



COMMUNITY-BASED ADULT SERVICES (CBAS)

TEMPORARY ALTERNATIVE SERVICES

APPLICATION INSTRUCTIONS

CBAS providers must submit an application for the provision of CBAS Temporary Alternative Services (TAS). Review all instructions carefully and provide complete, accurate, and consistent information throughout the application.

Pursuant to Welfare and Institutions Code 14043.2, failure to disclose required information or disclosure of false or inaccurate information may result in denial of your application.

Part I – Required Temporary Alternative Services Forms

Complete and submit the information below. You may access the application documents through the [CDA website](#).

Do not use acronyms or abbreviations.

1. CBAS Temporary Alternative Services Plan of Operation (CDA 7012)

Use the guidance and assistance provided below when completing the form.

Section I: Provider Information

- a. NPI: Enter the center's National Provider Identifier (NPI).
- b. Date: Enter the current date.
- c. Center Name: Enter the center name as indicated on the Adult Day Health Care license.
- d. Center Address: Enter the center address.
- e. Provider Name (licensee): Enter the Provider (licensee) name as indicated on the Adult Day Health Care license.
- f. Primary Responsible Party (Contact) Name/Title, phone, and email: Enter the name, title and contact information of the person primarily responsible for the center's operation. This person must be reachable outside center service hours.
- g. Secondary Responsible Party (Contact) Name/Title, phone, and email: Enter the name, title and contact information of an additional person responsible for the center's operation. This person must be reachable outside center service hours.

Section II – Participant Information

- a. Enter the number of participants enrolled at the center as of March 1, 2020.
- b. Enter the number of participants to be served through CBAS TAS as of the date entered in Section I.
- c. Enter the number of participants discharged from the center since March 1, 2020.

Section III – Staffing Information

Providers must staff CBAS TAS with a 1) Program Director; 2) Registered Nurse(s); and 3) Social Worker(s) to carry out 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.

(Submit a current Staffing Services Arrangement (ADH 0006) (REV 04/20)

Section IV – Temporary Alternative Services to be Provided

- a. Narrative Description: Provide a brief narrative description of your proposed plan for operating CBAS TAS, including which staff will provide the array of services to be offered.
- b. Telephonic and Email Access (Hours of Service) & Center Contact Information: Enter the hours of service, center telephone number, and center email address.
- c. Date when Center Suspended In-Center Operations: Enter the date which the center last provided In-Center operations.
- d. Date When Center Began/Or Plans to Begin Alternative Services: Enter the date when the center either began or plans to begin providing Alternative Services. Each provider's effective dates for service will be when CBAS TAS either began, March 16th, 2020 after the Governor's Orders, or the date they are scheduled to begin in the future, if services have not yet begun.
- e. Do you plan to provide doorstep services: Indicate if the center plans to provide doorstep services. If yes or undetermined, provide a brief description.
- f. Do you plan to provide individual services in the center: Indicate if the center plans to provide individual in-center services. If yes or undetermined, provide a brief description.
- g. Do you plan to provide services in the home: Indicate if the center plans to provide in home services. If yes or undetermined, provide a brief description.

2. CBAS Temporary Alternative Services Provider Participation Agreement (CDA xxxx), signed by the provider or legal representative.

3. Staffing Services Arrangement (ADH 0006) (Rev 04/20)

Refer to the revised [ADH 0006](#) form and instructions on the CDA website with additional instruction for Box 9.

Part II – Submission Process

Complete and submit all information below via the Peach Provider Portal.

NOTE: All documents are to be uploaded to your center's POC folder within the Peach Provider Portal

Instructions for submitting files via the CDA Peach Provider Portal

- a. Go to: <https://providerportal.aging.ca.gov> using your Google Chrome internet browser
- b. Enter your Username and Password and click Login
- c. Select *Plan of Correction* from the home page
- d. In Box #1, select your appropriate center from the drop-down list

NOTE: If you are a representative of more than one center those centers will appear in the drop-down list

- e. In Box #2, click "Browse" to locate your file
- f. Navigate to the file you want to upload select the file and click "Open"
- g. In Box #2, click "Submit" to upload the file

NOTE: Repeat Steps "b" through "d" to submit multiple files through the Peach Provider Portal

Complete instructions for managing your Peach Provider Portal account can be found on the [CDA webpage](#).

Part III – Temporary Alternative Services Review & Approval

The CBAS Branch may contact you to discuss additional information needed in order for CDA staff to complete the review process. Therefore, maintain updated and current center operational information. CDA will notify you via email of its decision to approve or deny your application to provide TAS. CDA will also notify the managed care plans of your center's TAS Plan of Operation approval/denial and provide them with a copy of the application.