California Department of AGING

CBAS Emergency Remote Services (ERS) Initiation Form (CEIF)

(CDA 4000)

August 30, 2022

Today's Presenters

Jennifer Jaeger

CBAS Bureau Chief, Field Support Team

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Field Support Data Analyst

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Richard Lee, Beverly ADHC Center

Lois Sones, Community Bridges Elderday

Housekeeping

- Questions are welcome – please submit via the webinar "Questions" box

- This webinar is being recorded and will be posted on the CDA website:

    https://www.aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/#pp-tr

- Please encourage staff and providers who are not able to join us today to listen to the training webinar once posted

AGENDA

- **Overview**

- **Accessing, Completing, Reviewing, and Submitting the CEIF**

- **Present Provider Perspectives**

- **Next Steps**

- **Questions & Answers**

CBAS ERS

CBAS Emergency Remote Services (ERS)

CBAS ERS is the <u>temporary</u> provision and reimbursement of CBAS,

- under specified emergency situations,
- in alternative settings, such as the community, the participant's home or doorstep, or via telehealth.

Purpose:

To allow for immediate response to address continuity of care needs of CBAS participants when they are restricted or prevented <u>temporarily</u> from receiving services at the center.

Steps Providers Must Take to Initiate ERS

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- As stated in the ACL 22-06 CBAS providers are required to complete the CEIF whenever a CBAS center initiates ERS for a participant on or after October 1, 2022

- To initiate ERS for a participant CBAS providers shall:

  Assess/evaluate the participant/caregiver's current status and emerging needs. Upon start of ERS, the registered nurse and/or social worker (per scope of practice) shall determine:

    - Participant's status relative to their existing person-centered plan at time of emergency

    - Participant's need for specific supports and services at time of emergency

    - Whether the CBAS provider can meet the participant's needs and/or if additional services and supports are needed

- Inform the participant/caregiver of services/supports needed, including by agencies other than the CBAS provider, and obtain consent for ERS if the participant chooses.

- Complete the CEIF (CDA 4000) via the **CBAS Peach Provider Portal** according to the CEIF instructions (CDA 4000i).

- Send a copy of completed CEIF (CDA 4000) to participant's MCP (or DHCS for fee-for-service participants):
  - No more than three working days after the start of ERS
  - At least one-week prior to continuation of ERS, or on a timeline specified by the MCP, for any participant whose emergency indicates a need for extending ERS beyond three months

- Participants whose ERS timeframe crosses over a TAR/authorization period:
  - Attach the CEIF (CDA 4000) to the participant's renewing TAR/authorization request

- Follow guidelines established by the MCP (or DHCS) to coordinate the participant's ERS, including:
  - Processes for CEIF (CDA 4000) submission and communication;
  - Any conditions for duration of ERS;
  - Need for alternative or additional services and supports during the emergency; and
  - Conclusion of ERS when emergency conditions cease

CBAS Emergency Remote Services (ERS)

Accessing, Completing, and Submitting the CEIF (CDA 4000)

Accessing the CEIF (CDA 4000)

1. Log in to the Peach Portal.

2. Select ERS from the list of options.
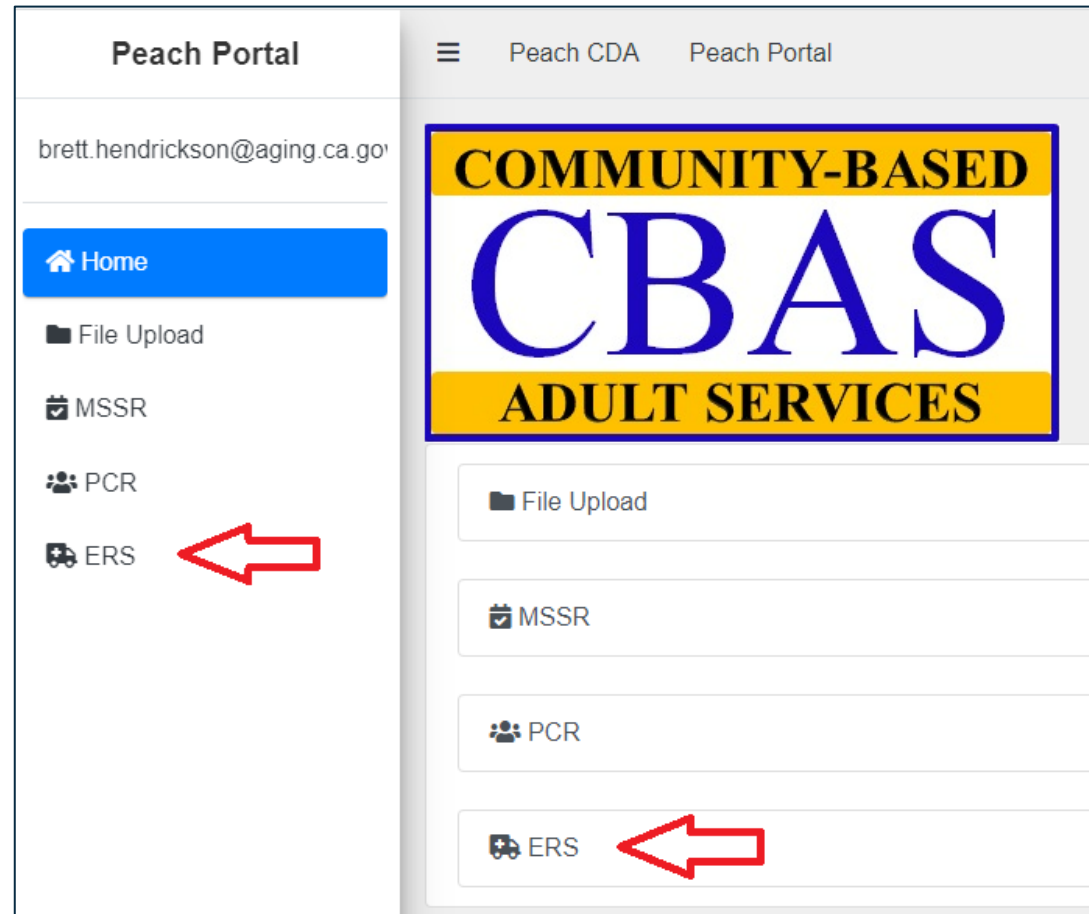
Header Information

3. Center Name: Select center name.

Header Information (continued)

4. <u>Participant</u>:

- If listed, select participant from the dropdown menu. Last Name, First Name, and CIN # will be filled automatically.

- If the participant is not listed in this step, select **New Participant** and skip to step 5.

Participant
Scott, Michael (12345678D) ⌄

Note: Michael Scott is a fictional character

5. Last Name

Last Name *

Scott

6. First Name

First Name *

Michael

Header Information (continued)

7. <u>Medi-Cal Identification Number (CIN) #</u>: eight-digit number followed by a letter.

Medi-Cal Identification Number (CIN) # *

12345678D

8. <u>NPI</u>: The Peach Portal will enter this information automatically.

Header Information (continued)

9. <u>Managed Care Participant</u>: Check if participant is a Medi-Cal Managed Care Plan beneficiary

Header Information (continued)
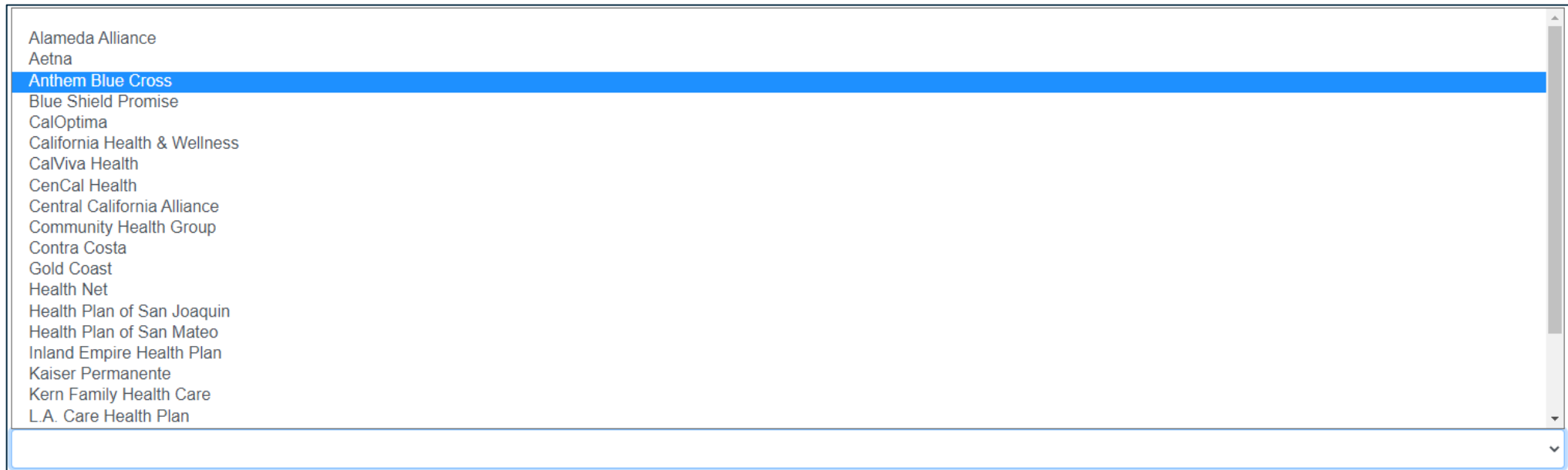
10.Fee-for-Service Participant:

- Select if participant is a fee-for-service participant and is NOT a Medi-Cal Managed Care Plan beneficiary.

- *NOTE:* CBAS ERS does not apply to private pay participants.

11. <u>Managed Care Plan</u> (if applicable): Select the name of the Medi-Cal managed care plan with which the CBAS participant is enrolled as a member on the date ERS is initiated.

Header Information (continued)

12. <u>Date of Emergency</u>: Enter the date the participant first experiences the emergency. **<u>Must</u>** be in the following format: (MM/DD/YYYY)

Date of Emergency *

08/14/2022

Header Information (continued)

13. <u>Date of Participant Consent for ERS</u>: Enter the date the CBAS center staff discussed with the participant/caregiver the choice of supports and services needed and available, and the participant/caregiver gave consent for ERS. (MM/DD/YYYY)

Date Of Participant Consent *

08/15/2022

14. <u>First Date ERS Provided</u>: Enter the first date ERS was provided for the corresponding emergency event. (MM/DD/YYYY)

First Date ERS Provided *

08/16/2022

Header Information (continued)

15. <u>Current TAR Dates</u>: Enter the "From" and "To" dates on the CBAS participant's currently authorized TAR/IPC. (MM/DD/YYYY)

Current TAR Date From *	Current TAR Date To *
mm/dd/yyyy 📅	mm/dd/yyyy 📅

Description of Participant Emergency and Need for ERS

16. <u>Situation – Nature of Emergency:</u> Check **Only one** box to indicate the type of emergency that triggered the participant's need for ERS, either:

   a. **Public Emergency**

   <u>OR</u>

   b. **Personal Emergency**

Description of Participant Emergency and Need for ERS (continued)

- **Public Emergency –** This includes state or local disasters. Check the appropriate box to indicate the type of public disaster. If a different type of public disaster, check 'Other' and specify.

Situation - Nature of Emergency * ❓

Public Emergency - or Local Disaster

○ Earthquake

○ Flood

○ Fire

○ Power Outages

○ Epidemic/infectious disease outbreak such as COVID, TB, Norovirus

○ Other (please specify)

- **Personal Emergency –** Check the appropriate box to indicate the type of personal emergency.

Personal Emergency

◯ Serious Illness or Injury

◯ Crisis

◯ Care Transition

- **Personal Emergency**

  Definitions for the Personal Emergency categories are as follows:

Serious Illness or Injury
- An illness or injury preventing the participant from receiving CBAS within the facility AND
- Providing medically necessary services and supports are required to protect life, address or prevent significant illness or disability, and/or alleviate pain

Crisis
- Participant is experiencing, or threatened with, intense difficulty, trouble, or danger
- The "Crisis" category should be used for emergencies such as the sudden loss of a caregiver, neglect or abuse, loss of housing, etc.

Care Transition

- Transitions to or from care settings, such as returning to home or another community setting from a nursing facility or hospital

- CBAS ERS provided during care transitions should address service gaps and participant/caregiver needs and not duplicate responsibilities assigned to intake or discharging entities

c. <u>Additional Circumstances Related to the Emergency:</u> Check **ALL** the additional circumstances related to the emergency that apply.

Additional Circumstances Related to the Emergency ❓
- ☐ Hospitalization
- ☐ Personal Health Care Provider Restrictions
- ☐ Loss of Caregiver
- ☐ Loss of Housing
- ☐ Loss of Transportation
- ☐ Nursing Home Admission

- **Description of Emergency:**
  - Briefly describe the emergency

  - If due to a state/local disaster or public health emergency that has been officially named, note the name here (Example: Wildfires, such as the "Camp Fire") Character limit: 320

Description of Emergency *

17. Background:

- Include a brief summary of relevant information to clarify the participant's needs related to the emergency.

- Examples may include: Participant's cognitive status; diagnoses; prior trauma; level of fall risk; difficulty adapting to new caregivers; or other relevant description of why ERS may be needed.

Character limit: 520

Background (Pertinent information related to the participant and the emergency) *

18. <u>Assessment:</u>

- Provide a concise description of the participant's immediate assessed needs due to the emergency Character limit: 420

- *NOTE:* The participant must be assessed for ERS by the center's registered nurse (RN) and/or social worker (SW) at the time of completion of the CEIF (CDA 4000), and by additional members of the center's multidisciplinary team (MDT) as needed thereafter. Assessment here refers to assessment within the RN's and SW's scope of practice to the extent needed to determine an anticipated course of action and able to be conducted relative to the circumstances of the emergency.

Assessment (Participant's immediate assessed needs due to emergency) *

19. <u>Planned Emergency Services:</u> Check all boxes that identify ERS supports and services that the CBAS center staff anticipates providing to the participant based on known needs at the time of completion of the CEIF (CDA 4000).

   a. <u>Required:</u> The services in the boxes checked "Required" must be provided to all participants receiving ERS.

Required *

☑ Provide services specified on the participant's authorized individual plan of care as appropriate and feasible during the emergency

☑ Communicate regularly with participant, caregiver, and network of care supports

☑ Evaluate current and emerging needs on an ongoing basis (required at least once per week)

Description of Participant Emergency and Need for ERS (continued)

b. <u>Check all that apply:</u> Check all boxes indicating the supports and services to be provided in addition to the required services to address assessed participant's needs during the emergency.

Check all that apply

☐ Coordinate care (care transitions, referrals, advocacy, and liaison with medical provider(s), participant's managed care plan, family, caregivers, other community supports/agencies)

☐ Deliver or arrange delivery of (food, medications, supplies)

☐ Provide caregiver support

☐ Identify equipment/technology needs and/or provide assistance with receipt of telehealth

☐ Other

<u>Planned ERS Supports and Services:</u> Check all boxes that specify the methods and/or locations for the delivery of ERS.

Planned ERS supports and services will be provided via *

☐ Telehealth

☐ In-Home

☐ At the Home (Doorstep)

☐ In the Community

c. <u>Description of Proposed Services to be Provided:</u> Briefly provide additional information for the boxes that are checked in this section describing the planned ERS supports and services. Character limit: 320

Description of Proposed Services to be Provided *

20. Dates and Signature

   a. Signature, Position, and Date:

      • The CBAS center Administrator or Program Director is required to review and verify the CEIF (CDA 4000) certifying that all requirements for ERS have been met. Include signature of representative verifying the form, their title, and date signed.

Name *	Date	Center Representative Title *
Brett Hendrickson	08/17/2022	● Administrator ○ Program Director

Review and Submission

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- Carefully examine each field for accuracy and verify that all requirements for ERS have been met.
- Select Review

Dates & Signature

I certify the following: The participant meets all criteria for receiving ERS and has been assessed by the center's registered nurse and/or social worker. The required information regarding the participant's need for, and the Center's provision of, ERS will be documented in the participant's health record.

Participant has 1) experienced a public or personal emergency that restricts or prevents their attendance in the center; and 2) requires medically necessary services and/or supports determined by CBAS MDT members to ensure essential continuity of care is maintained, assessed needs and service gaps are addressed. ERS supports and services promote return to center-based services and/or aid in a transitional period to/from the center **and** are not knowingly duplicative.

Name *	Date	Center Representative Title *
Brett Hendrickson	08/17/2022	● Administrator ○ Program Director

Review

Review and Submission (continued)

- The form will be checked for data validation. Any errors will be shown in red.

First Date ERS Provided *

08/17/2022

First date ERS provided must fall within TAR date

Assessment (Participant's immediate assessed needs due to emergency) *

This value is required.

Review and Submission (continued)

- Make any necessary changes and select **Review** until you receive a 'Summary' notification.

Review and Submission (continued)

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• Select **Edit Form** if any fields need to be changed.

Summary

Emergency Remote Services Initiation Form (CEIF) is ready to download for the following participant at Maywood Adult Day Health Care Center:

First Name: Michael
Last Name: Scott
CIN: 12345678D
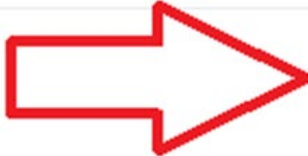
Edit Form   Submit

Review and Submission (continued)

- Select **Submit**.
- You will be redirected to the CEIF Download Page. A link to this page will also be emailed to the user currently logged in to the Peach Portal.

CEIF Download Page

Thank you for submitting an Emergency Remote Services Initiation Form (CEIF). We sent you an email that contains a link to get back to this page in the future.

[Print/PDF] [Download Form (Excel)]

Review and Submission (continued)

- Select Print/PDF.

Review and Submission (continued)

- Select **Print Review** in the bottom right of the screen to view a print preview.

Dates and Signature

I certify the following: The participant meets all criteria for receiving ERS and has been assessed by the center's registered nurse and/or social worker. The required information regarding the participant's need for, and the Center's provision of, ERS will be documented in the participant's health record.

Participant has 1) experienced a public or personal emergency that restricts or prevents their attendance in the center; and 2) requires medically necessary services and/or supports determined by CBAS Multidisciplinary Team (MDT) members to ensure essential continuity of care is maintained, assessed needs and service gaps are addressed. ERS supports and services promote return to center-based services and/or aid in a transitional period to/from the center and are not knowingly duplicative.

Signature: *Brett Hendrickson*   Date: 8/17/2022

Position (Administrator or Program Director): Administrator   Date CEIF Submitted to CDA: 8/17/2022

Note: Provider must submit a copy of the CEIF to the participant's managed care plan (or DHCS for fee-for-service participants) no more than three working days after the start of ERS.

Page 2 of 2   🖶 Print Review

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• Choose Destination: Save as PDF or designate a printer if you would like a printed copy.

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• Select **Save** or **Print**, depending on your need.

Completing the CEIF

Provider Perspectives

Lena Haroutunian, New Sunrise ADHC Center
- **Personal Crisis Example**

Richard Lee, Beverly ADHC Center
- **Personal Illness Example**

Lois Sones, Community Bridges Elderday
- **Public Emergency**

Next Steps

- **September 1, 2022:** Deadline for providers to submit Change of Service Application to CDPH to allow ERS as an Optional Service (Title 22, Section 78347) under their ADHC license [Refer to ACL 22-04 Launch of New CBAS Emergency Remote Services (ERS)].

- **September 30, 2022:** CBAS TAS ends. All ADHC licensing and Medi-Cal flexibilities allowed during the COVID-19 PHE will no longer be allowed after this date [reference ACL 22-02].

- **October 1, 2022:** ERS implementation as a required service under the Medi-Cal standards of participation for CBAS.

Upcoming Webinars/Training :

- Thursdays in September (8th, 15th, 22nd, 29th from 2:00-3:00pm): CDA to hold ERS Q&A Sessions

- More to come on operationalizing ERS – dates to be determined

Questions

CBAS Bureau Contact Information

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