STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
MONTHLY STATISTICAL SUMMARY REPORT INSTRUCTIONS
Rev 12/2022

The Monthly Statistical Summary Report (MSSR) provides summary information on the Community-Based Adult Services (CBAS) center's participants for each month of a calendar year.

Submit the MSSR to the CBAS Bureau **by the 10th day of each month for the previous month's data** via the Peach Provider Portal. For instructions on accessing and using the Peach Provider Portal, visit the California Department of Aging's website at https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Peach_Provider_Portal/

NOTE: Beginning with the October 2022 reporting period, the MSSR will reflect individuals served by CBAS Emergency Remote Services (ERS) AND in-center services.

Instructions for Completing the MSSR:

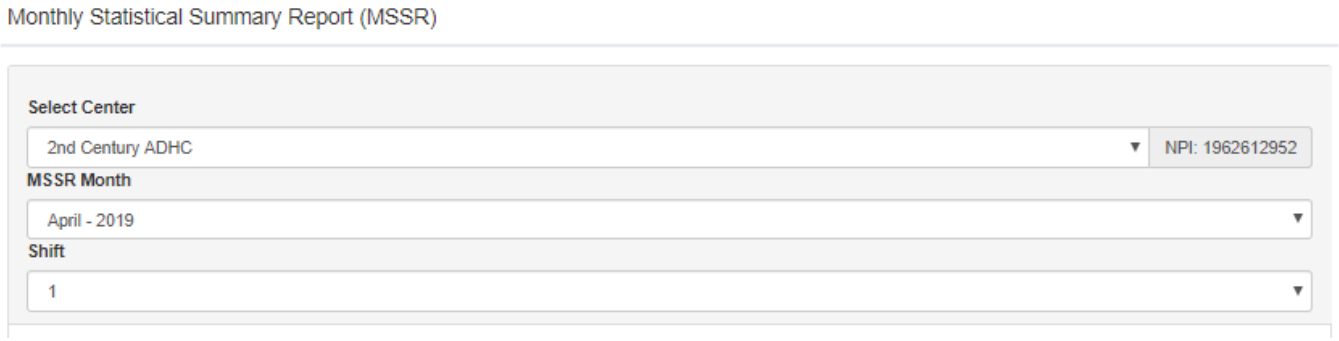
1. Select your appropriate center from the drop-down list.

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

2. Select the appropriate month from the drop-down list.

3. Select the appropriate shift from the drop-down list.

   NOTE: If your center employs flexible scheduling and operates more than one shift, there will be an option for those shifts in the drop-down list.

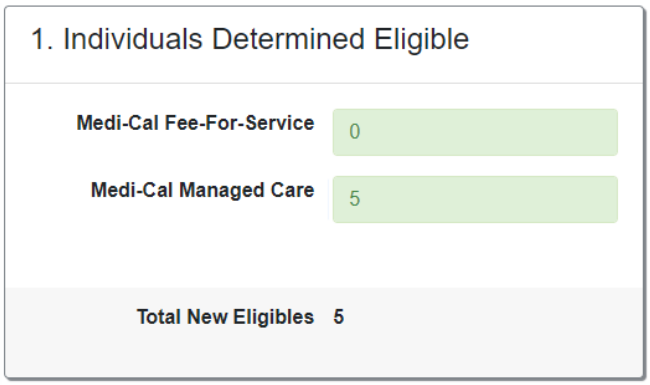


4. Box 1 – “Individuals Determined Eligible"

   Include all Medi-Cal beneficiaries determined CBAS eligible by the managed care plan and/or the Medi-Cal Field Office during the reporting month, including any individuals determined eligible through the fair hearing process. Do **NOT** include participants reauthorized for services or those previously determined eligible for CBAS for whom no new face-to-face was conducted (e.g., a participant moving from another CBAS center for whom the Plan or DHCS does not conduct another face-to-face).

   Report separately for Medi-Cal Managed Care beneficiaries and Medi-Cal Fee-For-Service beneficiaries.

   Total New Eligibles is the sum of Medi-Cal Managed Care beneficiaries plus Medi-Cal Fee-For-Service beneficiaries.

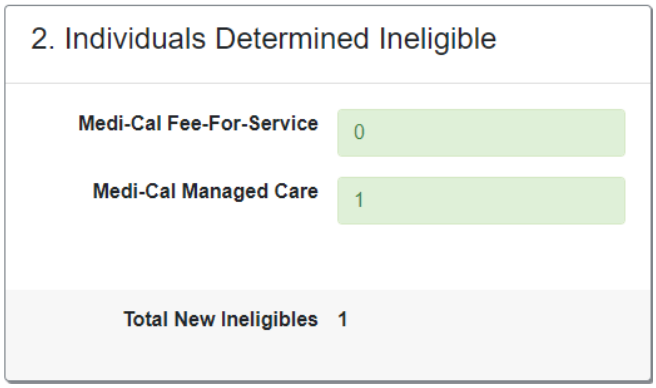


5. Box 2 – “Individuals Determined Ineligible"

   Include all Medi-Cal beneficiaries who have been determined CBAS ineligible by either managed care and/or the Medi-Cal Field Office during the reporting month.

   Report separately for Medi-Cal Managed Care beneficiaries and Medi-Cal Fee-For-Service beneficiaries.

   Total New Ineligibles is the sum of Medi-Cal Managed Care beneficiaries plus Medi-Cal Fee-For-Service beneficiaries.

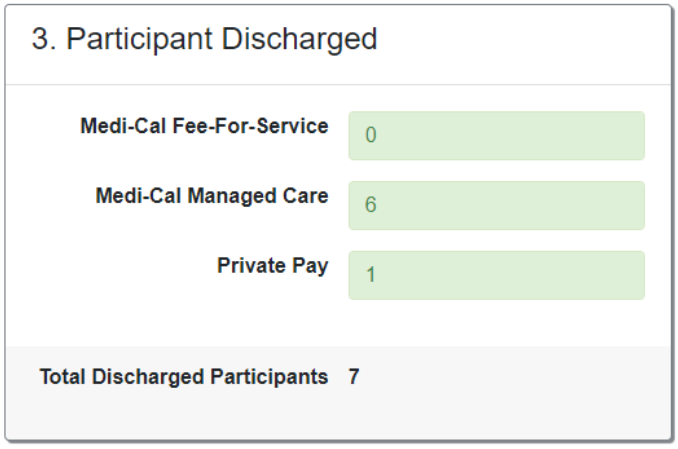


6. Box 3 – “Participants Discharged"

   Include all participants the center has formally discharged (per the center’s discharge policies and procedures) during the reporting month.

   Report separately for Medi-Cal Managed Care beneficiaries, Medi-Cal Fee-For-Service beneficiaries, and Private Pay participants.

   Total Discharged Participants is the sum of Medi-Cal Managed Care beneficiaries plus Medi-Cal Fee-For-Service beneficiaries plus Private Pay participants.

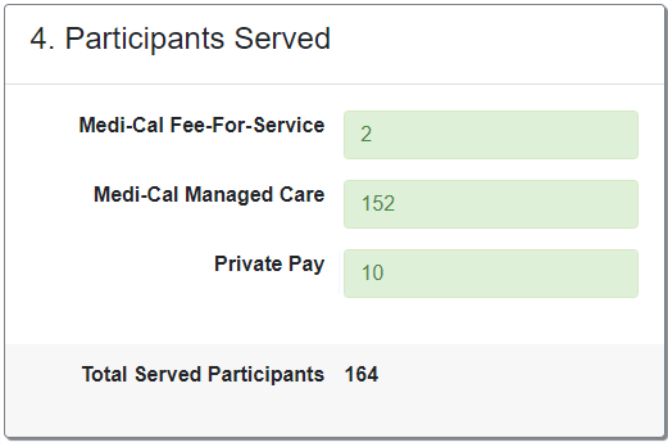


7. Box 4 – “Participants Served"

   Include all eligible participants enrolled and receiving CBAS ERS and/or in-center services during the reporting month. Do **NOT** include participants who are pending eligibility determination or are in the process of being assessed by the center’s multidisciplinary team (MDT).

   Report separately for Medi-Cal Managed Care beneficiaries, Medi-Cal Fee-For-Service beneficiaries, and Private Pay participants.

   Total Served Participants is the sum of Medi-Cal Managed Care beneficiaries plus Medi-Cal Fee-For-Service beneficiaries plus Private Pay participants.

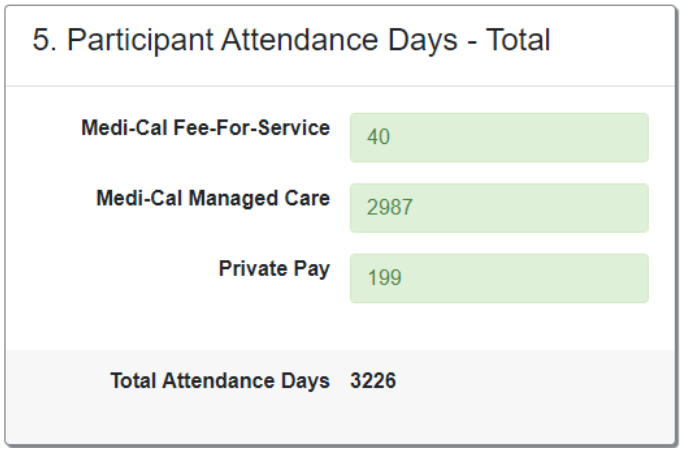


8. Box 5 – “Participant Attendance Days"

   Include all days of attendance (**in-center AND ERS**) by eligible CBAS and ADHC participants enrolled at the center (those individuals identified in Box 4) during the reporting month. Do **NOT** include days the participant is initially assessed by the center’s MDT.

   Report separately for Medi-Cal Managed Care beneficiaries, Medi-Cal Fee-For-Service beneficiaries, and Private Pay participants.

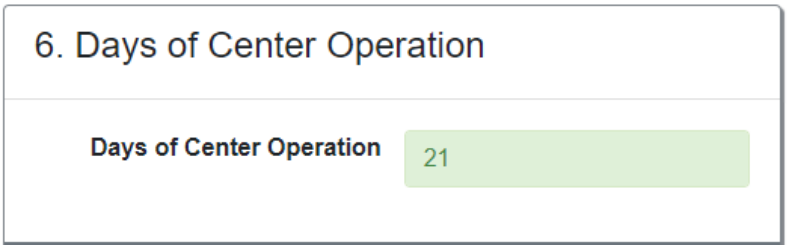
   Total Attendance Days is the sum of Medi-Cal Managed Care beneficiaries plus Medi-Cal Fee-For-Service beneficiaries plus Private Pay participants.



9. Box 6 – "Days of Center Operation"

   Include the total number of days of operation the center provided CBAS ERS and in-center services during the reporting month. A center would include the days that ERS is provided even if the provision of in-center services is paused due to an outbreak. The days of center operation for ERS and in-center services should align with the days specified on the centers ADHC license.

   Note: ERS may be provided only for the number of days the participant needs during the emergency and may not exceed the number of days currently authorized.



10. Box 7 – "Average Daily Attendance"

    Box 7 will calculate automatically by dividing Total Attendance Days for ERS and in-center services by Days of Center Operation.

Note: In some cases, individuals will be reflected in more than one box in the same month. For example: Individuals who are determined eligible and begin receiving services in the same month should be recorded in both Box 1 (Individuals Determined Eligible) and Box 4 (Participants Served).

Additional Definitions

Medi-Cal Fee-For-Service

Medi-Cal beneficiaries exempt or not otherwise eligible for enrolling in Medi-Cal Managed Care remain in regular Medi-Cal "Fee-For-Service" (FFS) and are able to receive CBAS through FFS.

Medi-Cal Managed Care

Medi-Cal beneficiaries receiving CBAS must be enrolled in Medi-Cal Managed Care unless exempt or not otherwise eligible to enroll.

Private Pay

Participants who personally pay for ADHC or whose services are paid solely by a third-party payer such as private insurance, Regional Center, PACE, or the Veterans Administration.

Participant Attendance Day

A day of attendance means each day a participant receives in-center services as specified on the participant's Individual Plan of Care (IPC) during a minimum of a four-hour stay at the center, or the participant receives ERS during a public or personal emergency as specified on the CBAS Emergency Remote Services Initiation Form (CEIF) and in accordance with the IPC as appropriate and feasible during the emergency. *Refer to* ERS Policy Summary *(pages 8 & 9) and* ACL 22-04*).*