

INSTRUCTIONS FOR COMPLETING THE COMMUNITY-BASED ADULT SERVICES (CBAS) MONTHLY STATISTICAL SUMMARY REPORT (MSSR)

The Monthly Statistical Summary Report form, CDA 174, provides summary information on the Community-Based Adult Services (CBAS) center's participants for each month of a calendar year.

The form is available in an Excel format on the California Department of Aging's website: www.aging.ca.gov. To find this form, click on the ADHC/CBAS tab, Forms and Instructions, then select Monthly Statistical Summary Report (MSSR).

If completing manually, please photocopy the attached form and use it as the center's original at the beginning of each year. The original is kept at the center and updated each month by entering the data requested in each section of the form.

Submit one (1) copy of the MSSR to the CBAS Branch **by the 10th day of each month for the previous month's data**. CDA prefers submission of this form in the Excel format, transmitted to the CBAS Branch email below.

- E-mail: cbascda@aging.ca.gov
- Fax: (916) 928-2507
- US Mail: California Department of Aging
Attn: CBAS Branch
1300 National Drive, Suite 200
Sacramento, CA 95834

Instructions for Completing the MSSR:

Header Information

1. Complete Center Name and City: Enter the center's complete legal name and the city in which it is located.
2. Enter your center's National Provider Identifier (NPI).
3. Report Year: Enter the report year the monthly data report reflects.
4. Weekdays of Center Operation: Check the days of the week the center provides CBAS services.
5. Hours of Service: Enter the center's CBAS program hours which are defined and posted by the center.
6. License Capacity: Enter the center's approved licensed capacity.

Include the following data for each reporting month as follows:

Box	Instructions
<p>1. Box 1-"Individuals Determined Eligible"</p>	<p>Include all Medi-Cal beneficiaries determined CBAS eligible by the managed care plan and/or the Medi-Cal Field Office during the reporting month, including any individuals determined eligible through the fair hearing process. Do NOT include participants reauthorized for services or those previously determined eligible for CBAS for whom no new face-to-face was conducted (e.g., a participant moving from another CBAS center for whom the Plan or DHCS does not conduct another face-to-face).</p> <p>Report separately for (a) Medi-Cal Managed Care beneficiaries and (b) Medi-Cal Fee-For-Service beneficiaries.</p> <p>Total New Eligible (c) is the sum of (a) plus (b).</p>
<p>2. Box 2- "Individuals Determined Ineligible"</p>	<p>Include all Medi-Cal beneficiaries who have been determined CBAS ineligible by either managed care and/or the Medi-Cal Field Office during the reporting month.</p> <p>Report separately for (a) Medi-Cal Managed Care beneficiaries and (b) Medi-Cal Fee-For-Service beneficiaries.</p> <p>Total New Ineligibles (c) is the sum of (a) plus (b).</p>
<p>3. Box 3- "Participants Discharged"</p>	<p>Include all participants the center has formally discharged (per the center's discharge policies and procedures) during the reporting month.</p> <p>Report separately for (a) Medi-Cal Managed Care beneficiaries, (b) Medi-Cal Fee-For-Service beneficiaries, and (c) Private Pay participants.</p> <p>Total Discharged Participants (d) is the sum of (a) plus (b) plus (c).</p>

Box	Instructions
4. Box 4- "Participants Served"	<p>Include all eligible participants enrolled at the center and receiving CBAS per their Individual Plans of Care (IPC) or their ADHC plans of care during the reporting month. Do NOT include participants who are pending eligibility determination or are in the process of being assessed by the center's multidisciplinary team (MDT).</p> <p>Report separately for (a) Medi-Cal Managed Care beneficiaries, (b) Medi-Cal Fee-For-Service beneficiaries and, (c) Private Pay participants.</p> <p>Total Served Participants (d) is the sum of (a) plus (b) plus (c).</p>
5. Box 5-"Participant Attendance Days"	<p>Include all days of attendance by eligible CBAS and ADHC participants enrolled at the center (those individuals identified in Box 4) during the reporting month. Do NOT include days the participant is initially assessed by the center's MDT.</p> <p>Report separately for (a) Medi-Cal Managed Care beneficiaries, (b) Medi-Cal Fee-For-Service beneficiaries and, (c) Private Pay participants.</p> <p>Total Attendance Days (d) is the sum of (a) plus (b) plus (c).</p>
6. Box 6 – "Days of Center Operation"	<p>Include the total number of days of operation the center provided CBAS/ADHC during the reporting month.</p>
7. Box 7 – "Average Daily Attendance"	<p>Box 7 will calculate automatically by dividing Total Attendance Days by Days of Center Operation. If you are completing the form manually, divide Box 5(d) by Box 6.</p>

Note: In some cases, individuals will be reflected in more than one Box in the same month. For example: Individuals who are determined eligible and begin receiving services in the same month should be recorded in both Box 1 and Box 4.

Additional Definitions	
Term/Phrase	Definition
Medi-Cal Fee-For-Service	Medi-Cal beneficiaries exempt or not otherwise eligible for enrolling in Medi-Cal Managed Care remain in regular Medi-Cal "Fee-For-Service" (FFS) and are able to receive CBAS through FFS.
Medi-Cal Managed Care	Medi-Cal beneficiaries receiving CBAS must be enrolled in Medi-Cal Managed Care unless exempt or not otherwise eligible to enroll.
Private Pay	Individuals who personally pay for ADHC or whose services are paid by a non-Medi-Cal third party payer such as private insurance, Regional Center, or the Veterans Administration.



CBAS/ADHC Monthly Statistical Summary Report (MSSR)



Center Name and City: _____ NPI: _____ Report Year: _____

Weekdays of Operation (check): M T W TH F SA SU Hours of Service: _____ To _____ License Capacity: _____

Participants	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
1. Individuals Determined Eligible												
a. Medi-Cal Managed Care												
b. Medi-Cal Fee-For-Service												
c. Total New Eligibles (a+b)	0	0	0	0	0	0	0	0	0	0	0	0
2. Individuals Determined Ineligible												
a. Medi-Cal Managed Care												
b. Medi-Cal Fee-For-Service												
c. Total New Ineligibles (a+b)	0	0	0	0	0	0	0	0	0	0	0	0
3. Participants Discharged												
a. Medi-Cal Managed Care												
b. Medi-Cal Fee-For-Service												
c. Private Pay												
d. Total Discharged Participants (a+b+c)	0	0	0	0	0	0	0	0	0	0	0	0
4. Participants Served												
a. Medi-Cal Managed Care												
b. Medi-Cal Fee-For-Service												
c. Private Pay												
d. Total Served Participants (a+b+c)	0	0	0	0	0	0	0	0	0	0	0	0
5. Participant Attendance Days												
a. Medi-Cal Managed Care												
b. Medi-Cal Fee-For-Service												
c. Private Pay												
d. Total Attendance Days (a+b+c)	0	0	0	0	0	0	0	0	0	0	0	0
6. Days of Center Operation												
7. AVERAGE DAILY ATTENDANCE (#5d divided by #6)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00