CALIFORNIA DEPARTMENT OF AGING (CDA)

FAX Cover

TO: **All Community-Based Adult Services (CBAS) Providers**

FROM: **CBAS Branch**

DATE: **January 9, 2013**

SUBJECT: **Fair Hearing Result Activities**

The attached letter provides information for CBAS centers related to recent fair hearing activities.

For More Information:
Access the following websites at:

- ✓ http://DHCS.ca.gov/ADHCtransition
- ✓ www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp

Contact DHCS or CDA by email at:

- ✓ DHCS – CBAS@dhcs.ca.gov
- ✓ CDA – CBAScda@aging.ca.gov

Number of pages (including this page) 6

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Date: January 9, 2013

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: CBAS Branch

Subject: Fair Hearing Result Activities

Purpose

This letter provides information regarding recent participant fair hearing (FH) activities and the implications of those activities for CBAS centers serving or planning to serve the participants involved.

Background

Over the past few months, the Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) have completed numerous fair hearings for former ADHC participants and/or CBAS participants determined ineligible during DHCS' face-to-face assessments. Results of those hearings are now being sent to beneficiaries.

Below is an outline of actions that CBAS providers for these beneficiaries will need to take based on the various hearing outcomes for these beneficiaries.

Hearing Result – Beneficiary Determined Eligible

Beneficiary Determined Eligible		
Participant Status		***Provider Actions***
Currently Receiving CBAS?	Receiving CBAS Paid Pending?	
Yes	No	✓ Prepare a Treatment Authorization Request (TAR) for all dates of service provided to the beneficiary. ✓ Write "*Per FH Decision*" on the TAR. When possible, obtain a copy of the FH Decision letter sent to the beneficiary and attach a copy of the FH Decision Cover Page and the "Order" section (one of the last two pages – ORDER: The Claim Is Granted.) to assist in expediting the process. The order

Beneficiary Determined Eligible		
Participant Status		***Provider Actions***
Currently Receiving CBAS?	Receiving CBAS Paid Pending?	
Yes (cont.)	No (cont.)	will indicate number of days per week approved for CBAS, which is the number that providers should indicate on the TAR. ✓ If dates of service exceed 6 months, prepare two 6-month TARs. For example: services provided 4/1/12 through present : o <u>TAR 1</u> will be for dates of service 4/1-9/30/12, and; <u>TAR 2</u> will be for dates of service 10/1/12- 3/30/13). ✓ Submit the TAR(s) to the Los Angeles Medi-Cal Field Office (LA MCFO). **NOTE: TARs for beneficiaries determined eligible through FH but who have not been on CBAS Paid Pending status must be submitted to the LA MCFO, even if the beneficiary is enrolled in Medi-Cal managed care (MC). Once approved, DHCS will communicate TAR status to the MC plans for enrolled participants. After receiving a TAR Adjudication Response, for participants enrolled in Medi-Cal MC, submit a copy of the TAR and FH Decision Cover Page and Order to the participant's health plan.**
Yes	Yes	✓ <u>For FFS participants</u>: Continue to submit reauthorization TARs to the LA MCFO as usual: ✓ Until the participant is enrolled in Medi-Cal MC, at which time authorization requests should be submitted to the participant's plan

Beneficiary Determined Eligible		
Participant Status		***Provider Actions***
Currently Receiving CBAS?	Receiving CBAS Paid Pending?	
Yes (cont.)	Yes (cont.)	OR ✓ On an ongoing basis for participants who are not eligible for Medi-Cal MC enrollment. ✓ <u>For managed care plan participants:</u> Submit CBAS authorization requests to the participant's plan. Write "*Per FH Decision*" on the authorization request. When possible, obtain a copy of the FH Decision letter sent to the beneficiary and attach a copy of the FH Decision Cover Page and the "Order" section (one of the last two pages – ORDER: The Claim Is Granted.) to assist in expediting the process. The order will indicate number of days per week approved for CBAS, which is the number that providers should indicate on the TAR.
No	No	Submit the TAR(s) to the Los Angeles Medi-Cal Field Office (LA MCFO). Write "*Per FH Decision*" on the authorization request. When possible, obtain a copy of the FH Decision letter sent to the beneficiary and attach a copy of the FH Decision Cover Page and the "Order" section (one of the last two pages – ORDER: The Claim Is Granted.) to assist in expediting the process. The order will indicate number of days per week approved for CBAS, which is the number that providers should indicate on the TAR. **NOTE: TARs for beneficiaries determined eligible through FH**

Beneficiary Determined Eligible		
Participant Status		***Provider Actions***
Currently Receiving CBAS?	Receiving CBAS Paid Pending?	
No (cont.)	No (cont.)	**but who have not been on CBAS Paid Pending status must be submitted to the LA MCFO, even if the beneficiary is enrolled in Medi-Cal MC. Once approved, DHCS will communicate TAR status to the MC plans for enrolled participants. After receiving a TAR Adjudication Response, for participants enrolled in Medi-Cal MC, submit a copy of the TAR and FH Decision Cover Page and Order to the participant's health plan.**

Additional Guidance Regarding CBAS Eligible Beneficiary

Following is additional information and guidance regarding beneficiaries determined eligible for CBAS in fair hearings:

- ✓ No additional face-to-face assessment is required.
- ✓ We ask that CBAS providers encourage all eligible participants not yet enrolled in Medi-Cal MC to call Health Care Options (HCO) at (800) 430-4263 and enroll now, to ensure that they get enrolled in the plan of their choice.
- ✓ DHCS will notice all Medi-Cal MC eligible participants that are not currently enrolled in Medi-Cal MC that they will need to enroll in a Plan by a specified date (each member's date will be individualized based on the time of his/her mailing and the member will receive 30 days to choose) or they will be passively enrolled by DHCS.
- ✓ For eligibility and claiming purposes, CBAS providers should continue to check the eligibility system regularly to identify when participants move from FFS to Medi-Cal MC.
    - Submit claims for dates of service provided to participants under FFS Medi-Cal to the State as usual. **NOTE: The fair hearing notice order indicates the number of days per week that are approved. Providers may only submit claims for actual days of service provided and may not exceed the days per week specified on the order.**
    - Submit claims to the beneficiary's Medi-Cal MC Plan for dates of service provided to Medi-Cal MC for beneficiaries who were enrolled on the dates of service.

Hearing Result – Beneficiary Determined Ineligible

Beneficiary Determined Ineligible		
Participant Status		***Provider Actions***
Currently Receiving CBAS?	Receiving CBAS Paid Pending?	
Yes	No	✓ Plan for participant discharge per CBAS program requirements (reference: www.aging.ca.gov/ - CBAS Tab, All Center Letters, 11/02/12 letter) NOTE: DHCS will notice the participant that he/she is ineligible for CBAS, and for individuals who were receiving ADHC services prior to March 2012, the notice will inform the participant that they are eligible for Enhanced Case Management (ECM).
Yes	Yes	✓ Plan for participant discharge per CBAS program requirements as noted above. NOTE: DHCS will notice the participant that he/she is ineligible for CBAS and eligible for Enhanced Case Management (ECM). **CBAS providers may continue to serve ineligible participants until the date indicated on the notice.** The notice will inform participants of the final date they can receive CBAS. **DHCS will end-date the TAR as of that date.**
No	No	No action required

Questions

For questions about TAR processing, please call the Los Angeles Medi-Cal Field Office at (213) 897-0745.

For more information about this letter, please call the CBAS Branch at (916) 419-7545.