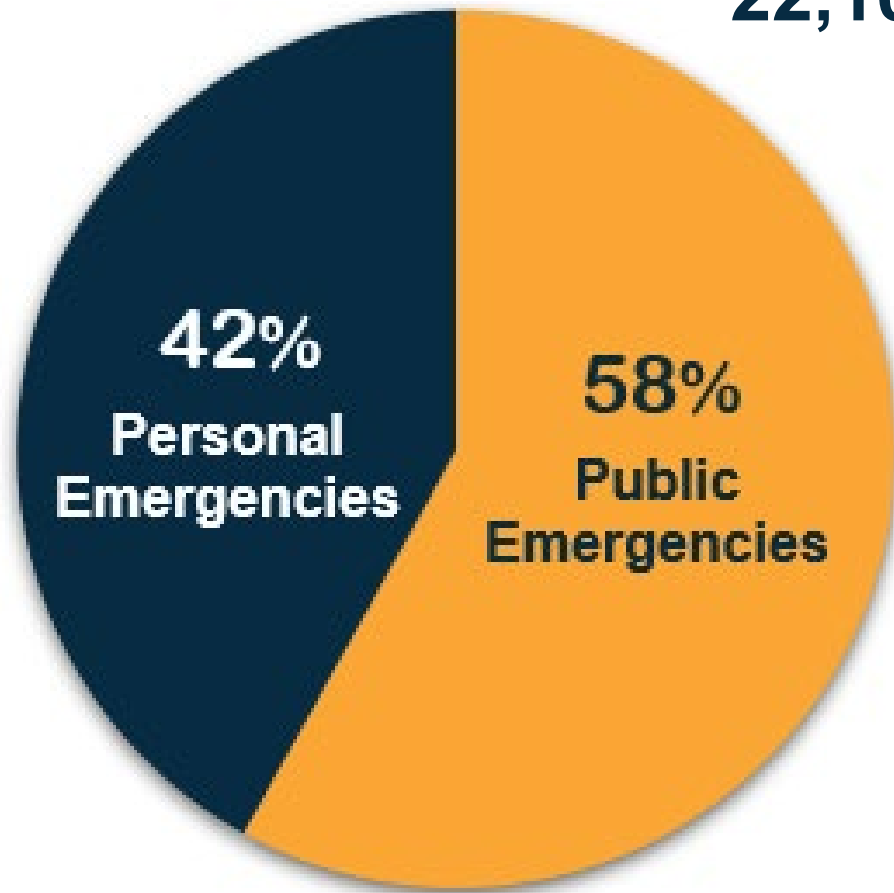
  2) **Personal Emergency** – Serious illness or injury, crisis, care transition
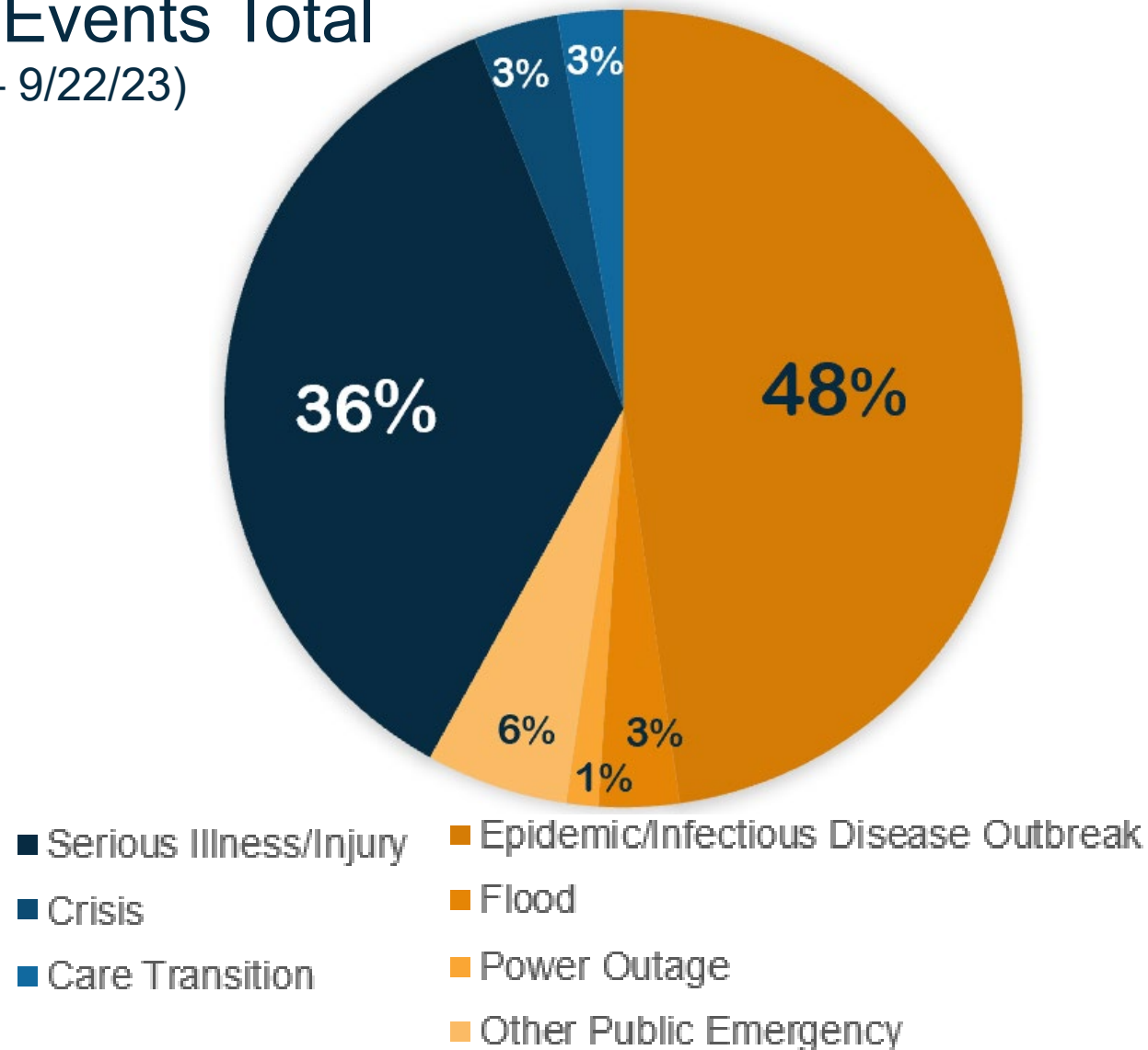
- Purpose: To allow for the **<u>immediate</u>** response to address continuity of care when an **emergency** restricts or prevents CBAS participants from receiving in-center services.
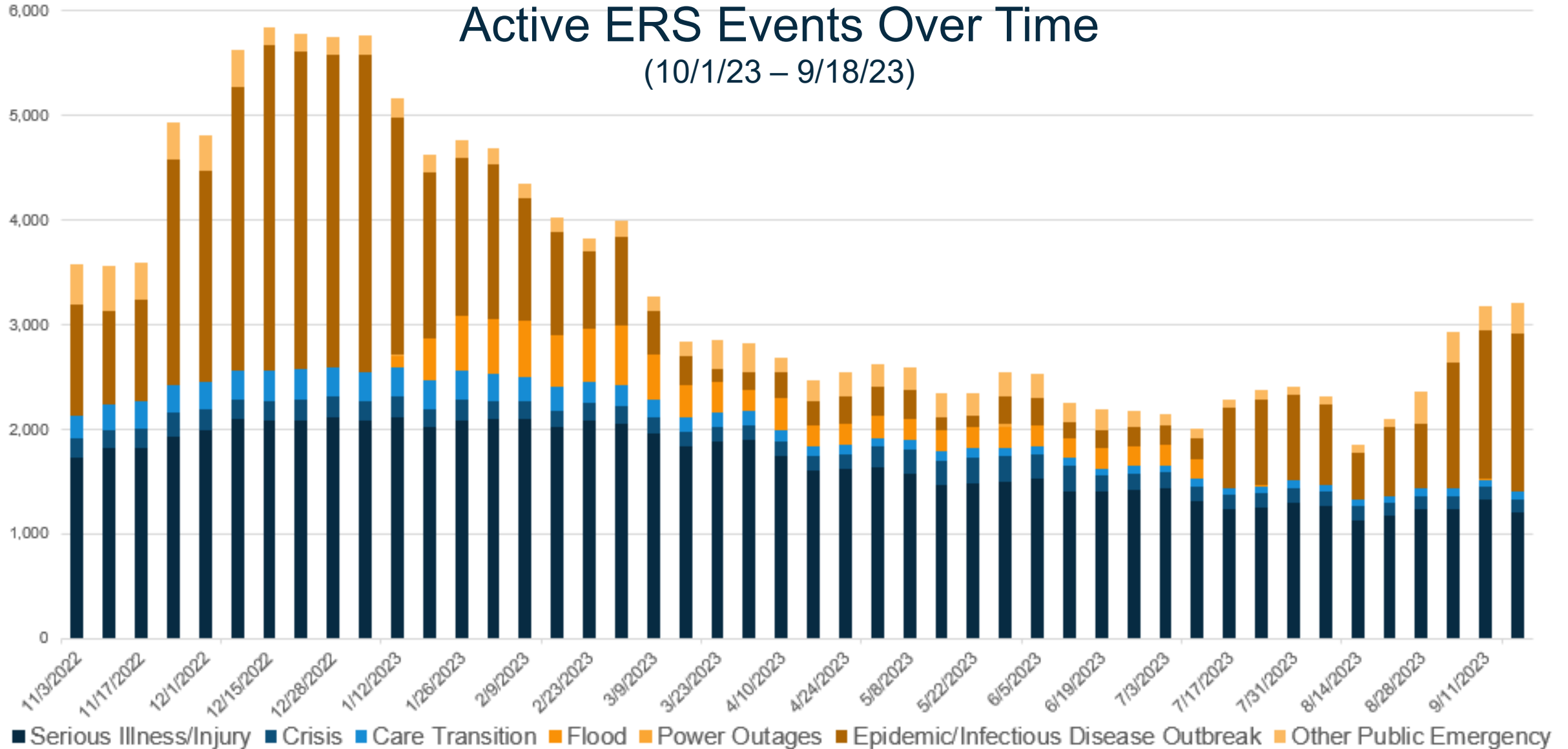
One-Year Look Back

22,104 ERS Events Total
(10/1/23 – 9/22/23)

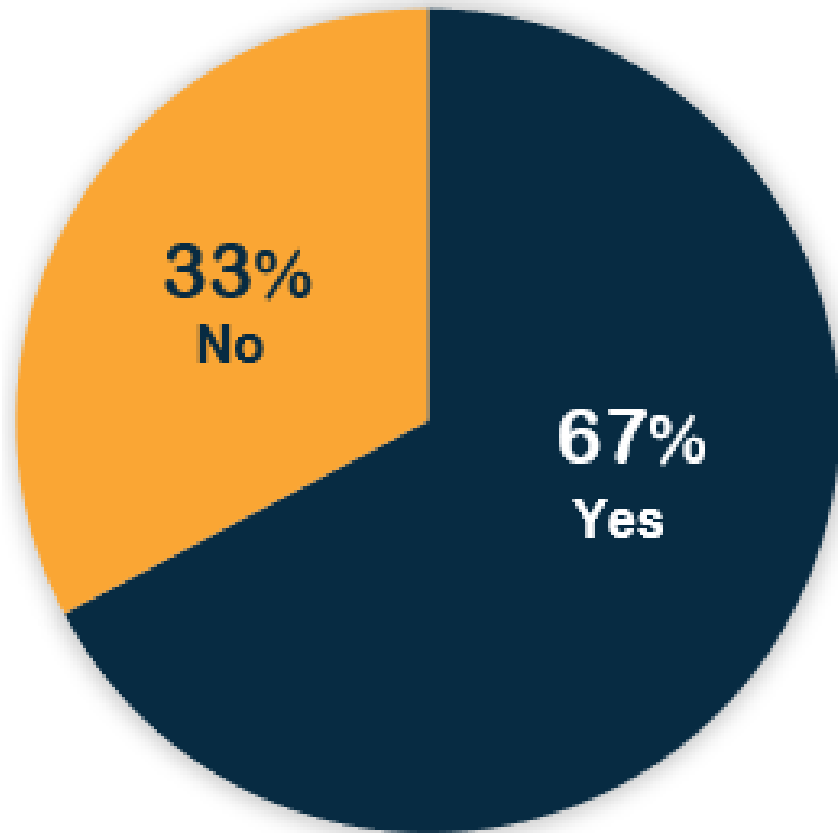**42%** Personal Emergencies

58% Public Emergencies

- 9,270 Personal Emergencies
- 12,834 Public Emergencies

36%

48%

3% 3%

6%

1%

3%

- Serious Illness/Injury
- Epidemic/Infectious Disease Outbreak
- Crisis
- Flood
- Care Transition
- Power Outage
- Other Public Emergency

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Emergency Types Over Time

Active ERS Events Over Time
(10/1/23 – 9/18/23)

Legend: ■ Serious Illness/Injury ■ Crisis ■ Care Transition ■ Flood ■ Power Outages ■ Epidemic/Infectious Disease Outbreak ■ Other Public Emergency

ERS Utilization by Centers

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Centers Utilizing ERS

- 193 centers using ERS
- 94 centers not using ERS

ERS Events >90 Days

Span: 91–**354** days

Days Billed	Events
91-149 days	1,239
150-199 days	553
200-354 days	457
	2,249
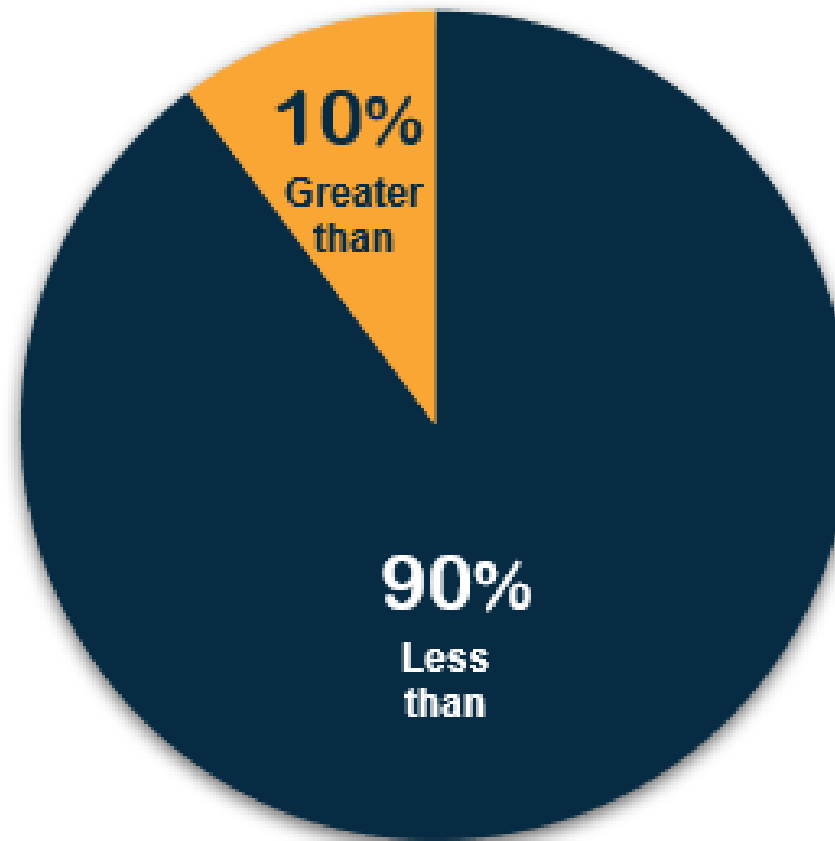
- 19,855 Less than 90 days
- 2,249 Greater than 90 days

Policy Review

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
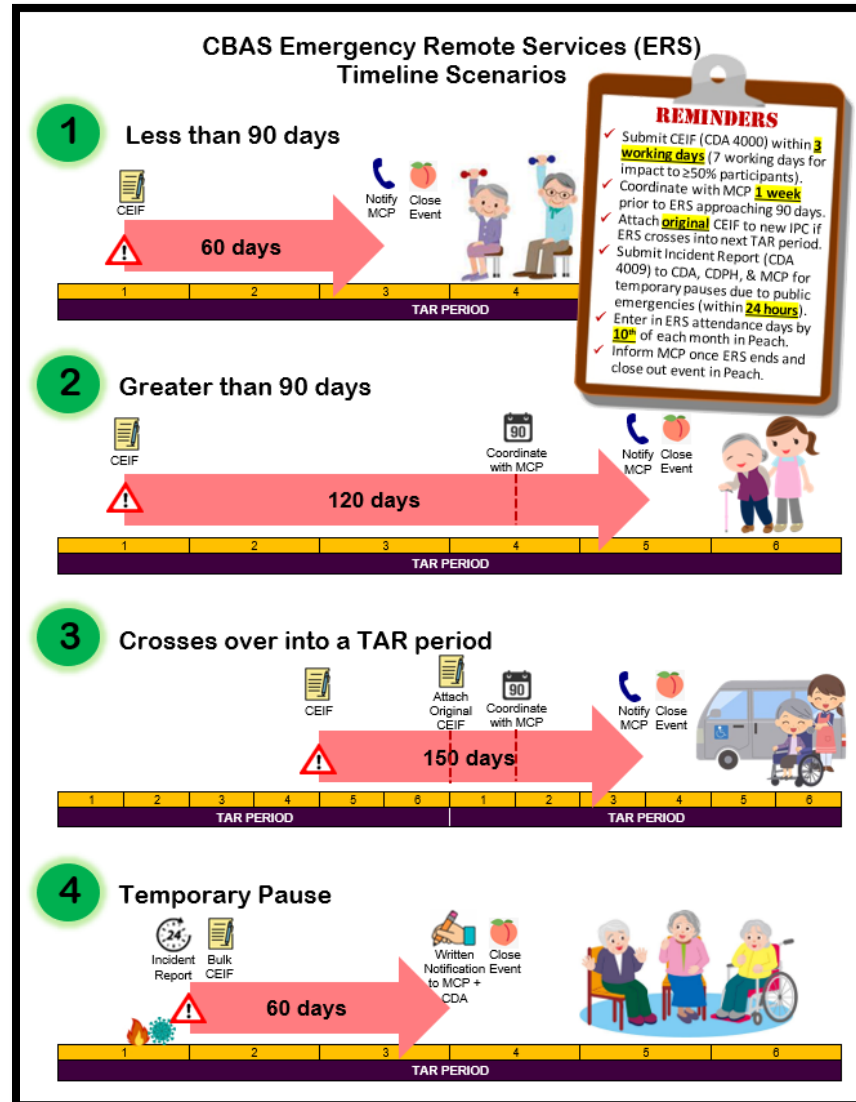
Flowchart
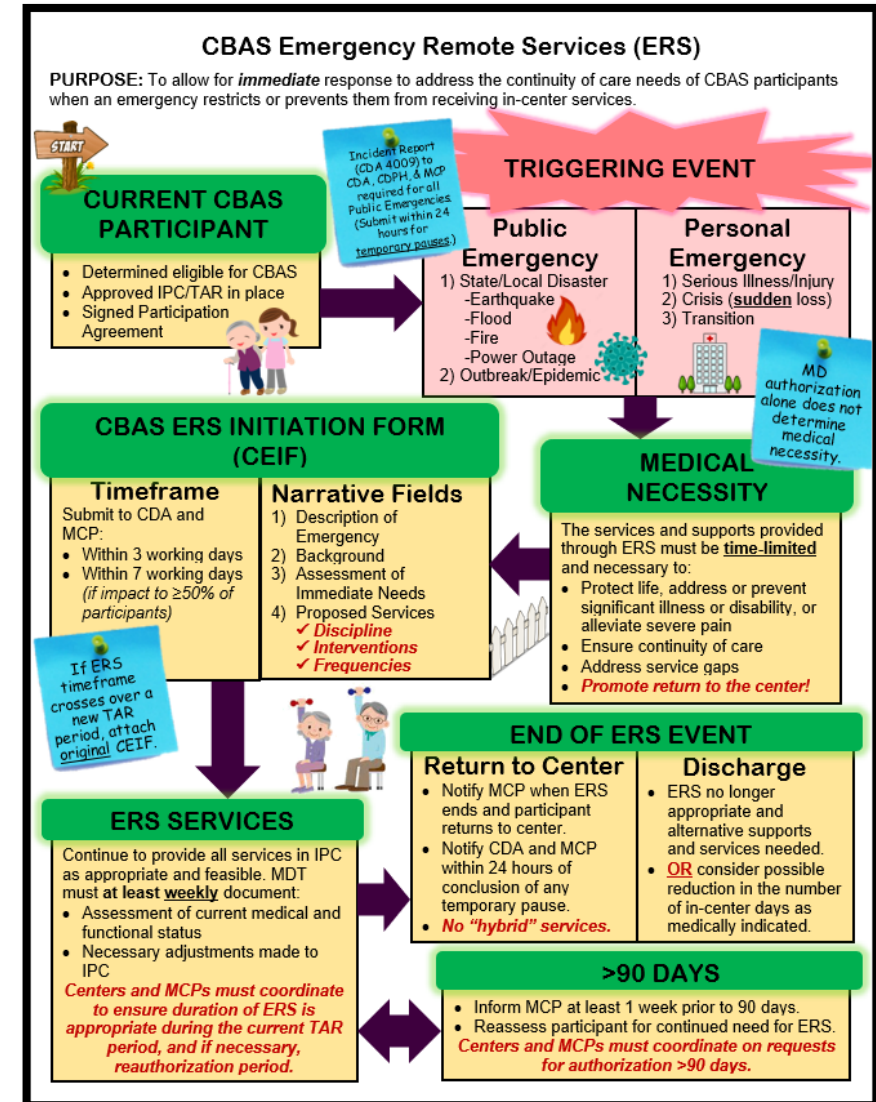
Policy Reminders

Dos & Don'ts

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

New Enrollments

✅ Do

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

❌ Don't

- ❌ 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

✅ Do

- ✅ 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.

❌ Don't

- ❌ 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.

Example #1 – Chronic Condition/Diagnoses

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Description of Emergency	Background	Assessment	Proposed Services
Ptp is temporarily unable to attend CBAS in person at this time due to OA in the Knees and depression.	Ptp C/O depression and OA in the knees.	Ptp needs to continue receiving CBAS services at home during this time due to OA in the Knees and depression. Ptp unable to currently be in the center. Ptp meets criteria for receiving ERS. Ptp needs CBAS staff to deliver food to her home and to use telehealth to check on her health.	CBAS staff will meet the needs of the Ptp as identified in Ptp's IPC and work with Ptp until Ptp feels more comfortable to attend CBAS in person

What is the triggering event or emergency?

What services are being provided specifically?

How do they promote return to the center?

Example #2 – Alternative Supports Needed

Description of Emergency	Background	Assessment	Proposed Services
Participant with severe health worsening, progressive memory decline, behavioral changes, risk for falls and injuries secondary to mobility difficulties	Pt is 94 years female with multiple medical and psychological problems. Pt is home bound, spends most time in bed secondary to impaired mobility, severe weakness, fatigue, poor appetite, demonstrates progressive memory worsening, episodes of confusion. Pt is unable to attend the center related to multiple conditions listed above, needs consistency and continuity of care to thrive, otherwise pt is prone to behavioral disturbance, mood swing, risk for falls and injuries	Pt requires monitoring/assessing for severity and duration of health problems, psychosocial status, personal needs; assistance with access to resource/meal services during ERS	CBAS staff will continue screening/monitoring pt with daily calls to obtain and respond to any change, to assess/monitor severity of existing s/s, to ensure medication needs are met, Doorstep delivery of two meals and one snack, activity and personal care supplies for each day of ERS

Is a higher level of care or alternative services and supports needed?

Is this temporary and time-limited?

Do these services promote return to the center?

Example #3 – Alternative Supports Needed

Description of Emergency	Background	Assessment	Proposed Services
Pt is non-ambulatory with multiple sclerosis and depends on all care. Pt requires a 1:1 caregiver to attend the center.	Following are the Participant's Dx: Paraplegia, unspecified; Muscle wasting and atrophy, NEC, unsp site; Lumbago with sciatica, unspecified side; Personal history of urinary (tract) infections; Hyperlipidemia, unspecified; Essential (primary) hypertension.	Upon assessment on 10/03/2022, it was noted that the Pt requires a CG who could accompany him to the Center.	RN & SW will contact Pt/CG per schedule to monitor Pt's physical & cognitive state. Education will be provided per Pt's needs verbalized during the calls & MD Dx. Deliver fresh meals, supplies, & activity booklets. Support/educate CG/FM. Contact Pt's MD & center's LCSW if needed. Encourage Pt to attend the center.

What is the triggering event or emergency?

Is this temporary and time-limited?

Example #4 – MD Authorization

Description of Emergency	Background	Assessment	Proposed Services
Ptp has a note from MD which indicates she has General weakness, osteoporosis of both knees and osteoporosis of Lumbar spine and therefore is temporarily unable to attend ADHC.	Ptp has type 2 diabetes, mixed hyperlipidemia, heart disease of native coronary artery, chronic obstructive pulmonary disease, major depressive disorder, insomnia, gastro-esophageal reflux disease, and gastritis.	Ptp needs to continue receiving CBAS services at home during this time due to inability to attend center temporarily. Ptp has been working on being able to leave the house and attend CBAS and will be able to do so in some time. Ptp meets criteria for receiving ERS. Ptp needs CBAS staff to deliver food to her home and to use telehealth to check on her health.	CBAS staff will meet Ptp's needs as identified in Ptp's IPC until her health condition permits her to attend CBAS.

What is the triggering event or emergency?

What services are being provided specifically?

How do they promote return to the center?

Example #5 – Participant's Request

Member wants only Remote

Community Based Adult Services (CBAS)
Face-to-Face Assessment Request Services
CBAS Eligibility Determination Tool (CEDT)

*Note: This form is to be used for **NEW** CBAS referrals only*

to Patient does NOT want attend center only wants Center Remote Services

HEALTH RECORD

New participants cannot be enrolled directly into ERS.

What is the triggering event or emergency?

Example #6 – Hybrid Services

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Description of Emergency	Background	Assessment	Proposed Services
Participant has reoccurring medical appointments and transportation issues at times and is eligible to receive ERS.	Participant has dx of hemiplegia, visual hallucinations, complex regional pain syndrome I, PTSD, MDD, osteoarthritis, malignant neoplasm of R lung, latent tuberculosis, hypothyroidism, migraine, cataract. She has frequent MD appointments d/t her dx. Participant has reoccurring MD appointments. Transportation coordination required.	Wellness check-in calls 5x week to check in on overall wellbeing (distress, pain management, monitor mood and mental health status, fall precautions), ensuring that there is sufficient food, medication, caregiver support, and activity packets PRN to stay engaged and stimulated while at home. Paratransit coordination will be needed.	Participant will require care coordination, wellness checks via phonecall, caregiver support, and support with transportation on days she is not at the program. Participant benefits from phone calls and wellness checks regarding access to medication, food, water and updates regarding falls, COVID 19 sx PRN, and SI/HI.

Is this temporary and time-limited?

Or is it ongoing or systemic?

Example #7 – ERS 10+ months

Description of Emergency	Background	Assessment	Proposed Services
Participant has mobility issues and is unable to dress herself to attend the center.	Participant is currently having difficulty with health issues. She will return to the center when her health improves.	Participant is unable to prepare herself early in the morning due to joint pains and osteosis	Participant has mobility issues and is unable to prepare herself to attend the center. Also, she's unable to prepare and cook her meals.

What is the triggering event or emergency?

What services are being provided?

How do they address the immediate assessed needs and promote return to the center?

Example #8 – ERS 10+ months

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Description of Emergency	Background	Assessment	Proposed Services
Ptp is unable to return to in-center services due to significant health decline and limited endurance that allows limited ambulation d/t pain level of 5-6/10. Prt also reported dizziness and few near fall episodes. Prt also has difficulty to waking up for morning transportation d/t Insomnia and lack of sleep.	Prt has HTN and DMII. Prt reported unstable hypertension at this time and needs to be under close supervision of caregiver and Primary physicians monitoring at all times. Prt will soon be back once the hypertension crisis resolves.	Ptp is at risk for social isolation. Ptp is unable to prepare meals for herself. Ptp verbalized physical pain and generalized weakness with less than 2-5 mins of ambulation. Prt is in need for weekly conversations with Social work as well as with Nursing for Hypertension monitoring and medication management and other MDT members for well being.	Center will provide care coordination and follow-up at least 1x/wk. Center will also provide activity package 1x/wk. Center's RN will assess pain or other medical needs at least 1x/wk or as needed and notify the physician. Center's social work department will provide emotional support to Prt as needed.

Do these services address the immediate assessed needs and promote return to the center?

Example #9 – ERS 10+ months

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Description of Emergency	Background	Assessment	Proposed Services
Per MD order, Pt is unable to attend daily program due to extreme difficulty with mobility and health issues, unable to sit/stand for extended periods of time. Pt would like to attend the Center when his condition is stabilized	Pt's dx:HTN, DM Type II, Hyperlipidemia, GERD, Anxiety Due to General Medical Condition, A-Fib, Depression, Dementia, Hypothyroidism, Loss of appetite, Insomnia, Vitamin B12 deficiency, BPH . Pt's medications: Acetaminophen, Aspirin EC, Atorvastatin , Citalopram , Donepezil, Eliquis , Finasteride, Furosemide , Furosemide , Ibuprofen, Levothyroxine , Lisinopril, Memantine (Namenda), Metformin , Metoprolol , Omneprazole, Potassium Chloride, Restasis , Tamsulosin , Vascepa, Warfarin sodium	Pt's Immediate and anticipated ongoing needs are: Care Coordination and Case Management, C/g support and education regarding what to watch for r/t S/S of Pt's dx, Emotional Support, delivery/arrangement of delivery of food, medication and/or supplies. Identify equipment/technology and/or provide assistance with receipt of telehealth.	RN to monitor VS, BP, cardiorespiratory status, BG readings 1-5x wk, monitor through verbal report s/s of hypo/hyperglycemia. Instruct in care and/or who to contact if symptoms present , liaison with PCP. Activity staff will provide activity packet 1x wk. SW will provide emotional support to Pt/CG a 1-5x wk.

Do these services address the immediate assessed needs and promote return to the center?

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 **emergency** is.	✅ Include factors that contribute to the need for ERS.	✅ Provide a concise description of **immediate assessed needs**. ✅ 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	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.	Ptp needs nursing telehealth svs 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.	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
185 characters	*271 characters*	*253 characters*	*147 characters*

Policy Clarification

ERS

Public Emergencies

UPDATE **Upcoming Revision 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.

Upcoming Revision 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.

Thank You!

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