

Participant Characteristics Report

Instructions and Definitions

The following instructions are provided to assist you in completing the Confidential Participant Characteristics Report (PCR). Please ensure all data fields are completed as instructed and maintain current PCR data for review upon request.

Submission Guidelines:	Submit PCR bi-annually by the 31st of January and July, and also upon request by CDA, via the CBAS File Drop Web Portal at https://cbasfiledrop.aging.ca.gov . Note: <u>DO NOT</u> transmit this form by e-mail as it contains protected health information.
General Instructions:	<ol style="list-style-type: none"> 1. Enter 'X' for each field that applies to participant. 2. Do not total "X's" in each column; "X's" will automatically total. 3. Delete all information on discharged participants. 4. Always insert rows above the TOTALS line so that totals automatically adjust when "X's" are entered.
Header, Center Name:	Enter the center's legal name as indicated on your ADHC license. Do not use acronyms.
Header, Center NPI:	Enter the center's National Provider Identifier (NPI) number. Please double check to ensure it is entered correctly.
Total Participants Enrolled:	Enter the total participants enrolled at the center.
Date:	Enter the month, day, and year the report was completed.
Language:	Enter "X" for language(s) the participants enrolled at the center speak and understand.

Participant Identifying Information

Field #	Field Name	Definition/Explanation
i	Last Name:	Enter the participant's last name.
ii	First Name:	Enter the participant's first name.
iii	CIN (Client Identification Number):	Enter the participant's Medi-Cal Client Identification Number (CIN). Include Medi-Cal participants that may have their CBAS paid privately (Regional Center, Veterans Administration, etc.) Please double check to ensure the CIN is entered correctly and is for the correct person.
iv	Enrollment Date:	Enter the participant's enrollment date at the center. The enrollment date is the first date the participant is enrolled at the center and receiving CBAS per their Individual Plan of Care. For participants returning after an absence and discharge, enter their most recent enrollment date.

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v	P: Private Pay	Enter P for private pay. Includes services paid through out-of-pocket, by PACE, Private Insurance, Regional Center, or Veteran's Administration. Do not include participants whose services are paid by Medi-Cal (FFS/Managed Care) only. If a participant falls under both private pay and Medi-Cal (FFS, Managed Care) categories, enter the main payer only. For example: if services for three days a week are paid by Medi-Cal FFS and Regional Center pays for a separate day, the fourth day, Medi-Cal FFS is the "primary" payer and Regional Center becomes "secondary." The participant should NOT be reported as private pay.
Diagnoses, Status/Needs, CBAS Services Provided		
The following definitions/explanations are provided to assist you in determining which data goes in each of the characteristic fields (columns). Check the fields that best describe each assessed participant's diagnoses/conditions, status/needs, and CBAS services provided. Note: Multiple columns in each category may be marked for one participant as long as their characteristics support them.		
Field #	Characteristic Field	Definition/Explanation
Diagnoses		
1	Dementia	Individuals diagnosed with a dementia. Dementia disorders involve a significant decline in cognitive abilities, such as learning and memory, attention, disorientation (e.g., time, place, person) language (e.g., word-finding, comprehension), visual-spatial skills (e.g., getting lost in familiar environments), and executive functioning (e.g., judgment, abstract reasoning, planning, organization, and mental flexibility), that interferes with the ability to perform everyday activities (e.g., paying bills, managing medications, shopping independently, performing self-care). Although there are many different causes and types of dementia, the most common in older adults include Alzheimer's disease, dementia with Lewy Bodies, vascular dementia, and fronto-temporal dementia. Dementia may be due to multiple medical conditions such as HIV, Parkinson's disease, Huntington's disease or be substance-related (e.g., Substance-Induced Persisting Dementia). (References: <u>Diagnostic and Statistical Manual (DSM) IV and 5.</u>) <u>Please note:</u> Participants diagnosed with a dementia can be diagnosed with an Intellectual/developmental disability and/or mental disorder as well. Report all diagnoses separately in the appropriate fields.
2	Intellectually/Developmentally Disabled (ID/DD)	Individuals diagnosed with a developmental disability/intellectual disability. Individuals who meet criteria specified in Welfare and Institutions Code Section 4512 as having a developmental disability that originates before 18 years of age; continues, or can be expected to continue, indefinitely; and constitutes a substantial disability for that individual. This includes intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability. Do NOT include other handicapping conditions that are solely physical in nature, as specified under Title 22, CCR Section 54000. <u>Please note:</u> Participants with a diagnosed intellectual/developmental disability can be diagnosed with a dementia and/or mental disorder as well. Report all diagnoses separately in the appropriate fields.
3	Mental Health Diagnosis	Individuals diagnosed with a mental disorder as defined in the <u>Diagnostic and Statistical Manual (DSM-IV or 5.)</u> A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. <u>Please note:</u> Participants diagnosed with a mental disorder can be diagnosed with a dementia and/or intellectual/developmental disability as well. Report all diagnoses separately in the appropriate fields.
Status/Needs		
4	Psychiatric Medications	Psychiatric medications may be used for conditions/symptoms/behaviors related to/not related to mental illness. Include all participants who are prescribed psychiatric medications regardless of whether they have a psychiatric diagnosis.

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5	Behavior Symptoms	Participant exhibits verbal/physical outburst, hallucinations, confusion, wandering, excessive restiveness, self-injurious behavior, is guarded, reclusive, threatens/harms others, etc.
6	Requires Ambulation Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
7	Requires Bathing Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
8	Requires Dressing Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
9	Requires Toileting Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
10	Requires Self-Feeding Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
11	Requires Transferring Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
12	Requires Assistance Accessing Resources	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
13	Requires Hygiene Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
14	Requires Meal Preparation Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
15	Requires Medication Management Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
16	Requires Money Management Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
17	Requires Transportation Assistance	Requires physical assistance with or without device or is unable to do for self, even with physical help or device.
18	Fall Risk	Participant's fall risk has been measured by the center multidisciplinary team using an industry standard tool. Report only participants determined to be at high risk by the team.
19	Uses Walker/Cane/Wheelchair	Actually uses walker/cane/wheelchair. Do not include participants who may own/have the equipment but do not use.
20	Hearing/Vision Deficits	Participant has limited hearing or sight. May use adaptive devices to improve their ability to hear or see.
21	Communication Deficits	Participant is non-verbal, uses assistive communication device, and/or their speech is understood only by familiar listener. Does not include participants who speak languages other than English.

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22	Speaks English	Includes participants who understand <u>and</u> speak English.
CBAS Services Provided		
23	Special Diet	<p>A therapeutic diet prescribed by a physician and provided at the center to help manage chronic illness or other medical conditions. Includes portion control, high/low calorie, low sodium, low cholesterol/low fat, no concentrated sweets, diabetic, and renal. Also includes modified textures when the modified texture alters the nutritional content of the food such as mechanical soft, pureed, or tube feeding diets.</p> <p>Does not include the following:</p> <ul style="list-style-type: none"> • Diets to prevent chronic disease such as a “heart healthy” diet (no added salt, no added fat) • Cut up, chopped with no alteration of the nutritional content • Tube feeding that is not formulated for a specific medical condition • Enteral (TF)/Parenteral Nutrition (IV)
24	Group/Individual Psychological Services	Services provided by the center's mental health consultant, scheduled in Box 22 of the participant's IPC, and as specified in the <i>Medi-Cal Manual, Community IPC Section p.30, Box 22 Instructions for Additional Services</i> .
25	Speech Services	Services directly provided by the center's speech therapist. Includes individual/group services (planned/scheduled) for participants with speech or language disorders.
26	Prescribed Medications Administered at Center	Medications administered by the center nursing staff during the center's hours of service that are prescribed by a physician on a routine medication order, not PRN. This could include over-the-counter (OTC) medications, so long as they are prescribed by the physician on a routine order and are administered by the center's nurse.
27	Self-Administers Medication at the Center	To be reported in this field, participant must meet the following criteria: (1) administers own medications at center (including over-the-counter medications) that are prescribed by a physician on a routine medication order, not PRN; (2) does not need monitoring, supervision, physical assistance or verbal cues; and, (3) meets the criteria for medication self-administration per Title 22, CCR, Sections 54319(e) and 78317(f)(1)(2)(3),
28	Restorative Physical Therapy (PT) and/or Occupational Therapy (OT)	Services provided directly by/under supervision of, the center's physical/occupational therapist. As defined in the <i>Medi-Cal Manual, Community IPC Section, p.29, Box 22 Instructions for Additional Services</i> .
29	Skilled Nursing Services	Direct one to one care provided by a licensed nurse, per physician's order and the participant's care plan per Welfare and Institutions Code, Section 14550.5(a)(5). Such care includes, but is not limited to: 1) catheter insertion; 2) injections; 3) ostomy care; 4) complex wound care; 5) blood glucose testing. <u>Does not</u> include, Professional Nursing services listed under Welfare and Institutions Code, Section 14550.5 (a)(1-4).