



CALIFORNIA DEPARTMENT OF AGING (CDA)

ACL # 13-05

FAX Cover

TO: All Community-Based Adult Services (CBAS) Providers
FROM: CBAS Branch
DATE: March 6, 2013
SUBJECT: New CBAS Eligibility Determination Process for Medi-Cal Fee-for-Service Beneficiaries

This purpose of this fax is to provide information regarding the new process for requesting CBAS eligibility determination for individuals served by regular Fee-For-Service (FFS) Medi-Cal effective April 1, 2013.

For More Information:

Access the CDA CBAS website at

www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp

Contact CDA at:

- ✓ Email – CBAScda@aging.ca.gov
 - ✓ Phone – (916) 419-7545
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ACL # 13-05

Date: March 6, 2013
 To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors
 From: CBAS Branch
 Subject: New CBAS Eligibility Determination Process for Medi-Cal Fee-for-Service Beneficiaries

Purpose

This letter provides information regarding the new process for requesting CBAS eligibility determination for individuals served by regular Fee-For-Service (FFS) Medi-Cal which becomes effective April 1, 2013.

New Process Steps

Effective April 1, 2013, all new Medi-Cal fee-for-service beneficiaries wanting to participate in CBAS are subject to the following process:

STEP #	CBAS Provider Responsibilities
1.	Identifies prospective participant.
2.	Checks Medi-Cal eligibility system for current Medi-Cal status: <ul style="list-style-type: none"> • Beneficiary eligible for Medi-Cal and NOT eligible for Medi-Cal Managed Care enrollment (e.g., beneficiary resides in a non-managed care county, is enrolled in a non-matching Medicare plan, resides in a long-term care facility). • GO TO STEP 3
3.	Submits CBAS eligibility inquiry request to Los Angeles Medi-Cal Field Office (LAMFO) via fax: (213) 897-1740. There is no specific form required, but each request must include the following information: <ul style="list-style-type: none"> – Center Name – Center NPI – Center Contact Name – Contact Telephone Number – Center Fax Number – Beneficiary Name – Beneficiary Medi-Cal ID Number (CIN) – Beneficiary Birthdate

DHCS – Utilization Management Division Responsibilities	
4.	<p>Verifies beneficiary eligibility status.</p> <ul style="list-style-type: none"> • If beneficiary is required to enroll in Medi-Cal managed care to obtain CBAS: <ul style="list-style-type: none"> ○ Immediately notifies CBAS center by fax that beneficiary is required to enroll in Medi-Cal managed care. • If beneficiary is NOT required to enroll in Medi-Cal managed care to obtain CBAS because they are exempt: GO TO STEP 5
5.	<p>LAMFO either:</p> <ul style="list-style-type: none"> • Contacts the CBAS center to schedule the face-to-face (F2F) eligibility determination visit; OR • Forwards the request for a F2F eligibility determination to the appropriate field office. <p>The field office will make two attempts to schedule the F2F with the CBAS center within 14 calendar days of receipt of the initial inquiry at the LAMFO. If the second attempt is unsuccessful, the field office will fax the CBAS center notice that the center must submit a new eligibility inquiry request.</p>
6.	<p>The state nurse assessor completes the CBAS Eligibility Determination Tool (CEDT) during the F2F visit at the center. No information regarding results will be shared with the CBAS center or the beneficiary or caregiver at that time.</p> <p>NOTE: For the purpose of an independent determination of CBAS eligibility, assessors are instructed to accept only documentation for review that has been developed by staff NOT affiliated with the center (e.g., history and physical from an external primary care provider).</p>
7.	<p>After returning to the field office, the nurse assessor confers with her/his supervisor to finalize determination. Within one business day of the final decision and within 30 days after LAMFO receives the initial CBAS eligibility inquiry request, the field office faxes the eligibility decision to the CBAS center.</p> <p>NOTE: If F2F conducted by a field office other than LAMFO, that field office will then send the CEDT and any other eligibility determination documents to LAMFO for retention.</p> <p>Ineligible Determination Field office faxes determination to center and generates a Notice of Action (NOA) to inform beneficiary of ineligible determination and his/her state hearing rights.</p>

	<p>Eligible Determination Field office faxes determination results to center authorizing the center's multidisciplinary team (MDT) to conduct assessments and develop the Individual Plan of Care (IPC). Up to three assessment days are allowed. No TAR is required for assessment days, and the provider may bill for these days directly to the fiscal intermediary.</p>
CBAS Provider Responsibilities	
8.	<p>Submits completed IPC and treatment authorization request (TAR) to LAMFO for adjudication.</p> <p>NOTE: The center must complete the MDT assessments, develop the IPC, and submit the TAR within 30-days of the date of the fax notifying the CBAS center of the eligible determination.</p>
DHCS Utilization Management Division Responsibilities	
9.	<p>LAMFO adjudicates all TARs for beneficiaries determined eligible regardless of which field office conducted the F2F. When the TAR is approved, LAMFO calculates days authorized for the approved time period and includes in an adjudication response.</p>
CBAS Provider Responsibilities	
10.	<p>Begins providing CBAS.</p> <p>NOTE: If CBAS provider starts providing services prior to notification of the approved TAR through the usual TAR adjudication process from the LAMFO, they do so at risk of no reimbursement if the field office does not authorize the recommended number of days the provider has requested.</p>

Questions

For questions about this letter, please call the CBAS Branch at (916) 419-7546. For specific eligibility and TAR questions, please call the LA Medi-Cal Field Office at (213) 897-0745.