STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF AGING **CONTRACTUAL AGREEMENT LISTING** CDA CBAS 4007 (REV 2/2024)





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.

	ı	Medi-Cal Managed Care Pla	an(s)	Agreem	ent 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