

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
Primary Care

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

- Hospitals**

Ancillary

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL**PROVIDER SERVICES:**

(888) 562-5442, Extension:

Los Angeles/Orange Counties

X123017

Riverside/San Bernardino Counties

X120613

Sacramento County

X125682

San Diego County

X121735

Imperial County

X125682

Community-Based Adult Services Guidance During COVID-19 Public Health Emergency

This is an advisory notification to Molina Healthcare of California (MHC) network providers Community-Based Adult Services Guidance During COVID-19 Public Health Emergency.

The purpose of this Just the Fax (JTF) is to provide Molina Network providers with guidance regarding the temporary authorization of Community-Based Adult Services (CBAS) provided telephonically, in members' homes, and individually in centers, in lieu of congregate services provided at CBAS centers, during the period of the current public health emergency.

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 issued revised All Plan Letter (APL) 20-007 to provide guidance regarding the provision of CBAS Temporary Alternative Services (TAS).

This notification is based on the DHCS, APL 20-007 which can be found on the DHCS website at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-007.pdf>.

GUIDANCE

The following guidance will remain in effect until further notice.

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

Upon approval by California Department of Aging (CDA), CBAS centers may provide CBAS TAS.

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 there is no other option for providing services that meet the members' needs.

All CBAS centers are required to do the following:

1. Maintain phone and email access for members and family support, to be staffed a minimum of six hours daily, during center-defined hours of services, Monday through Friday.

2. Provide a minimum of one service to the member 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 member, or an in-person "door-step" brief well check conducted when the center 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, for each CBAS member.
4. Assess members' and caregivers' current needs related to known health status and conditions, as well as emerging needs that the member or caregiver is reporting.
5. Respond to needs and outcomes through targeted interventions and evaluate outcomes.
6. Communicate and coordinate with members' 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.

The delivery of services must be based on a CBAS member'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.

CBAS Center Staffing Requirements

Centers must staff CBAS TAS, at minimum, with a 1) Program Director; 2) Registered Nurse(s); and 3) Social Worker(s) to carry out CBAS TAS tasks. Additional staff are required as needed to address the number of members served and their identified needs and to assist in the delivery of services required for CBAS TAS participation. All staff must function within their scope of practice, qualifications, and abilities.

CBAS TAS documents can be obtained at:

https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/Temporary_Alternative_Services/.

AUTHORIZATION AND REIMBURSEMENT

Molina will authorize and reimburse CBAS centers who have been approved by CDA for CBAS TAS at the existing per diem rate for the provision of CBAS TAS as described in this JTF noting the following:

- The effective date for delivery of CBAS TAS will be based on the CBAS TAS approved effective date by CDA.
- Reimbursement for CBAS TAS is retroactive to the effective date approved by CDA.
- CBAS centers noted as temporarily closed and not providing CBAS TAS by CDA cannot bill retroactive to March 16, 2020.
- As noted in ACL 20-07, payments are subject to recoupment/cancellation if participation requirements for CBAS TAS are not met in good faith.

The authorizations process for CBAS TAS will follow regular processes for CBAS services.

- Members must meet CBAS eligibility and medical necessity criteria.
- For newly referred members for CBAS TAS, CBAS centers must first be approved by CDA prior to being authorized to provide CBAS TAS.

- Following regular authorizations processes for newly referred members for CBAS TAS, a referral form must be completed and submitted along with a recent History & Physical.
- The CBAS Eligibility Determination Tool (CEDT) will be conducted, as appropriate, telephonically, via telehealth, live virtual video conferencing, or in the home, if proper safety precautions are taken and if there is no other option for providing services that meet the members' needs.
- The TAS Provider Participation Agreement must be submitted for all CBAS TAS participants.
- The Molina CBAS Request for Services and IPC must be submitted following the assessment by the Multidisciplinary team, which may reflect the minimally required staffing of the Registered Nurse and Social Worker, every 6 months.
- Increases in CBAS TAS days will follow regular processes of reviewing for medical necessity.
- Authorizations will continue to be provided every 6 months when requested.
- Claims processes will remain the same.
- Currently participating CBAS center members or their caregivers who are requesting to be disenrolled from CBAS or refusing CBAS TAS during this time can be considered "on hold" until the return of traditional CBAS or discharged, as appropriate based on existing discharge requirements. Centers cannot seek reimbursement for these members unless services are provided.
- CBAS centers are required to continue to provide discharge notifications.

Fax Molina Healthcare Utilization Management Department at (800) 811-4804 for authorizations requests.

- For additional questions regarding the authorizations process, contact Molina Healthcare Utilization Management Department at (844) 557-8434.

To contact Molina Healthcare Case Management if you have questions or concerns regarding a Molina CBAS center participant or would like to refer to Molina's case management:

- Call (800) 526-8196 ext. 127604
- Fax (562) 499-6105
- Email MHCCaseManagement@MolinaHealthCare.com

DOCUMENTATION AND REPORTING REQUIREMENTS

Existing CBAS health record documentation standards for services provided will continue to apply. CBAS centers are responsible for updating member IPCs when a change in assessed need is identified through regularly scheduled reassessments, and reassessments conducted due to a change in member condition. CBAS centers must document services provided in accordance with CDA's guidance as detailed in ACL 20-07.

Molina may require additional reporting by the CBAS centers to substantiate the provision of services provided in accordance with this JTF.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (888) 562-5442. Please refer to the extensions on page one.