



Community-Based Adult Services (CBAS) Contractual Agreement Listing

Enter the name(s) of the Medi-Cal Managed Care Plan(s) the center has contractual agreements with to provide CBAS and the date the contractual agreement expires. Identify whether the center has contracts with a Regional Center, the Veterans Administration, or other payers. Submit this completed form with your Certification Renewal application to the California Department of Aging.

Medi-Cal Managed Care Plan(s)	Agreement Expiration Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Check all that apply: <input type="checkbox"/> Regional Center <input type="checkbox"/> Veterans Administration <input type="checkbox"/> Other	

_____ (Print Name)

_____ (Title)

_____ (Signature)

_____ (Date)