

California Department of Aging

Community-Based Adult Services Program

Medi-Cal 1115 Waiver Program

Program Code - 3910300

Description

Adult Day Health Care (ADHC)

On March 31, 2012, the ADHC Program ended as an optional benefit under California's Medicaid State Plan. ADHC continues as a licensed health facility category under California law. The California Department of Public Health (CDPH) licenses ADHC centers.

Community-Based Adult Services

Effective April 1, 2012, a new program similar to ADHC – Community-Based Adult Services (CBAS) – began under California's "Bridge to Reform" 1115 Medicaid waiver (known as the Medi-Cal 2020 1115 Waiver). CBAS is a community-based day health program that provides services to older persons and adults with chronic medical, cognitive, or mental health conditions and/or disabilities that are at risk of needing institutional care. The purpose is to delay or prevent institutionalization and maintain individuals in their homes and communities for as long as possible.

Former ADHC participants who met the more stringent CBAS eligibility standards began receiving CBAS services in approved CBAS centers on April 1, 2012. There are approximately 245 CBAS centers statewide. In addition to meeting Medi-Cal program and waiver requirements, CBAS providers must maintain an ADHC license.

Under an interagency agreement, the CBAS Program is administered among the Department of Health Care Services (DHCS), the CDPH, and the California Department of Aging (CDA). CDA certifies licensed ADHC centers as Medi-Cal CBAS providers.

CDA is responsible for initial certification of new CBAS centers as Medi-Cal providers, certification renewal, providing ongoing training and technical assistance to centers, and initiating adverse certification actions against centers that are substantially out of compliance with program requirements.

Benefits

The CBAS Program is an alternative to institutionalization for those individuals who are capable of living at home with the aid of appropriate health rehabilitative, personal care,

and social services. The Program stresses partnership with the participant, the family and/or caregiver, the primary care physician, and the community in working toward maintaining personal independence.

Each CBAS center has a multidisciplinary team of health professionals who conduct a comprehensive assessment of each potential participant to determine and plan services needed to meet the individual's specific health and social needs. Services provided at the center include the following: professional nursing services; physical, occupational and speech therapies; mental health services; therapeutic activities; social services; personal care; hot meals and nutritional counseling; and transportation to and from the participant's residence.

Eligibility

<i>Income</i>	Currently eligible for Medi-Cal under a qualifying primary Medi-Cal aid code. (See Other.)
<i>Age</i>	Participants must be at least 18 years of age and meet specific medical necessity and eligibility criteria.
<i>Other</i>	For CBAS-eligible individuals, CBAS is a Medi-Cal managed care benefit. CBAS remains a Medi-Cal fee-for-service benefit for a small percentage of individuals who are exempt from Medi-Cal managed care enrollment. ADHC remains a non-Medi-Cal program for individuals who pay "out-of-pocket" for services in licensed ADHC centers. Third party payers such as long-term care insurance companies, Regional Centers, or the Veterans Administration also may pay for services in licensed ADHC centers.

Access

Information on the CBAS Program is available through the statewide toll-free Senior Information Line at **1-800-510-2020**. Information about CBAS center locations is also available through CDA's website at www.aging.ca.gov.

Current State Fiscal Year Funding Information (2015-16)

<i>Source</i>	<ul style="list-style-type: none"> • State General Fund (GF). • Federal Medicaid program (Social Security Act Title XIX).
<i>Allocation Formula</i>	N/A.

Current State Fiscal Year Funding Information (2015-16), *continued*

<i>Match Requirements</i>	50 percent from the GF and 50 percent from Medicaid.
<i>Other Funding Information</i>	N/A.
<i>Funding Cycle</i>	July 1 – June 30.