STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
CONTRACTUAL AGREEMENT LISTING
CDA CBAS 4007 (REV 03/2020)

Enter the name(s) of the Medi-Cal Managed Care Plan(s) the center has contractual agreements with to provide CBAS and the date the contractual agreement expires. Identify whether the center has contracts with a Regional Center, the Veterans Administration, or other payers. Submit this completed form with your Certification Renewal application to the California Department of Aging.

	Medi-Cal Managed Care Plan(s)	Agreement Expiration Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

The center also contracts with: ☐ **Regional Center** ☐ **Veterans Administration** ☐ **Other**

Printed Name	**Title**	**Signature**	**Date**