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ACL 21-12

Date: November 18, 2021

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: California Department of Aging (CDA) CBAS Bureau

Subject: **Participant Discharge Summary Report – NEW Submission Process**

Purpose

This letter provides information regarding CBAS discharge summary reporting requirements and a new updated method for submitting reports to CDA.

Overview of Discharge Reporting Requirements

Requirements for reporting CBAS participant discharges are defined in laws, regulations, and the Medi-Cal 2020 Waiver. Below is a table with the applicable references:

Reporting Requirement	Law – Welfare and Institutions Code (WIC)	Regulation – Title 22, California Code of Regulations (CCR)	Medi-Cal 2020 Waiver– Special Terms and Conditions (STCs) and Standards of Participation (SOPs)
Participant Discharge	WIC 14576	54411(a)(3) 54411(a)(8) 78345	STC 51(c) SOP H.6

Per the laws and regulations listed above, CBAS providers must report CBAS participant discharges to CDA.

Additionally, Waiver STCs and SOPs require CBAS providers to share information regarding participant discharges with contracting Managed Care Plans (MCPs) for the purpose of care coordination of their members.

Process for Discharge Reporting

To address CBAS provider reporting requirements to the State, CDA has standardized the report and guidance. To report CBAS participant discharges to the CDA, providers shall:

- Complete the *CBAS Discharge Summary Report* (CDA 4008) form, which tracks all Medi-Cal participant discharges annually. This form includes:
 - Basic identifying information about all Medi-Cal participants discharged on an annual basis
 - Dates of enrollment, last attendance, and discharge date
 - Reason for discharge
- Submit the *CBAS Discharge Summary Report* (CDA 4008) **only when Fee-For-Service (FFS) participants are discharged** and upon request
- Submit the *CBAS Discharge Summary Report* (CDA 4008) **via the Peach Provider Portal (NEW)**

NOTE: The *CBAS Discharge Summary Report* (CDA 4008) is a tracking document that includes limited summary data on all discharged participants. CBAS centers are still required to develop discharge plans for all participants as part of the six-month reassessment and at time of discharge, per Title 22, CCR, Section 78345. Discharge plans are to be maintained in the participants' health records, not submitted to CDA.

For reporting to MCPs, providers should coordinate with their contracted health plans to clarify expectations regarding sharing of discharge information for the plans' members.

Links to Forms, Instructions, and Webinar Recording

Links to the *CBAS Discharge Summary Report* (CDA 4008) and instructions are available on the [CDA website](#).

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Questions

Please contact the CBAS Bureau if you have any questions: (916) 419-7545;
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