Continuing CBAS for Members Transitioning to Medi-Cal Fee-for-Service

The Department of Health Care Services has requested that Blue Shield of California Promise Health Plan share the following message with our network providers who provide Community-Based Adult Services.

Effective **January 1, 2027**, Medi-Cal managed care plan (MCP) members with unsatisfactory immigration status (UIS) will transition to the Medi-Cal Fee-for-Service (FFS) delivery system. This transition changes how covered services are authorized and paid; it does not, by itself, end members' Medi-Cal eligibility. [Community-Based Adult Services, or] **CBAS remains available in Medi-Cal FFS for eligible members**, and your center may continue serving these members if it meets applicable Medi-Cal enrollment, CBAS program, authorization, and billing requirements.

Please take the following steps now to help maintain access to CBAS for your transitioning members.

1. **Prepare for FFS authorizations and claims**
   Blue Shield Promise will continue to authorize and pay for covered CBAS services for eligible members through December 31, 2026. Continue submitting claims to Blue Shield Promise for services furnished during that period. For members transitioning to FFS, submit TARs and claims for covered CBAS services furnished on or after January 1, 2027, to DHCS through Medi-Cal FFS.

   Use the applicable Medi-Cal electronic institutional claims process, following the CBAS Provider Manual. Ensure TARS and claims include the required provider identifiers, service dates, authorization information, and billing codes. Use the codes, modifiers, and reimbursement rates that apply to the services furnished and the date of service.

   Review the following resources with your billing and service authorization staff:
   Medi-Cal CBAS Provider Bulletin, Issue 613
   CBAS Billing Codes and Reimbursement Rates
   CBAS Provider Manual, including Billing Examples, UB-04 Completion, and IPC and TAR Form Completion

   Review the CBAS IPC and TAR requirements and submit the applicable FFS authorization request for ongoing services. As described in the UIS Transition Policy Guide, DHCS accepts TARs beginning November 1, 2026, for transitioning members' services on or after January 1, 2027. The guide also describes a TAR special handling option when DHCS has an MCP authorization on record and an FFS provider requests authorization for the same service. Follow DHCS transition TAR instructions and updates when preparing your request.

2. **Coordinate continued services for your members**
   Please confirm with Blue Shield Promise whether your center can continue serving transitioning members under Medi-Cal FFS. Work with Blue Shield Promise, members and their authorized representatives, PCPs, and other providers to identify and address potential gaps in services before January 1, 2027.

[If your center cannot continue services for a member with UIS, please let us know so that we can assist them in identifying an alternative Medi-Cal FFS CBAS provider and coordinate the transfer of relevant records.]

3. **If your center is also contracted to provide Enhanced Care Management**
   Your center may continue to provide covered CBAS services to eligible transitioning members and submit CBAS claims to Medi-Cal FFS. However, Enhanced Care Management (ECM) is not covered in Medi-Cal FFS. You may no longer bill for ECM services furnished to transitioned members on or after January 1, 2027. Continue providing authorized ECM services through December 31, 2026, in accordance with your agreement with Blue Shield Promise.

   Before the transition, follow the ECM transition planning and care coordination requirements in the UIS Transition Policy Guide and Appendix C. Coordinate with members' PCPs and other providers, identify available ongoing services, and transmit relevant assessments and care management plans to the appropriate receiving providers, consistent with applicable privacy requirements. Complete warm handoffs, when receiving providers can accept them, as soon as possible and no later than December 31, 2026. **You may not submit claims under FFS for those services or bill separately for services already included in the CBAS payment.**

4. **Questions and support**
   For questions about transitioning members, current MCP authorizations, or care coordination, contact Blue Shield Promise Provider Services at (800) 468-9935, between 6 a.m. and 6:30 p.m. PT, Monday through Friday.

   For Medi-Cal FFS billing, claims, or TAR assistance:

   Understanding Medi-Cal FFS billing requirements

   Reviewing Medi-Cal FFS rates

   Accessing the Medi-Cal Provider Manual and Provider Bulletins

   General billing and TAR resources are available at: DHCS TAR and Billing Resources

Blue Shield Promise will share additional DHCS guidance as it becomes available. Thank you for helping eligible members continue to receive CBAS throughout this transition.

[Note: Because CBAS centers are enrolled to participate in Medi-Cal through the California Department of Aging enrollment process, there is not a requirement for them to currently enroll through PAVE.]

If you have any questions about providing services or submitting claims for members with UIS, please contact Blue Shield Promise Provider Services by telephone at (800) 468-9935, 6 a.m. to 6:30 p.m. PT, Monday through Friday.