STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
MONTHLY STATISTICAL SUMMARY REPORT HELP
Rev 01/2025

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.

Providers are required to 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.

Definitions

Medi-Cal Fee-For-Service:

Medi-Cal beneficiaries exempt or not otherwise eligible to enroll 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 privately 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 minimum of 4 hours at the center) a participant receives in-center services as specified on the participant's Individual Plan of Care (IPC). Or, if 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. *Refer to* ERS Policy Summary *(pages 8 & 9) and* ACL 22-04).

Average Daily Attendance Days:

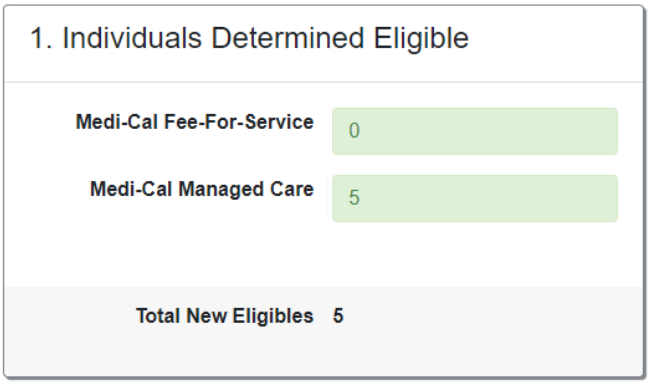
This is calculated automatically by dividing Total Attendance Days for ERS and in-center services by Days of Center Operation.

1. Box 1 – “Individuals Determined Eligible"

   Include all Medi-Cal beneficiaries determined eligible for CBAS by the managed care plan and/or the Medi-Cal Field Office during the reporting month, include any individuals determined eligible through the fair hearing process.

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

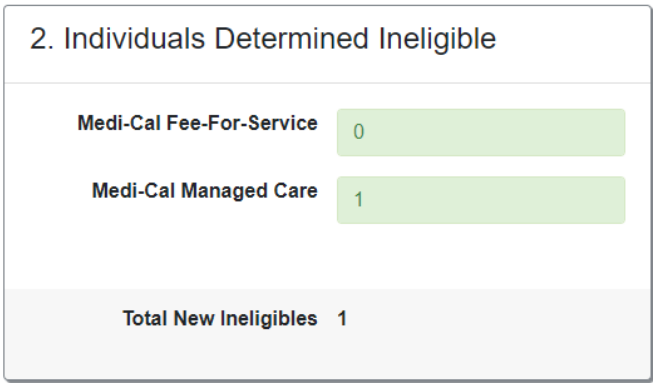
   Do **NOT** include participants reauthorized for services or those previously determined eligible for CBAS for whom no new face-to-face was conducted.



2. Box 2 – “Individuals Determined Ineligible"

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

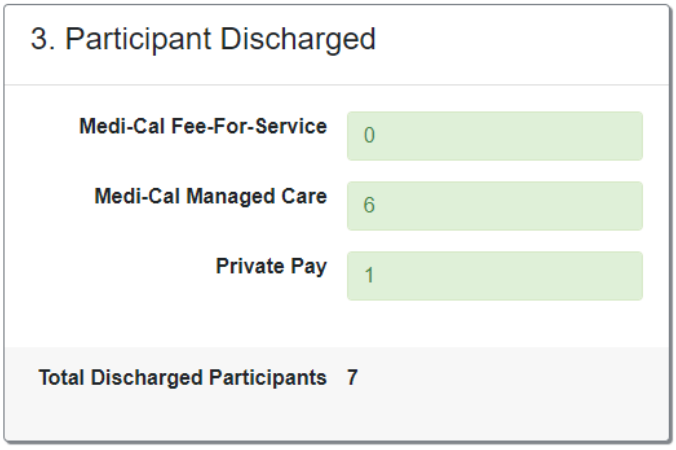
   Report **separately** for Medi-Cal Fee-For-Service and Medi-Cal Managed Care beneficiaries.



3. 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 Fee-For-Service beneficiaries, Medi-Cal Managed Care beneficiaries, and Private Pay participants.

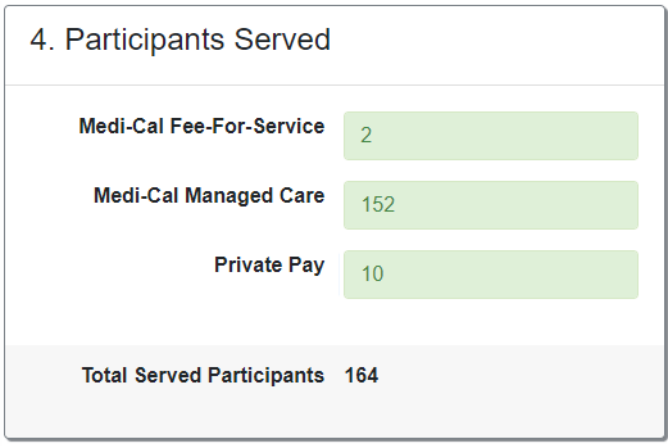


4. Box 4 – “Participants Served"

   Include all eligible participants who receive in-center services and/or CBAS ERS during the reporting month.

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

   Do **NOT** include participants who are pending eligibility determination or are in the process of being assessed by the center’s multidisciplinary team (MDT).

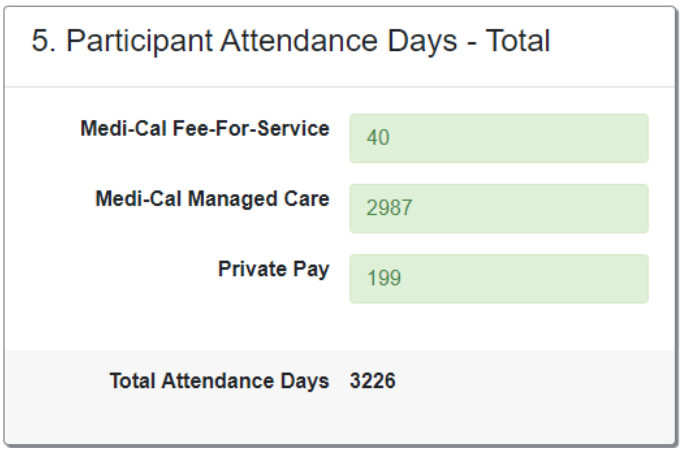


5. Box 5 – “Participant Attendance Days"

   Include all days of attendance (**in-center AND ERS**) of eligible CBAS participants at the center (those individuals identified in Box 4) during the reporting month.

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

   Do **NOT** include days the participant is initially assessed by the center’s MDT.



6. Box 6 – "Days of Center Operation"

   Include the total number of days of operation the center provided in-center services and/or CBAS ERS 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 a public emergency.

   The days of center operation for ERS and in-center services should align with the days specified on the center’s ADHC license.

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