

Provider Update

How to Continue Community-Based Adult Services During the COVID-19 Outbreak

Guidance allows temporary flexibility to provide certain services in the home, telephonically or via live video

In response to public health stay-at-home and social distancing guidance and directives resulting from the novel coronavirus disease (COVID-19) outbreak, the Department of Health Care Services (DHCS) has released guidance via All Plan Letter (APL) 20-007 that outlines ways Community-Based Adult Services (CBAS) centers may continue to provide services to CBAS participants now remaining at home.

In addition, the California Department of Aging (CDA) CBAS Branch has issued All Center Letter (ACL) 20-07 that outlines the requirements for CBAS Temporary Alternative Services (TAS) and the steps that certified CBAS providers must take for approval to participate in CBAS TAS.

Changes for the safe delivery of services

The APL and ACL provide guidance regarding the temporary authorization of CBAS provided telephonically, in participants' homes, and individually in centers, in lieu of congregate services provided at CBAS centers, during the period of this current public health emergency. The guidance remains in effect until further notice. Note, the information in this provider update is subject to change based on changes to guidance from the DHCS or CDA.

- To view APL 20-007, visit:
www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-007.pdf.
- To view ACL 20-07, visit:
www.aging.ca.gov/download.ashx?IE0rcNUV0zY5Zma84fWqSQ%3d%3d.

How to apply the guidance

Congregate services provided inside the center are not allowed during the period of this public health emergency. Essential services to individual participants may be provided in the center or the home so long as they meet criteria defined in the APL and with proper safety and infection control precautions.

Upon approval by the CDA, CBAS centers may provide CBAS TAS in accordance with CDA ACL 20-07. CBAS centers are granted time-limited flexibility to reduce day-center activities and to provide CBAS TAS, as appropriate, telephonically, via telehealth, live virtual video conferencing, or in the home (if proper safety precautions are taken and if no other option for providing services is able to meet the participant's needs), including, but not limited to:



Online Access

www.CAHealthWellness.com

- Secure Access
- Provider Billing manuals
- Provider forms
- Quick reference guides FAQ's
- Secure messaging
- Prior Auth Code Checker Tool
- Clinical guidelines
- California Health & Wellness news
- Member eligibility
- PCP verification
- PCP panel lists
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- Submit authorizations or check authorization status



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Fax Numbers

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Concurrent Review: 1-855-556-7910
Admissions: 1-855-556-7907
Appeals: 1-855-460-1009
Case Management: 1-855-556-7909



Pharmacy

Engolve Pharmacy Solutions – Pharmacy Benefit Manager (PBM)

- PA Fax 1-866-399-0929
- PA Inquiry 1-866-399-0928
- Help Desk 1-855-330-2338

AcariaHealth – Specialty Pharmacy

- PA Fax 1-855-217-0926
- Phone 1-855-535-1815

CHWP Pharmacy Dept – Provider Administered Drugs Requiring PA

- PA Fax 1-877-259-6961
- Phone 1-877-658-0305

Preferred Drug List (PDL) Prior Authorization Form is available at
www.CAHealthWellness.com.

- Professional nursing care
- Personal care services
- Social services
- Behavioral health services
- Speech therapy
- Therapeutic activities
- Registered dietician-nutrition counseling

DHCS supports and encourages the use of all Health and Human Services Office of Civil Rights (HHS-OCR) allowable means of communication. Additional guidance regarding HHS-OCR's Health Insurance Portability and Accountability Act enforcement can be found on HHS-OCR's webpage.

Furthermore, during the effective dates of the guidance, CBAS centers may provide the additional two services below at a participant's home, with appropriate infection control precautions and equipment:

- **Physical therapy**
- **Occupational therapy**

Activities related to the above-listed CBAS services could include:

- **Care coordination.**
- **Communication with the participant's personal health care provider.**
- **Medication monitoring.**
- **Assessing and monitoring for COVID-19 symptoms, such as cough and fever.**
- **Assessment and reassessment.**
- **Wellness checks.**
- **Behavioral health screenings.**
- **Family training and participant education.**
- **Verbal cueing (e.g., personal care services, therapies, etc.).**
- **Providing home-delivered care packages (e.g., food items, hygiene products, medical supplies).**
- **Providing transportation services, such as non-emergency medical transportation.**
- **Maintaining a dedicated telephone support line for participants and family.**

In addition to the services described above, all CBAS providers are required to do the following:

- 1 Maintain phone and email access for participant support, be staffed a minimum of six hours daily, during provider-defined hours of services, Monday through Friday. The provider-defined hours are to be specified in the CBAS center's plan of operation.
- 2 Provide a minimum of one service to the participant or their caregiver for each authorized day billed. This service could include a telehealth (e.g., telephone, live video conferencing) contact, a service provided on behalf of the participant¹, or an in-person "door-step" brief well check conducted when the provider is delivering food, medicine, activity packets, etc.
- 3 Conduct a COVID-19 wellness check and risk assessment for COVID-19 at least once a week, with greater frequency as needed.
- 4 Assess participants' and caregivers' current needs related to known health status and conditions, as well as emerging needs that the participant or caregiver is reporting.
- 5 Respond to needs and outcomes through targeted interventions and evaluate outcomes.
- 6 Communicate and coordinate with participants' networks of care supports based on identified and assessed need.
- 7 Arrange for delivery or deliver supplies based on assessed need, including, but not limited to, food items, hygiene products, and medical supplies. If needs cannot be addressed, staff will document efforts and reasons why needs could not be addressed.

¹ Services provided on behalf of the participant include care coordination such as those listed under Items 4, 5, 6, and 7.

CBAS center staffing requirements

Providers must staff CBAS TAS with a 1) program director; 2) registered nurse(s); and 3) social worker(s) to carryout CBAS TAS tasks.

Providers must have additional staff as needed to address the number of participants served and their identified needs and to assist in the delivery of services required for CBAS TAS participation, and as described in the provider's CDA-approved CBAS TAS Plan of Operation. All staff must function within their scope of practice, qualifications and abilities.

How providers obtain approval for CBAS TAS

Providers wanting to participate in CBAS TAS will need to submit the following to CDA for review and approval:

- CBAS TAS Plan of Operation Form (CDA 7012)
- CBAS TAS Provider Participation Agreement (CDA 7013)
- Updated Staffing/Services Arrangement Form (ADH 0006)

Providers wishing to participate in CBAS TAS are required to submit the forms to CDA by Monday, April 20, 2020. CDA will **expedite** review of all provider requests to participate in CBAS TAS, communicate with providers to resolve any outstanding questions or concerns, and notify providers and managed care plans (MCPs) of approvals and effective dates. Providers that are unable to meet the April 20, 2020, filing deadline should contact CDA regarding a possible extension. The forms are located on the CDA website at aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/Temporary_Alternative_Services/.

Providers that fail to submit the required forms for participating in CBAS TAS or provide acceptable plans of operation will not be approved for CBAS TAS. CDA will notify those providers and their contracting MCPs of their status.

Authorization and reimbursement

CBAS centers are eligible to receive their existing per diem rate for the provision of CBAS described in the APL.

MCPs must authorize and reimburse CBAS centers for the delivery or arrangement of services provided in person, telephonically, telehealth, via live virtual video conferencing, or other appropriate person-centered means, as described in the APL. Delivery of services must be based on a CBAS participant's assessed needs as documented in the current Individual Plan of Care (IPC), and/or identified by subsequent assessment by the center's multidisciplinary team.

Reassessments due in March, April and May 2020, will be automatically extended for six months.

Also, per ACL 20-07, CBAS centers may participate in providing the above temporary services only after receiving CDA approval.

California Health & Wellness Plan (CHWP) expects CBAS centers to comply with ACL 20-07 and the patient's established care plans. CHWP will reimburse providers only if they have an approved CDA operation plan, retroactive to March 16, 2020, and only in the duration of the emergency period. CHWP will expect CBAS centers to re-open and provide services in the congregate setting once Governor Newsom lifts the shelter-at-home executive order.

Providers pending approval for CBAS TAS as described in ACL 20-07 may begin billing immediately, but payments will be subject to recoupment/cancellation if participation requirements for CBAS TAS are not met in good faith.

Documentation and reporting requirements

Existing CBAS health record documentation standards for services provided will continue to apply. CBAS centers are responsible for updating participant IPCs when a change in assessed need is identified through regularly scheduled reassessments and reassessments conducted due to a change in participant condition. CBAS providers must document services, provided during the public health emergency, in accordance with CDA's guidance, as detailed in ACL 20-07. CHWP will require CBAS providers to submit a log of the daily participant communication every Friday by faxing it to 1-833-581-5908, with the summary of the services provided, to ensure appropriate dates of service are billed. A fax cover sheet must accompany all fax transmissions of Protected Health Information. The cover sheet must be labeled "PROTECTED HEALTH INFORMATION."