



STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
ADHC/CBAS PARTICIPATION AGREEMENT INSTRUCTIONS
CDA 7000i (REV 2/2024)

The Adult Day Health Care (ADHC) / Community-Based Adult Day Services (CBAS) Participation Agreement (CDA 7000) is a standardized form required for use by all ADHC / CBAS providers to meet stateⁱ ii and federalⁱⁱⁱ requirements.

Providers are required to:

- Use the CDA 7000 for new and continuing participants beginning March 1, 2017.
- Replace all non-standardized participation agreements in participants' health records with the CDA 7000 on a rolling basis as each participant's Individual Plan of Care (IPC) is developed and reauthorized.
- Have assessment and care planning policies and procedures in place to ensure proper implementation of the CDA 7000.

OVERVIEW

The ADHC / CBAS Participation Agreement (CDA 7000) is:

1. Required for all ADHC / CBAS participants and provides evidence of the following:
 - a. The ADHC / CBAS center representative has reviewed and discussed the information referenced in the CDA 7000 with the participant and/or participant's authorized representative.
 - b. The ADHC / CBAS participant or the participant's authorized representative has given consent for the participant to attend the ADHC / CBAS center and receive services identified in the participant's IPC.
2. Completed/signed by the ADHC / CBAS participant or participant's authorized representative and the ADHC / CBAS center representative (1) after the assessment/reassessment process has been completed, (2) prior to the delivery of ADHC / CBAS services identified on the IPC, and (3) at a minimum every 12 months or more frequently if there is a significant change in the participant's condition requiring a change in the IPC and requested number of attendance days.

Note: Although CBAS providers are required to review and revise the IPC every six months, the CDA 7000 must be reviewed and signed by the participant or authorized

representative at a minimum of every 12 months or more frequently as described above. Therefore, CBAS providers have the option to revise the CDA 7000 every six months to coincide with the IPC review process.

3. A companion document to the IPC.
4. Filed in the participant's health record and a copy given to the participant and/or participant's authorized representative. A copy of the CDA 7000 **does not** need to be sent with the Treatment Authorization Request (TAR) unless requested.

The CDA 7000 shall not be altered. However, providers shall attach an addendum to CDA 7000 with the following information if relevant to the center:

1. California's Health and Safety Code, Section 1584(c)(5) requires a licensed ADHC center to inform the center's participants or their authorized representatives about the center's use of secured perimeter fences or egress control devices. To meet this requirement, the center shall indicate on an attachment to the CDA 7000 the center's use of a secured perimeter fence and/or egress control device for the signed consent of the center's participants or their authorized representatives to such use.
2. If a CBAS center uses security or surveillance cameras inside or outside the center, the center shall indicate the following on an attachment to the CDA 7000 for the signed consent by the participant or authorized representative: (1) the specific device(s) used, (2) the purpose and location of such device(s), and (3) how the center will protect the participant's privacy and confidentiality with the use of such device(s).

An electronic version of the CDA 7000 is available on the [California Department of Aging](#) website. To find this form and instructions, click on "Forms & Instructions," then select "Eligibility and Service Authorization" and "Participation Agreement (01/17)."

INSTRUCTIONS FOR COMPLETING CDA 7000

1. Participant Name: Enter the name of the ADHC / CBAS participant.
2. Client Identification Number (CIN): Enter the ADHC / CBAS participant's Medi-Cal identification number.
3. Participant's Authorized Representative Name: Enter the name of the ADHC / CBAS participant's authorized representative. This could be a family member, friend or legal representative such as a conservator or guardian. If the participant has a legal conservator/guardian, then that individual must be involved in the care planning and Participation Agreement process.
4. Center Name: Enter the name of the ADHC / CBAS center.

5. City: Enter the name of the city where the ADHC / CBAS center is located.
6. Managed Care Plan (if applicable): Enter the name of the managed care plan with which the ADHC / CBAS participant is a beneficiary on the date the Participation Agreement is signed. Leave blank if the participant is not a managed care plan member.
7. Planned ADHC / CBAS center days per week: Enter the number of days per week that the ADHC / CBAS participant is scheduled to attend the center. Modify the days per week, communicate with the participant, and note on the CDA 7000 as necessary if the number of days authorized by the managed care plan or DHCS is reduced.
8. Center Staff:
 - a. Discussed with me the availability of community services and resources in addition to ADHC / CBAS: Based on the participant's needs and desired outcomes, the ADHC / CBAS provider is to inform ADHC / CBAS participants of services/resources in the community that they can request or might benefit from in addition to receiving ADHC / CBAS services.
 - b. May refer me to community services/resources as needed: The ADHC / CBAS center may refer the participant to community services/resources as needed to help him/her engage in community life to the extent desired, to live in the community as independently as possible and to prevent institutionalization.
 - c. Provided me a copy of my rights at the ADHC / CBAS center: The ADHC / CBAS provider is to give the ADHC / CBAS participant a copy of the [Participant Rights](#) (Title 22, California Code of Regulations (CCR), Section 78437) in his/her own language. These rights are to be posted in a prominent place at the ADHC / CBAS center.
 - d. Discussed my rights with me, including my right to discuss my concerns about the care I receive at the center. If needed, I understand I can request help with resolving my concerns through the center's grievance procedure: The ADHC / CBAS provider is required to (1) explain to the participant his/her rights at the center, including the right to express concerns and file a grievance to address problems with his/her centers' care/services; and (2) inform the participant about the center's grievance procedures and how to file a grievance with his/her managed care plan.
 - e. Offered me a copy of my care plan that identifies the services I will receive at the center: The ADHC / CBAS provider is required to offer the participant/participant's authorized representative a copy of his/her care plan that identifies the services the participant will receive at the center.

- f. Will assess my needs on a recurring basis and I will participate in that process: The ADHC / CBAS provider is to (1) reassess the ADHC / CBAS participant every six months which requires a new IPC, and (2) discuss/sign the Participation Agreement at a minimum every 12 months or more frequently if there is a significant change in the participant's condition requiring a change in the IPC and requested number of attendance days at the center.
9. Participant or Participant's Authorized Representative Signature, Date: The ADHC / CBAS participant and/or participant's authorized representative signs his/her name and the date of the signature. The signature(s) indicates that that the participant agrees to attend and receive services at the ADHC / CBAS center and understands in basic terms the services he/she will receive. If the participant has a conservator/guardian, then this individual must be involved in the participant's care planning and Participation Agreement process and sign the CDA 7000. Even if a participant's authorized representative is involved in the Participation Agreement process, the ADHC / CBAS provider shall involve the participant in the Participation Agreement process to the degree possible, including signing the form.
10. ADHC / CBAS Center Representative Signature, Title, and Date: The ADHC / CBAS center representative signs his/her name and enters his/her title and date of signature. The center representative is the person who reviews the Participation Agreement with the participant/participant's authorized representative. This person may be the Program Director, Social Worker or whomever else the center's Administrator assigns this responsibility.

ⁱ Section 14530(c), Welfare and Institutions Code (WIC): "Each provider shall supply a written statement to the participant explaining what services will be provided and specifying the scheduled days of attendance. This statement, which shall be known as the participation agreement, shall be signed by the participant and a provider representative and retained in the participant's file."

ⁱⁱ Sections 54217(a), Title 22, California Code of Regulations (CCR): "When the initial assessment has been completed and the individualized plan of care prepared, an agreement of participation on forms furnished by the Department shall be prepared by the adult day health care provider and discussed with the prospective participant or the participant's guardian or conservator."

Section 1584(c)(5), Health and Safety Code (HSC): (c)"Adult day health care centers installing security devices pursuant to this section shall meet all of the following requirements: (5) The center shall inform all participants, conservators, agents, and persons who have the authority to act on behalf of participants of the use of security devices. The center shall maintain a signed participation agreement indicating the use

of the devices and the consent of the participant, conservator, agent, or person who has the authority to act on behalf of the participant. The center shall retain the original statement in the participant's files at the center.

iii 42 Code of Federal Regulations 441.301(c) (1) through (3) [Excerpts]: “(1) Person-Centered Planning Process. (i) Includes people chosen by the individual; (2) The Person-Centered Service Plan. (vii) Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her. At a minimum, for the written plan to be understandable, it must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient; (ix) Be finalized and agreed to, with the informed consent of the individual in writing, and signed by all individuals and providers responsible for its implementation; (x) Be distributed to the individual and other people involved in the plan; (3) Review of the Person-Centered Service Plan. The person-centered service plan must be reviewed and revised upon reassessment of functional need as required by CFR 441.365(e), at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual.

(Please note: CDA requires the Individual Plan of Care (IPC) to be reviewed/revised every 6 months or when there is a change in the participant's condition and requested number of attendance days.)