



Overview:

The CBAS Discharge Summary Report (CDA 4008) provides summary information on participant discharges that occur in Community-Based Adult Services (CBAS) centers.

Maintain the CBAS Discharge Summary Report for ALL Medi-Cal participants discharged from the center, on a cumulative basis annually, and provide the report to the CBAS Bureau under the following circumstances:

1	Upon discharge of a Medi-Cal fee-for-service (FFS) participant	Submit using the Peach Provider Portal at https://peach.aging.ca.gov/ DO NOT EMAIL
2	Upon CBAS Center Closure	Submit using the Peach Provider Portal at https://peach.aging.ca.gov/ DO NOT EMAIL
3	Upon request by CDA	When CDA requests the CBAS Discharge Summary Report, we will provide instructions on how to send thereport in a secure manner that protects participant health information.

NOTE: The CBAS Discharge Summary Report (CDA 4008) is a tracking document that includes limited summary data on all discharged participants. CBAS centers are still required to develop discharge plans for all participants as part of the six-month reassessment and at time of discharge. Discharge plans are to be maintained in the participants' health records.

General Instructions:

Please complete one line of this form for each CBAS participant discharged from the center per the reporting requirements below for each calendar year. Report only Medi-Cal Managed Care and fee-for-service participants. Do NOT report private pay participants.

Administrator or Program Director must sign and date the form prior to submission.

Header Instructions:

- Center Name – Enter the center’s complete legal name
- NPI – Enter the center’s National Provider Identifier (NPI)
- Year – Enter the year in which participant discharge(s) occurred

Column Instructions:

- A. Participant Name – Enter participant first and last name
- B. Client Identification Number (CIN) – Enter participant Medi-Cal Client Identification Number (CIN)
- C. First Date of Attendance – Enter participant first date of services at the CBAS center after initial assessment by the center’s multidisciplinary team (mm/dd/yyyy)
- D. Last Date of Attendance – Enter last date participant attended center prior to discharge (mm/dd/yyyy)
- E. Date Discharged – Enter date center discharged participant per definition of discharge and reporting (mm/dd/yyyy)

Column Instructions Cont.:

- F. Reason for Discharge – Select reason for participant discharge from drop down menu:
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 – per center discharge policies and procedures that meet Title 22 requirements such as:
 - a. Participant fails to meet Participation Agreement requirements
 - b. Participant no longer benefits from CBAS
 - c. Participant requires higher level of care
 8. Participant Discontinued Services – by notifying the center of intent to discontinue for reasons such as:
 - a. Participant transferred to another center
 - b. Participant moved out of area
 9. Other (enter reason in comments column H)
- G. Payer – Select participant payer from the drop–down menu – either Medi-Cal Managed Care plan or Medi-Cal fee-for-service
- H. Comments – Enter other pertinent comments as needed

Terms/Phrases:

Discharge – Each provider is required to maintain and follow policies and procedures for discharge that meet requirements of The California Code of Regulations, Title 22.

Section 54117 defines discharge as the termination of the participation agreement. The participation agreement specifies the types and duration of services to be provided each week and represents the agreement between the CBAS provider and the participant regarding care at the CBAS center.

Section 54213 describes conditions for participant discharge. Section 54223(a) specifies that attendance shall be regular and planned.

Because Title 22 does not specify a specific timeframe for discharge (i.e., the maximum number of days of absence from regular attendance at the center that terminates the participation agreement), for the purpose of uniform reporting on the CBAS Participant Discharge Summary Report (CDA 4008), CDA requests discharge data as follows:

EITHER

1. Participants discharged per the center’s policies and procedures;

OR

2. Participants who are not in attendance for 60 days AND their authorization has expired