



**COMMUNITY-BASED ADULT SERVICES (CBAS)
PROVIDER PARTICIPATION AGREEMENT**

As a condition of providing Community-Based Adult Services (CBAS) under the 1115 Waiver,

(Provider Legal Name)

hereinafter called the "Provider," providing services at

_____ located at
(ADHC Center Name)

(ADHC Center Address)

hereby agrees:

- (A) To provide care appropriate to the above-designated service category in accordance with the Waiver’s Standards of Participation, Medi-Cal regulations (Title 22, Division 3, Chapter 5, and Division 5, Chapter 10, California Code of Regulations), and the Adult Day Health Care statutes (Welfare and Institutions Code, Division 9, Chapter 8.7, and Health and Safety Code, Division 2, Chapter 3.3) as amended from time to time.
- (B) To meet the Standards of Participation (SOPs) as a provider pursuant to CBAS Waiver requirements.
- (C) To ensure that the CBAS center has all the qualities of a home and community-based setting as required by 42 Code of Federal Regulations 441.301(c)(4).
- (D) To meet requirements for person-centered planning specified in 42 Code of Federal Regulations 441.301(c)(1) through (3).
- (E) To comply with Title VI, Civil Rights Act of 1964, and Title 22, California Code of Regulations, prohibiting discrimination against any beneficiary on the basis of race, color, creed, national origin, sex, age or physical or mental disability.
- (F) To keep and maintain health records for a period seven years from the date of service and financial records for four years as are necessary to fully disclose the extent of services provided to individuals under the Waiver Program, regardless of termination of this Agreement by either the Provider or the California Department of Aging (hereinafter called the Department); to furnish the Department, the Department of Health Care Services or the Secretary of Health and Human Services or their duly authorized representatives with such information, regarding any payments claimed for providing such services as the Department, the Department of Health Care Services, or the Secretary of Health and Human Services or their duly authorized representatives may, from time to time, request.
- (G) That the Department may terminate this Agreement upon decertification or suspension of the Provider in accordance with regulations contained in Article 6 (commencing with Section 51451) of Chapter 3, and in Article 4 (commencing with Section 54301) of Chapter 5, in Division 3, Title 22, California Code of Regulations, as amended from time to time.

**COMMUNITY BASED ADULT SERVICES (CBAS) PARTICIPATION AGREEMENT
(Continued)**

- (H) That this Agreement is not assignable by the Provider either in whole or in part without the written consent of the Department.
- (I) That the Provider shall not be entitled to payment for CBAS services rendered to beneficiaries during any period that a CBAS Provider Participation Agreement is not in effect.
- (J) To provide the following services, as designated in the participant's Individual Plan of Care, during the term of this Agreement:

Daily Core Services:

- *Professional nursing
- *Therapeutic activities
- *Social services and/or personal care services
- *One meal per day

Additional Services:

- *Physical therapy
- *Occupational therapy
- *Speech therapy
- *Mental health services
- *Transportation
- *Registered dietitian services

- (K) To notify the Department immediately in writing when any change occurs in the provision of services designated in (J).
- (L) That this CBAS Provider Participation Agreement shall be valid only for the provider's facility and address designated above.

The Department hereby agrees:

- (A) To certify the Provider for participation in the CBAS Program for purposes of providing the services designated in (J), effective _____.
(State Use Only)
- (B) That the Provider may terminate this Agreement by submitting a written notice to the Department indicating that the Provider is voluntarily withdrawing from participation in the CBAS Program. A provider who voluntarily withdraws from the CBAS Program may reapply for certification to participate.

The parties mutually agree that this CBAS Provider Participation Agreement shall terminate on _____ unless terminated sooner, as described in this Agreement.
(State Use Only)

By: _____
(Signature/Title of Provider or Legal Representative)

(Printed Name)

Date: _____

By: _____
(Signature/Title of CDA Representative)

(Printed Name)

Date: _____