

Participant Characteristics Report (PCR) Training

Presented By: CDA CBAS Branch

Date: June 12, 2019

Presenters

Jill Sparrow	CBAS Branch Chief
Adam Smith	Data and Program Analyst

Agenda

2:00	Welcome and Housekeeping	Jill
2:05	Agenda & Training Objectives	Jill
2:10	Overview of PCR	Jill
2:15	Instructions & Definitions: Clarifications and Revisions	Jill
2:30	Revised Submission Instructions – Peach Provider Portal	Adam
2:45	Question & Answer	All
3:00	Webinar End	All

Housekeeping

- Webinar is being recorded and will be posted on the CDA website
https://aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS_Training/Default.aspx
- The PCR Form and Instructions/Definitions are available on the CDA website
https://aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Reporting_Requirements/
- Q & A at the end of webinar
Please enter questions in the “Questions” box

Training Objectives

- Providers will report accurate PCR data according to revised instructions and definitions
- Providers will understand new PCR submission process effective July 1, 2019

PCR Overview

Importance of the PCR

- Provides aggregate data to describe CBAS program services and participants
 - https://aging.ca.gov/ProgramsProviders/ADHC-CBAS/CBAS_Dashboard/Participant_Characteristics/
- Data is used by CDA, DHCS, and other stakeholders for analysis, program monitoring, and oversight

PCR Instructions and Definitions

PCR Form Revisions

- Renamed the following fields:
 - Field 1: Dementia Diagnosis
 - Field 2: Intellectual/Developmental Disability Diagnosis (ID/DD)
 - Field 3: Mental Disorder Diagnosis
 - Field 23: Special/Therapeutic Diet
 - Field 24: Behavioral Health Services

PCR Instructions and Definitions

PCR Form Revisions (cont.)

- Revised all instructions/definitions to improve clarity for accurate reporting and to align with new CBAS Individual Plan of Care (IPC)
- Review the following definitions in particular:
 - Private Pay
 - Fall Risk
 - Behavioral Health Services
 - Self-Administers Medications at the Center
 - Restorative PT/OT
 - Skilled Nursing Services

PCR Instructions and Definitions

- Submission Checklist
 - <https://aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/ReportingRequirements/>

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
PARTICIPANT CHARACTERISTICS REPORT (CDA 293)
SUBMISSION CHECKLIST FOR CBAS PROVIDERS
 REV 06/2019



Item in Question	What to check	Resource	Y/N
1 Are you using the correct PCR form (i.e., CDA CBAS 293, rev. 06/19)?	✓ Report title and revision date	Click here to download PCR form.	
2 Is the report accurate and complete in all fields?	✓ Center name is same as indicated on ADHC license ✓ Center's National Provider Number (NPI) is accurate ✓ Total Participants Enrolled field is consistent with number of participants listed on report ✓ Client Identification Number (CIN) is accurate (8 digits and 1 letter at end) ✓ Languages spoken at center (other than English) are specified ✓ Enrollment Date is complete and accurate (NOT a Date of Birth) ✓ No individual category total is more than the Total Participants Enrolled ✓ Private Pay participants are identified with a "P" and align with definition ✓ Participant Diagnoses, Status/Needs and CBAS Services Provided are supported by the IPC/Health Record		
3 Does the report contain only participants enrolled through the reporting period?	For example, if submitting the report for June 1-30, the report should not contain participants enrolled after June 30.		

Submission Overview

- Semi-annual submissions

Reporting Period	Submissions Begin	Due to CDA By
June 1-30	July 1	July 31
December 1-31	January 1	January 31

- Submitted via the Peach Provider Portal

Peach Provider Portal

Overview

- Internet-based application
 - Recommend use of Google Chrome browser
 - Not compatible with Internet Explorer
 - Encrypted to meet HIPAA compliance standards

Peach Provider Portal

Overview (cont.)

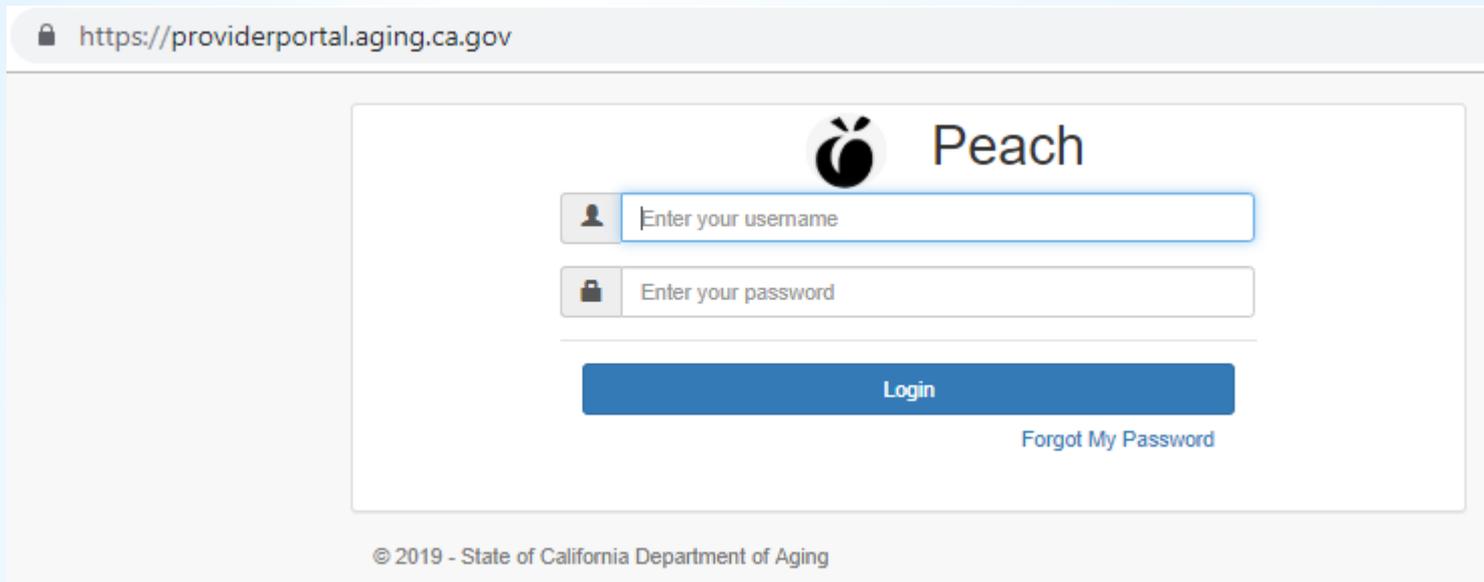
- Requires login credentials
 - Issued by CDA
 - Previously-issued credentials for prior reporting periods are still in effect (*Providers should log-in to the Peach Provider Portal to confirm that credentials are still active*)
- Instructions for accessing Peach Provider Portal
 - https://aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Reporting_Requirements/

Peach Provider Portal

- Accessed via direct link
 - <https://providerportal.aging.ca.gov/>
- Accessed via CBAS Website
 - https://aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Reporting_Requirements/
- Requires 2-Step Verification

Peach Provider Portal

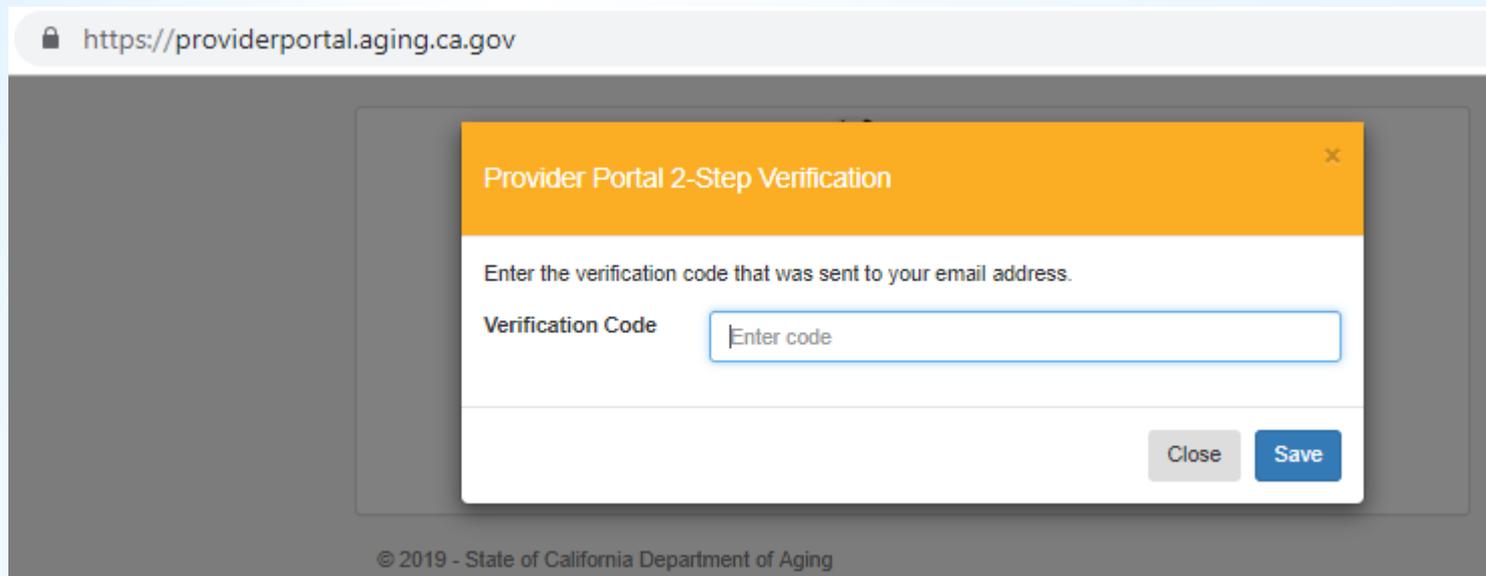
- Enter username and password
- Click “Login”



The screenshot shows a web browser window with the address bar displaying <https://providerportal.aging.ca.gov>. The main content area features the Peach logo (a stylized peach) and the word "Peach" in a large font. Below the logo are two input fields: the first is labeled "Enter your username" and the second is labeled "Enter your password". A blue "Login" button is positioned below the password field, and a link for "Forgot My Password" is located to the right of the button. At the bottom of the page, the copyright notice reads "© 2019 - State of California Department of Aging".

Peach Provider Portal

- 2-Step Verification prompt

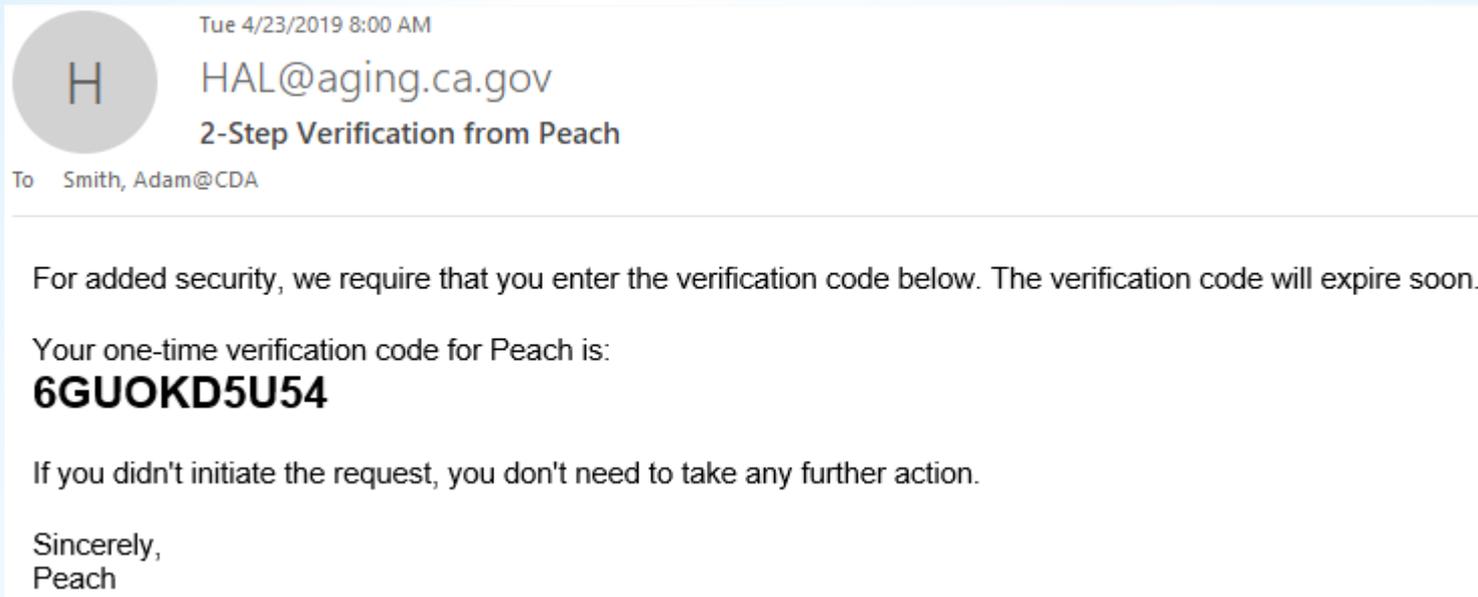


The screenshot shows a web browser window with the URL <https://providerportal.aging.ca.gov>. A modal dialog box titled "Provider Portal 2-Step Verification" is displayed. The dialog contains the instruction "Enter the verification code that was sent to your email address." Below this is a text input field labeled "Verification Code" with the placeholder text "Enter code". At the bottom right of the dialog are two buttons: "Close" and "Save".

© 2019 - State of California Department of Aging

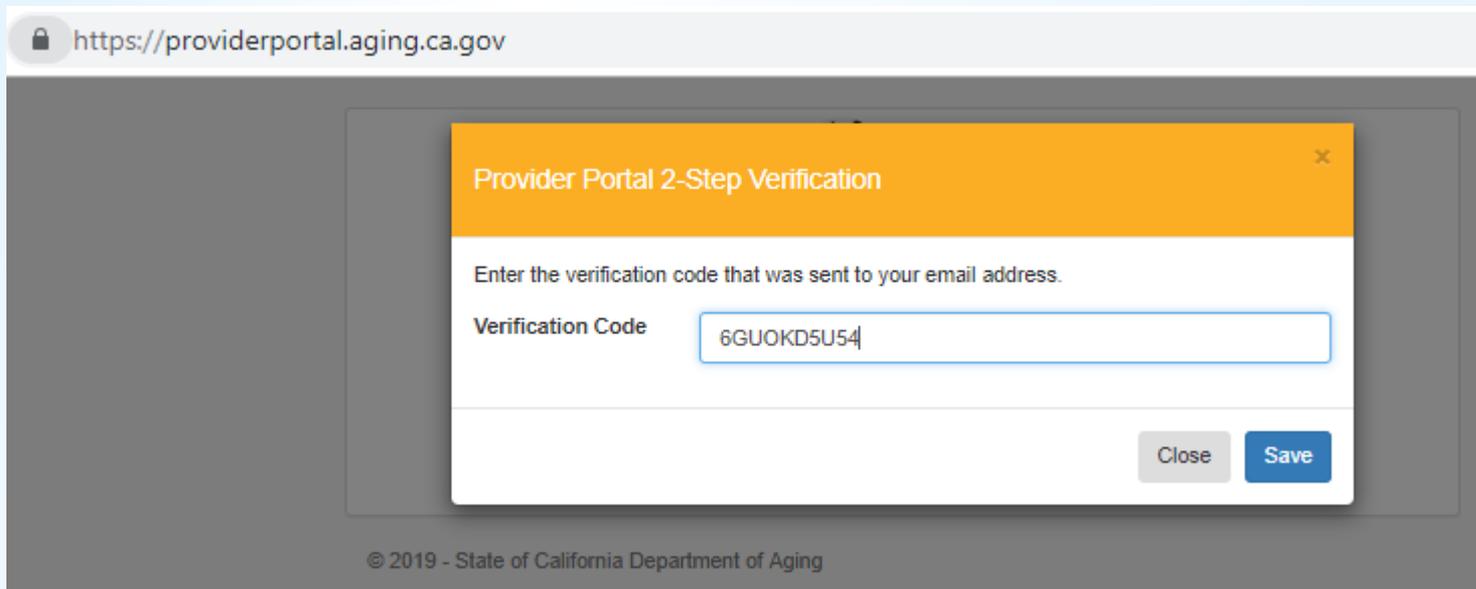
Peach Provider Portal

- 2-Step Verification code received via email



Peach Provider Portal

- Enter code into Peach Provider Portal
- Click “Save”

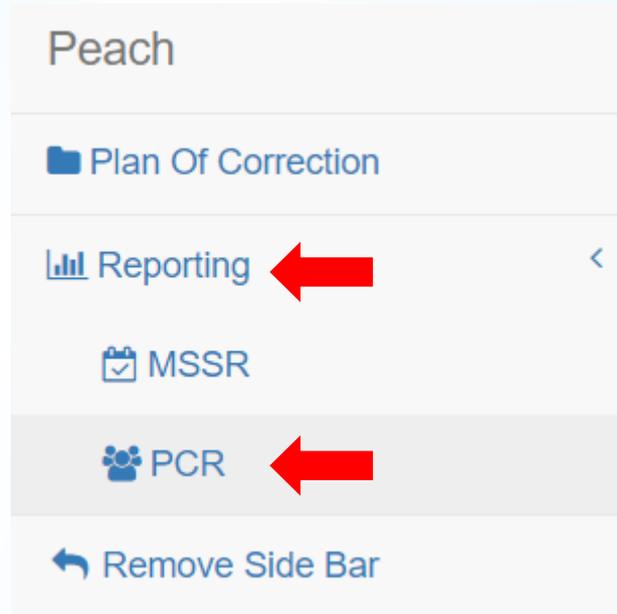


The screenshot shows a web browser window with the URL <https://providerportal.aging.ca.gov>. A modal dialog titled "Provider Portal 2-Step Verification" is displayed. The dialog contains the instruction "Enter the verification code that was sent to your email address." Below this is a text input field labeled "Verification Code" containing the code "6GUOKD5U54". At the bottom right of the dialog are two buttons: "Close" and "Save".

© 2019 - State of California Department of Aging

Peach Provider Portal

- Select “Reporting” from the Menu
- Select “PCR” from the Sub-menu



Peach Provider Portal

- PCR homepage

The screenshot shows the 'Peach' provider portal interface. On the left is a navigation sidebar with the following items: 'Plan Of Correction', 'Reporting', 'MSSR', 'PCR' (which is highlighted), and 'Remove Side Bar'. The main content area is titled 'Participant Characteristics Report Submission'. Below the title, there is a section for 'Participant Characteristics Report (PCR)' containing a dropdown menu with the text 'Select Center' and '2nd Century ADHC'. A large grey message box below the dropdown contains the text: 'Thank you for submitting your PCR. CBAS staff will review your submission and contact you for clarifications if needed.'

Peach Provider Portal

Select your appropriate center from the drop-down list

NOTE: If you are a representative of more than one center, those centers will appear in the drop-down list.

Participant Characteristics Report Submission

Participant Characteristics Report (PCR)

Select Center

2nd Century ADHC

2nd Century ADHC

A Plus Adult Day Health Care

ABC Day Health Center

ABC Santa Ana Day Health Center

ABC Therapy Center

ABC Westminster Day Health Center

Acacia Adult Day Services

Active Life Adult Day Health Care Center

Adult Day Health and Alzheimer's Services

Adult Day Health Care of Fresno and Clovis

Adult Day Health Care of Mad River

Adult Day Services Center of Riverside

Advanced Adult Day Health Care Center

Alegria Adult Day Health Care Center

Altamedix ADHC

Peach Provider Portal

Step : Choose File

Click “Choose File” button

Participant Characteristics Report Submission

Participant Characteristics Report (PCR)

Select Center Adult Day Health Care of Fresno and Clovis

Please submit a Participant Characteristic Report (CDA CBAS 293).

If you upload a new file, the file will get replaced.

Step 1: Choose File No file chosen

Step 2: Click Submit

Peach Provider Portal

Step 1: Choose File

Browse computer for appropriate file, click
“Open”

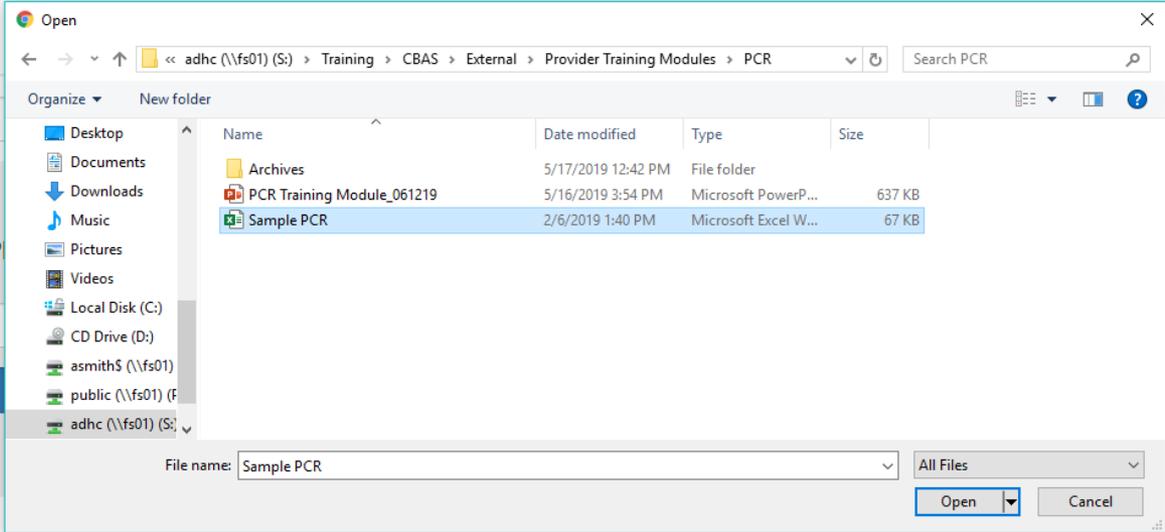
Participant Characteristics Report Submission

Participant Characteristics Report (PCR)

Select Center: Adult Day Health Care of Fresno and Clovis

Step 1: No file chosen

Step 2:



The screenshot shows a Windows File Explorer window titled "Open" with the address bar set to "adhc (\fs01) (S:) > Training > CBAS > External > Provider Training Modules > PCR". The left sidebar shows the navigation pane with "Local Disk (C:)" selected. The main pane displays a table of files and folders:

Name	Date modified	Type	Size
Archives	5/17/2019 12:42 PM	File folder	
PCR Training Module_061219	5/16/2019 3:54 PM	Microsoft PowerP...	637 KB
Sample PCR	2/6/2019 1:40 PM	Microsoft Excel W...	67 KB

The "Sample PCR" file is selected. The "File name" field at the bottom contains "Sample PCR" and the file type is set to "All Files". The "Open" button is highlighted.

Peach Provider Portal

Step 2: Click Submit

Click “Submit”

Participant Characteristics Report Submission

Participant Characteristics Report (PCR)

Select Center Adult Day Health Care of Fresno and Clovis

Please submit a Participant Characteristic Report (CDA CBAS 293).

If you upload a new file, the file will get replaced.

Step 1: Choose File Sample PCR.xlsx

Step 2: Click Submit

Peach Provider Portal

Step 2: Click Submit

On-screen notification of successful upload

The screenshot displays a web interface for submitting a report. A modal window titled "Message from server" is centered on the screen, containing the text "File uploaded successfully. Thank you for your submission." and a "Close" button. The background interface is dimmed and shows a form titled "Participant Characteristics Report". The form includes a dropdown menu for "Select Center" with "Adult Day Health Care of Fresno and Clovis" selected. Below this, a message reads: "Please submit a Participant Characteristic Report (CDA CBAS 293). The following file has been previously uploaded:". A table lists the uploaded file:

Uploaded	Filename
5/17/2019 12:49:08 PM	Sample PCR.xlsx

Below the table, a note states: "If you upload a new file, the file will get replaced." The form has two steps: "Step 1" with a "Choose File" button and "No file chosen" text, and "Step 2" with a large blue "Click Submit" button.

Peach Provider Portal

To upload a revised/new file

Follow steps 1 & 2

NOTE: If you upload a new file, the previous file will be replaced

Participant Characteristics Report Submission

Participant Characteristics Report (PCR)

Select Center Adult Day Health Care of Fresno and Clovis

Please submit a Participant Characteristic Report (CDA CBAS 293).

The following file has been previously uploaded:

Uploaded 5/17/2019 12:49:08 PM

Filename Sample PCR.xlsx

If you upload a new file, the file will get replaced.

Step 1: Choose File No file chosen

Step 2: Click Submit

Peach Provider Portal

Data Validations

- First name required
- Last name required
- Valid enrollment date required
- Valid Client Identification Number (CIN) required
 - 8 digits followed by 1 alpha character e.g.
91234567A
 - *No CIN required if column v is marked "P"*

Peach Provider Portal

Data Validations (cont.)

- Private Pay column can only be marked with a “P”
- Participant must have at least 1 entry in the diagnosis, status/needs, or CBAS services provided fields
- Must use the CDA CBAS 293 revised 06/19

Peach Provider Portal

Data Validations - example

Participant Characteristics Report (F

Select Center ABC Westminster Day

Uploaded 6/3/2019 3:00:20 PM

Filename Sample PCR 2.xlsx

If you upload a new file, the file will get replaced.

Step 1: Choose File No file chosen

Step 2: Click Submit

CBAS 293).

Message from server

UPLOAD FAILED.

- Participant with CIN # 91760875A is missing a firstname or a lastname.
- Christel Adams must have column iii and/or v completed.
- Participant with CIN # 91760877A is missing a valid Enrollment Date.
- Participant with CIN # 91760878A is missing a Diagnosis, Status/Needs, or CBAS Service Provided entry.

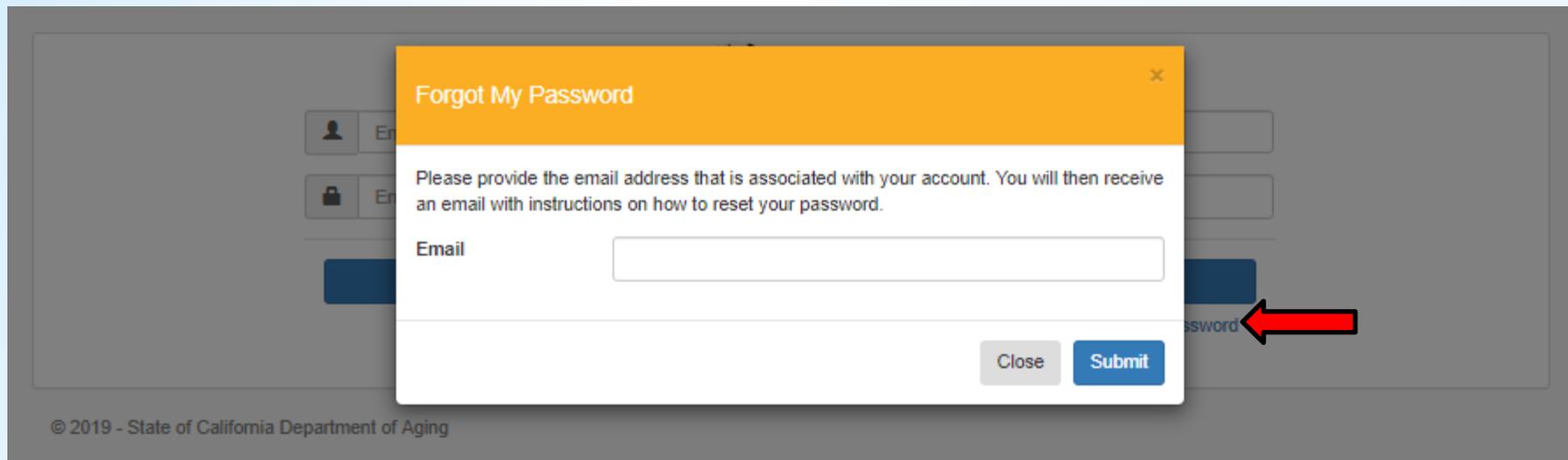
Close

Peach Provider Portal

Forgot Your Password?

- Not necessary to contact CDA
- Navigate to the Peach Provider Portal webpage
 - Click “Forgot My Password”
 - Enter the email address that is associated with your account
 - An email will be sent to you with a link to change your password

Peach Provider Portal



© 2019 - State of California Department of Aging

Peach Provider Portal

 Reply  Reply All  Forward

Tue 4/23/2019 7:13 AM



HAL@aging.ca.gov

Reset Your Password

To Smith, Adam@CDA

Hi adam.smith@aging.ca.gov,

A request to reset your password has been received. This request is only valid for 30 minutes.

[Reset Password](#)

If you ignore this message, your password will not be changed.

If you did not request a password reset, please [let us know](#).

Peach Provider Portal

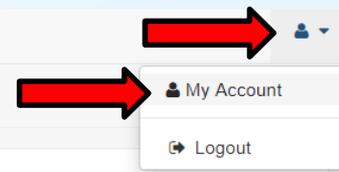
Changing Your Password

- Not necessary to contact CDA
- Log into the Peach Provider Portal
 - Go to My Account
 - Click “Change Password”

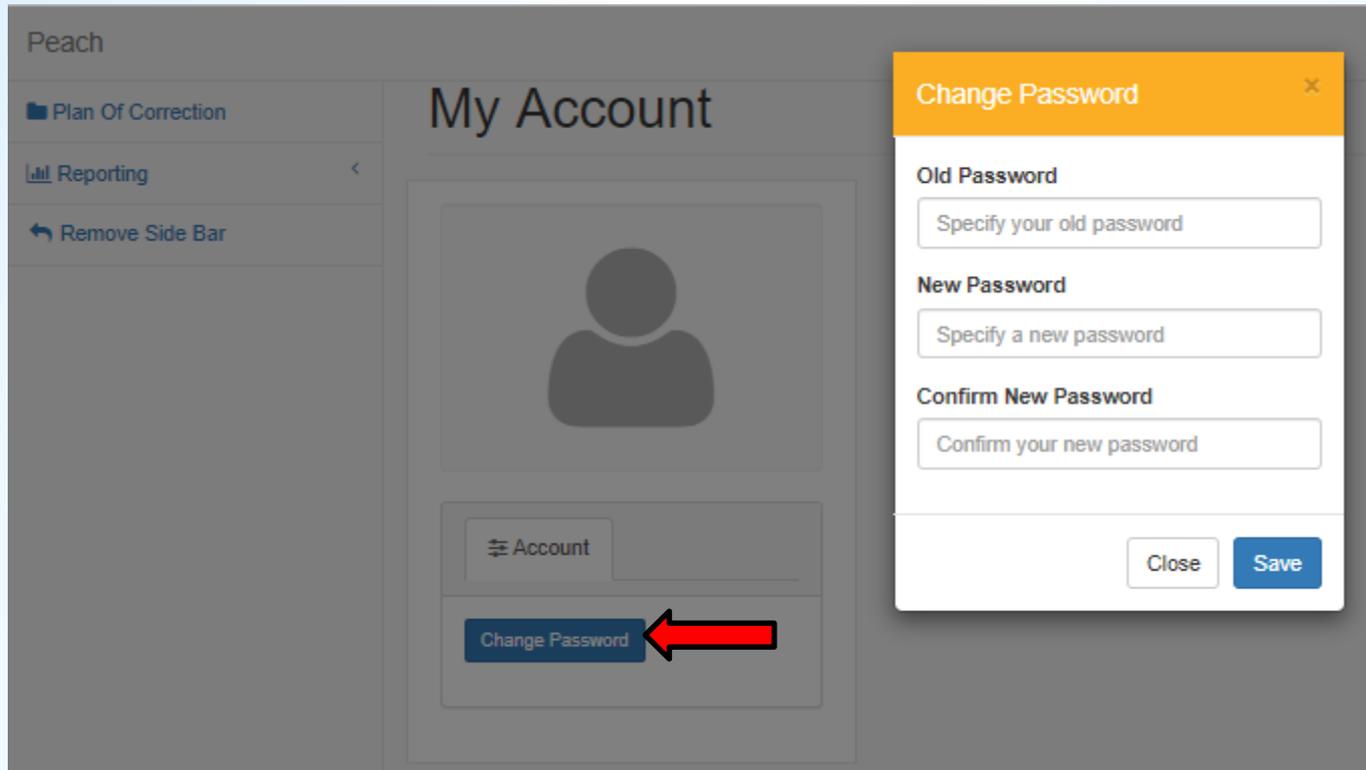
Peach Provider Portal

Participant Characteristics Report Submission

Participant Characteristics Report (PCR)



Peach Provider Portal



Passwords must be 8-30 characters long, and contain at least three of the following attributes:
Uppercase letter, Lowercase letter, Number, Special character (!, @, #, \$, %, ^, &, *, ?, _ , ~, -, ., ,)

Peach Provider Portal

Account Updates

- Complete the Peach Provider Portal Account Action Request form
 - http://www.aging.ca.gov/ProgramsProviders/ADH C-CBAS/Forms/Reporting_Requirements/
- Submit to CBAS Branch general email
 - cbascda@aging.ca.gov
- CDA will confirm via email once changes have been made

Peach Provider Portal



CBAS PEACH PROVIDER PORTAL ACCOUNT ACTION REQUEST

SECTION A. Center Information	
<input type="checkbox"/> New User Account <input type="checkbox"/> Disable User Account <input type="checkbox"/> Changes to Existing Account	
Center Name:	
NPI:	

SECTION B. New User Account	
Name:	
Title:	
Email Address:	

SECTION C. Disable User Account	
Name:	

SECTION D. Change(s) to Existing Accounts	
Current User Name:	
Current Email Address:	
Type of Change:	<input type="checkbox"/> Email Address <input type="checkbox"/> Name Change <input type="checkbox"/> Center Employment <input type="checkbox"/> Other (specify): <input type="text"/>
Change:	

Question & Answer



CDA Contact Information

CDA on the Web	www.aging.ca.gov
Addresses	California Department of Aging CBAS Branch 1300 National Drive, Suite 200 Sacramento, CA 95834 cbascda@aging.ca.gov
Phone	(916) 419-7545