

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
CBAS DISCHARGE SUMMARY
 REPORT CDA 4008 (REV 02/2024)



Center Name: _____ NPI: _____ Year: _____

Instructions: Complete this Discharge Summary report by referencing the Discharge Summary instructions (CDA 4008i) protocols published on the CDA website, Community-Based Adult Services (CBAS), [Forms and Instructions tab](https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/) (https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/).

Discharge Code Legend	
1. Death	2. Nursing Facility Placement
3. Managed Care Plan/DHCS Determined Ineligible	4. Center Closure – Participant Declined Other Services
5. Center Closure – CBAS Center Transfer	6. Loss of Medi-Cal Eligibility
7. Center Discontinued Services	8. Ptp Discontinued Services
9. Other (enter reason in Column H)	

A		B	C	D	E	F	G	H
First Name	Last Name	CIN	First Date of Attendance	Last Date of Attendance	Date Discharged	Reason For Discharge	Payer	Comments

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First Name	Last Name	CIN	First Date of Attendance	Last Date of Attendance	Date Discharged	Reason For Discharge	Payer	Comments

Administrator/Program Director Signature **Date**