



PARTICIPANT CHARACTERISTICS REPORT (CDA 293)

SUBMISSION CHECKLIST FOR CBAS PROVIDERS

#	Item in Questions	What to check
1	Are you using the correct Participant Characteristics Report (PCR) form (i.e., CDA CBAS 293, rev. 02/22)?	Report title and revision date
	Resource	
	Participant Characteristics Report	
2	Is the report accurate and complete in all fields?	 Center name is same as indicated on ADHC license
		 Center's National Provider Number (NPI) is accurate
		 Total Participants Enrolled field is consistent with number of participants listed on report
		 Client Identification Number (CIN) is accurate (8 digits and 1 letter at end)
		 Languages spoken at center (other than English) are specified
		 Enrollment Date is complete and accurate (NOT a Date of Birth)
		 No individual category total is more than the Total Participants Enrolled
		 Private Pay participants are identified with a "P" and align with definition
		 Participant Diagnoses, Status/Needs and CBAS Services Provided are supported by the IPC/Health Record
3	Does the report contain only participants enrolled through the reporting period?	For example, if submitting the PCR for December 1-31, the report should <u>not</u> contain participants enrolled after





4 Have you applied the most current definitions to <u>all</u> fields in the PCR?

Resource

PCR Instructions and Definitions PCR Webinar Training

December 31.

Review the following definitions in particular to ensure accuracy in reporting:

- Private Pay
- Fall Risk
- Behavioral Health Services
- Self-Administers Medications at Center
- Restorative PT and/or OT
- Skilled Nursing Services
- Is there <u>possible</u> conflicting information in the PCR requiring closer review/validation to ensure accuracy?
 - Number of "Total Enrolled Participants" does not match the number of participants listed on the report
 - Majority of participants are identified as having a "fall risk" but only a few "use a walker/cane/wheelchair" and/or "require ambulation assistance"
 - Majority of participants are diagnosed with "dementia" and a similar or high percentage of participants "selfadminister medications at the center"
 - Participant requires "medication management assistance," but "selfadministers medications at the center"
 - Participant has a "mental disorder diagnosis," is on "psychiatric medications," has "behavioral symptoms," but is not receiving "behavioral health services"
 - Participant has "communication deficits" but is not receiving "speech services"





6	Have you validated data for fields that indicate all/majority (above 50%) <u>or</u> zero/very few (2% or less) of enrolled participants are reported as receiving services? (<i>This data may be accurate</i> <i>but requires closer review/validation to</i> <i>ensure accuracy</i>).	 Special/Therapeutic Diet Behavioral Health Services Speech Services Prescribed Medications Administered at Center Self-Administers Medications at Center Restorative PT/OT Skilled Nursing Services
7	If you generated the PCR through a software system such as CADCare, TurboTar, Correlink (iLife) or ADS Data Systems, are all fields populated <u>and</u> populated correctly? If not, have you made corrections manually?	 Participants identified in the "Fall Risk" field are only participants at <u>high</u> risk of falls as indicated in Box 11 (Risk Factors) and assessed by the MDT using an industry-standard tool You have manually entered data for fields for which your software does not automatically generate data from the new IPC form (e.g., Skilled Nursing Services) or your software does not generate complete data from the new IPC form (e.g., Hearing/Vision Deficits; Communication Deficits)
8	Will your PCR be ready to be submitted by the reporting due date? January 31 st for December 1-31 enrollments Resource <u>CDA reporting guidelines</u>	Report is maintained throughout the year so minimal updates are required for the reporting periods