



Frequently Asked Questions - #2 Community-Based Adult Services (CBAS) Temporary Alternative Services (TAS)

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Plan of Operation

Q.1. Do we have to enter a narrative description in the space provided on the CBAS TAS Plan of Operation (CDA 7012) form, Section IV a., or can we just provide the narrative on a separate document?

A.1. Centers will need to complete the narrative portion of Section IV a., on the CBAS Temporary Alternative Services Plan of Operation (CDA 7012) form. In addition to completing Section IV a., you may attach a separate document with additional information if you choose.

Q.2. Can centers submit TAS documents for approval via mail, email, or fax? What is the turnaround time for approval of the plan?

A.2. Providers must complete all required documents and submit them through the Peach Provider Portal. All documents are to be uploaded through your center's Plan of Correction (POC) folder within the Peach Provider Portal. Please contact your California Department of Aging (CDA) analyst if you need assistance accessing your Peach Provider account. CDA will expedite review of all provider requests to participate in CBAS TAS, communicate with providers to resolve any outstanding questions or concerns, and notify providers and managed care plans (MCPs) of approval and effective dates.

Q.3. If there are more staff to report than fields available on the Staffing Services Arrangement Form (SSA) (ADH 0006) form, how do we report them?

A.3. Enter additional staff on Page 2, under "Other Staff Positions". Use an additional Page 2 as needed.

Q.4. Should we list all center staff on the SSA (ADH 0006), or just the staff that will be working during CBAS TAS?

A.4. You should list all your center staff on the SSA/ADH 0006 form, even if they are not currently working. If a staff member is not currently working any hours indicate the reason by marking an "F" (furloughed, laid off for a period of time) or an "L" (on leave). In addition, enter the number of hours each staff member is scheduled to work per month during TAS, including consultants, in each category listed. The form must be

filled out completely, including license numbers and expiration dates as applicable (including drivers).

Q.5. Where can centers obtain the CBAS TAS Plan of Operation (CDA 7012), the CBAS Temporary Alternative Services Provider Participation Agreement (CDA 7013), and/or the SSA (ADH 0006)?

A.5. Application documents are available through the [CDA Website](#).

Q.6. Should centers include private pay participants in Section 2 of the CBAS TAS Plan of Operation (CDA 7012) form?

A.6. Enter the total number of CBAS participants enrolled at the center as of March 1, 2020. Do not include participants whose Adult Day Health Care (ADHC) services are paid solely by private pay or a third-party payer such as private insurance, Regional Center, or Veteran's Administration.

Q.7. Will there be a central location online where MCPs can verify that a center is approved and participating in CBAS TAS?

A.7. CDA will notify MCPs of each center's TAS approval and effective date via the CDA CBAS File Drop for MCPs.

Q.8. When did the TAS program begin?

A.8. CBAS TAS began on March 16th. Each provider's effective date for service will be March 16th or the date they are scheduled to begin in the future if services have not yet begun. Effective date of commencement of CBAS TAS for each provider will be certified by CDA in the revised CBAS TAS Provider Participation Agreement.

Q.9. When can centers begin billing for TAS?

A.9. Per ACL 20-07, reimbursement for CBAS TAS is retroactive to March 16th, 2020, if the provider began providing services on March 16, 2020. Otherwise, services are billable effective the date the provider began services after March 16, 2020, or the date they plan to begin in the future if services have not yet begun. Providers pending approval for CBAS TAS may begin billing immediately, but payments will be subject to recoupment/cancellation if participation requirements for CBAS TAS are not met in good faith.

Q.10. Can we bill for services provided after March 16th, 2020, that may not have met the delivery requirements outlined in ACL 20-07?

A.10. CBAS centers acting in good faith and providing services prior to the release of ACL 20-07 guidance related to TAS service delivery requirements can receive reimbursement for services provided. Centers should work with their managed care plan contractors on issues related to billing and reimbursement.