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## ACL 22-08 (Revised)

Date: October 3, 2023

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

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### Purpose

This All Center Letter (ACL) establishes requirements and provides guidelines for state and local public disasters and public health emergencies that further elaborates on definitions and requirements for CBAS Emergency Remote Services (ERS) specified in the [California Advancing and Innovating Medi-Cal \(CalAIM\) 1115 Demonstration Waiver](#) (Waiver) and the CBAS [ERS Policy Summary](#).

This ACL only applies to and modifies guidance related to Public Emergencies as defined in ACL 22-04 and 22-06 and ERS policies posted on the CBAS website.

The revised policy specified in this ACL is effective the date of this letter.

### 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 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;
- Protect participant safety and 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 - Considerations**

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. For example:

- Access to the center is prevented or restricted because of a state or local disaster (e.g., center access restricted by road closures, emergency personnel, local authorities, etc.).
- An infectious disease outbreak or epidemic which creates unsafe conditions for center-based services.

In such instances, CBAS centers may need to temporarily pause center-based services completely and deliver ERS exclusively during the public emergency.

**The first and most important consideration regarding the need to temporarily pause center-based services is protecting participant safety.**

Additionally, when assessing risks to participant safety that may necessitate a pause in center-based services during infectious disease outbreaks and epidemics, CBAS providers are required to exercise prudent judgment based on the actual situation and follow current federal, state and county requirements, and the following guidelines and requirements as applicable:

- Determine the exposure risks and infection among participants and staff.  
Considerations include, but are not limited to, identification of possible, suspected, or

confirmed infections among individuals who are epidemiologically linked<sup>1</sup> in the setting or in the community;

- Consult with the center staff physician and center nursing staff;
- Notify the county public health department of incidents and follow any guidance provided.
- Act in accordance with their center emergency response and CalOSHA plans and requirements during emergencies; AND
- Document required actions taken, including communications and/or attempted communications with the county health department.

**NOTE:** Conditions for providing and billing for ERS while a center is temporarily not open and operating must be related to conditions created by a public emergency. 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. Incidents that occur within the center facility that are not due to a public emergency but prevent participant attendance such as equipment failures (example: water heater) or facility renovations are not considered ERS events.

## 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

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<sup>1</sup>Epidemiologically-linked cases include individuals with close contact with a confirmed reportable communicable disease (see attached Title 17, California Code of Regulations §2500, and Reportable Diseases and Conditions); OR a member of a risk cohort as defined by public health authorities during an outbreak. A "risk cohort" includes persons with potential for shared exposure with the case(s) through a shared defined physical space. Examples include but are not limited to persons in the same room, activity, or physical space."

- Notify CDA in writing within 24 hours of conclusion of the temporary pause and resumption of center-based services via email to the CBAS mailbox at: [cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov).

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) (CDA 4000) Completion and Submission for Public Emergency

A CEIF must be completed for each participant assessed as needing ERS and for whom ERS is provided. A CEIF must be completed for an 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).

During a Public Emergency, providers may elect to use the Bulk Initiation Form feature on the Peach Portal for expediting completion of the CEIF when multiple participants are affected by a public emergency. Instructions for the CEIF bulk entry process are included in the [ERS Portal Instructions CDA CEIF 4000i](#).

This ACL outlines CBAS ERS requirements for public emergencies. Policy specified in this ACL was originally effective October 1, 2022, and as revised effective the date of this ACL.

## Questions

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