

Center Name: \_\_\_\_\_ NPI: \_\_\_\_\_ Year: \_\_\_\_\_

**Instructions: Complete this Discharge Summary report by referencing the Discharge Summary instructions (CDA 4008i) protocols published on the CDA website, Community-Based Adult Services (CBAS), [Forms and Instructions tab \(https://aging.ca.gov/Providers\\_and\\_Partners/Community-Based\\_Adult\\_Services/#pp-in\)](https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/#pp-in).**

Discharge Code Legend	
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	8. Ptp Discontinued Services
9. Other (enter reason in Column H)	

A		B	C	D	E	F	G	H
First Name	Last Name	CIN	First Date of Attendance	Last Date of Attendance	Date Discharged	Reason For Discharge	Payer	Comments

STATE OF CALIFORNIA  
 CALIFORNIA DEPARTMENT OF AGING  
**CBAS DISCHARGE SUMMARY REPORT**  
 CDA 4008 (REV 07/2019)



A		B	C	D	E	F	G	H
First Name	Last Name	CIN	First Date of Attendance	Last Date of Attendance	Date Discharged	Reason For Discharge	Payer	Comments

\_\_\_\_\_  
**Administrator/Program Director Signature**                      **Date**