

Community-Based Adult Services (CBAS) Eligibility Screening Tool Summary

Center Name: _____
 Address: _____
 NPI: _____ Date: _____

Once patients have been screened by the ADHC, the patients' names will be placed in the most appropriate category. This form will be submitted to the State prior to the onsite visit by the DHCS nurses. Submit form via fax to the California Department of Aging, (916) 928-2507, by December 23, 2011.

NOTE: Form must be Faxed. Do NOT send via e-mail.

Categorically Eligible: Current MSSP clients; Regional Center client; Specialty Mental Health client or receive/eligible for 195 or more IHSS hours

Presumptively Eligible: NF-B level of care or current IPC indicates a need for assistance or supervision with defined ADL/IADL deficiencies and one nursing intervention provided by ADHC

Category 1 Meets NF-A level of care

Category 2 Diagnosis traumatic brain injury and/or chronic mental health illness with defined ADL/IADL deficiencies

Category 3 Moderate to severe Alzheimer's disease or other dementia (Stages 5, 6 or 7)

Category 4 Mild cognitive impairment or mod Alzheimer's disease or other dementia (Stage 4) with defined ADL/IADL deficiencies

Category 5 Developmental disability who is currently Regional Center client. Currently Categorically Eligible - Recorded under CE below

CE	PE	Category 1	Category 2	Category 3	Category 4	Not Eligible
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