STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
MONTHLY STATISTICAL SUMMARY REPORT INSTRUCTIONS
Rev 01/2022

The Monthly Statistical Summary Report (MSSR) provides summary information on the Community-Based Adult Services (CBAS) center's participants for each month of a calendar year.

Submit the MSSR to the CBAS Branch **by the 10th day of each month for the previous month's data** via the Peach Provider Portal. For instructions on accessing and using the Peach Provider Portal, visit the California Department of Aging's website at https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/#pp-ppp.

NOTE: Beginning with the May 2020 reporting period, the MSSR will reflect individuals served by CBAS Temporary Alternative Services (TAS).

Instructions for Completing the MSSR:

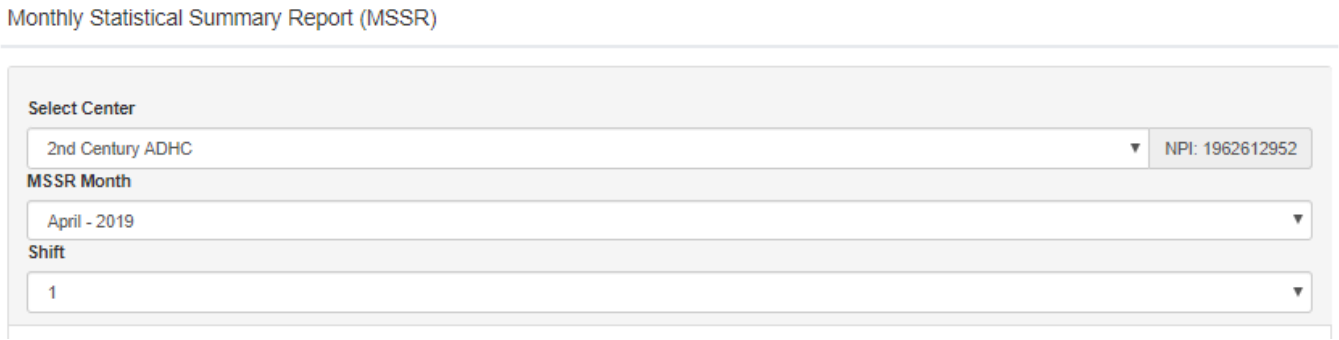
1. Select your appropriate center from the drop-down list.

   NOTE: If you are a representative of more than one center those centers will appear in the drop-down list.

2. Select the appropriate month from the drop-down list.

3. Select the appropriate shift from the drop-down list.

   NOTE: If your center employs flexible scheduling and operates more than one shift, there will be an option for those shifts in the drop-down list.

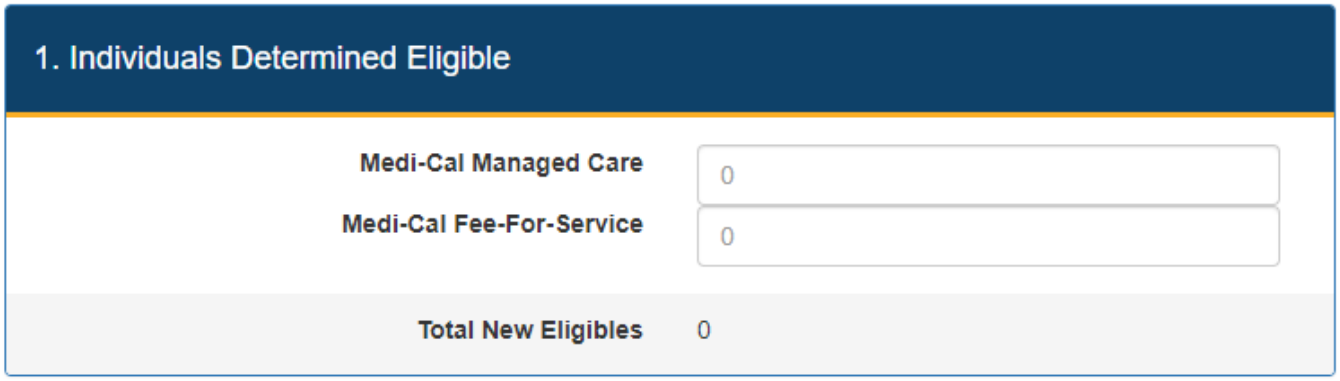


4. Box 1 – “Individuals Determined Eligible"

   Include all Medi-Cal beneficiaries determined CBAS eligible by the managed care plan and/or the Medi-Cal Field Office during the reporting month, including any individuals determined eligible through the fair hearing process. Do **NOT** include participants reauthorized for services or those previously determined eligible for CBAS for whom no new face-to-face was conducted (e.g., a participant moving from another CBAS center for whom the Plan or DHCS does not conduct another face-to-face).

   Report separately for Medi-Cal Managed Care beneficiaries and Medi-Cal Fee-For-Service beneficiaries.

   Total New Eligibles is the sum of Medi-Cal Managed Care beneficiaries plus Medi-Cal Fee-For-Service beneficiaries.

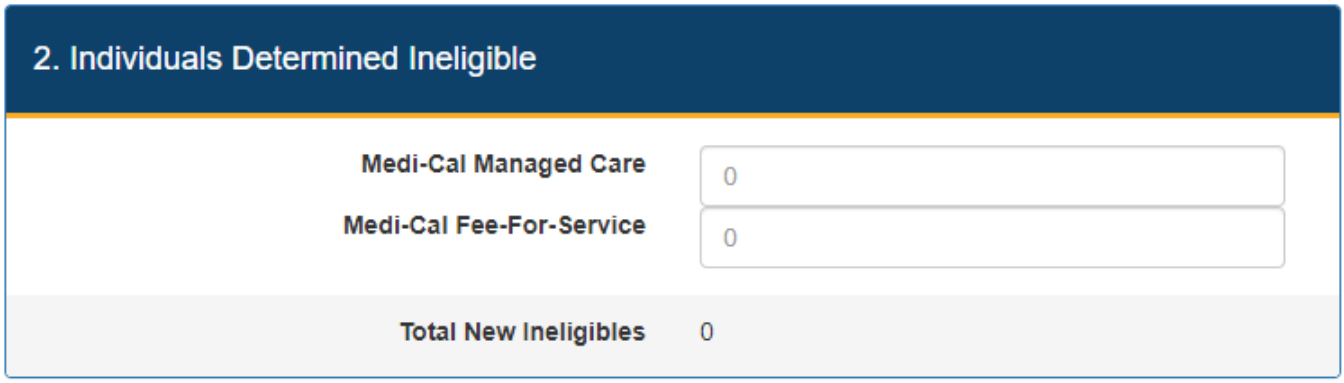


5. Box 2 – “Individuals Determined Ineligible"

   Include all Medi-Cal beneficiaries who have been determined CBAS ineligible by either managed care and/or the Medi-Cal Field Office during the reporting month.

   Report separately for Medi-Cal Managed Care beneficiaries and Medi-Cal Fee-For-Service beneficiaries.

   Total New Ineligibles is the sum of Medi-Cal Managed Care beneficiaries plus Medi-Cal Fee-For-Service beneficiaries.

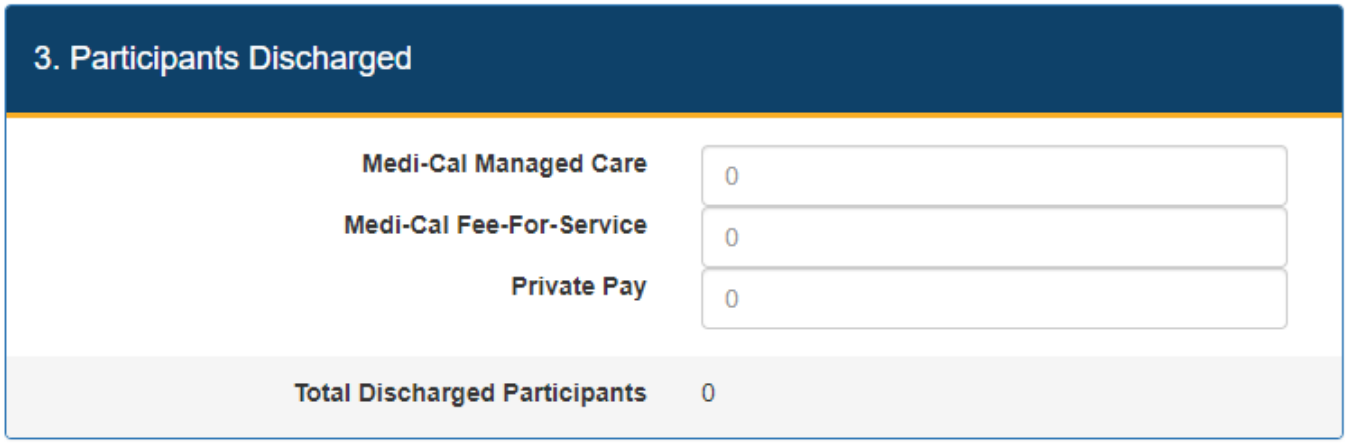


6. Box 3 – “Participants Discharged"

   Include all participants the center has formally discharged (per the center’s discharge policies and procedures) during the reporting month.

   Report separately for Medi-Cal Managed Care beneficiaries, Medi-Cal Fee-For-Service beneficiaries, and Private Pay participants.

   Total Discharged Participants is the sum of Medi-Cal Managed Care beneficiaries plus Medi-Cal Fee-For-Service beneficiaries plus Private Pay participants.



7. Box 4 – “Participants Served"

   Include all eligible participants enrolled and receiving services through CBAS TAS during the reporting month. Do **NOT** include participants who are pending eligibility determination or are in the process of being assessed by the center’s multidisciplinary team (MDT).

   Report separately for Medi-Cal Managed Care beneficiaries, Medi-Cal Fee-For-Service beneficiaries, and Private Pay participants.

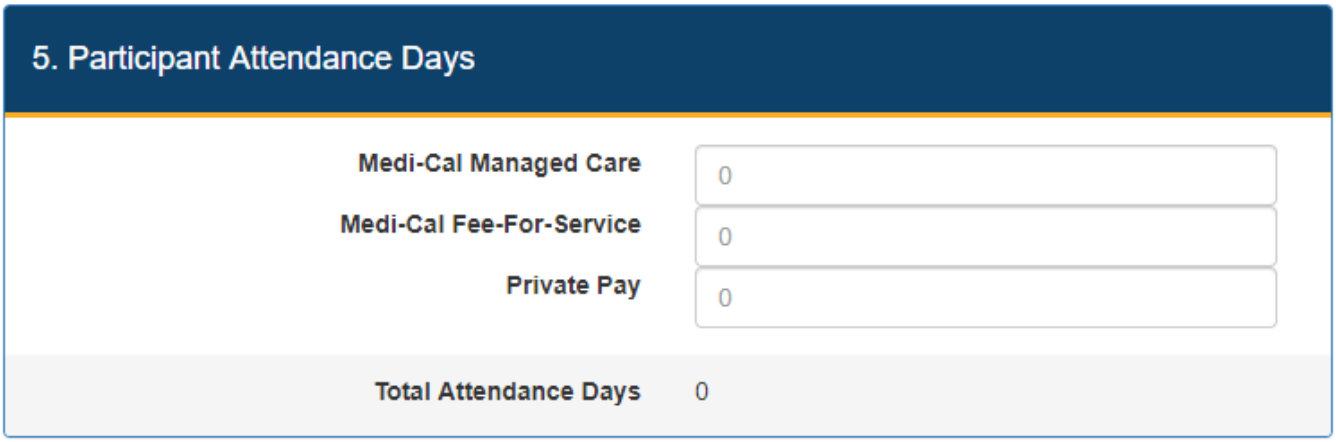
8. Box 5 – “Participant Attendance Days"

   Include all days of attendance by eligible CBAS and ADHC participants enrolled at the center (those individuals identified in Box 4) during the reporting month. Do **NOT** include days the participant is initially assessed by the center’s MDT.

   Report separately for Medi-Cal Managed Care beneficiaries, Medi-Cal Fee-For-Service beneficiaries, and Private Pay participants.

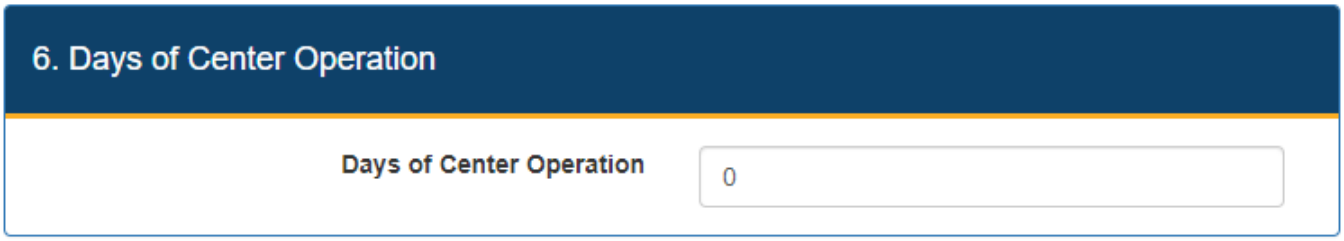
   Total Attendance Days is the sum of Medi-Cal Managed Care beneficiaries plus Medi-Cal Fee-For-Service beneficiaries plus Private Pay participants.

   NOTE: During the period of CBAS TAS, a day of attendance means each day a minimum of one service defined under CBAS TAS is provided to the participant or their caregiver for each authorized day.



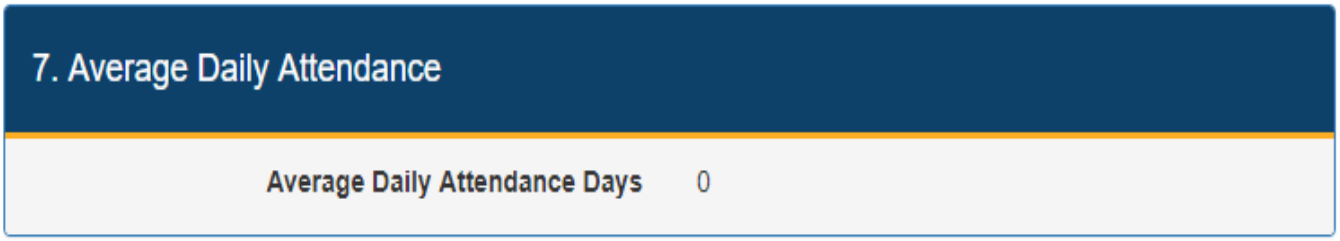
9. Box 6 – "Days of Center Operation"

   Include the total number of days of operation the center provided CBAS TAS/ADHC during the reporting month. The maximum number of days of operation should not exceed the total days specified in the provider’s approved CBAS TAS Plan of Operation. For example, do not count a day when a service was provided to one participant on a Sunday, if the provider’s approved TAS Plan of Operation specifies services Monday – Friday.



10. Box 7 – "Average Daily Attendance"

    Box 7 will calculate automatically by dividing Total Attendance Days by Days of Center Operation.



Note: In some cases, individuals will be reflected in more than one Box in the same month. For example: Individuals who are determined eligible and begin receiving services in the same month should be recorded in both Box 1 (Individuals Determined Eligible) and Box 4 (Participants Served).

Additional Definitions

Medi-Cal Fee-For-Service

Medi-Cal beneficiaries exempt or not otherwise eligible for enrolling in Medi-Cal Managed Care remain in regular Medi-Cal "Fee-For-Service" (FFS) and are able to receive CBAS through FFS.

Medi-Cal Managed Care

Medi-Cal beneficiaries receiving CBAS must be enrolled in Medi-Cal Managed Care unless exempt or not otherwise eligible to enroll.

Private Pay

Participants who personally pay for ADHC or whose services are paid solely by a third-party payer such as private insurance, Regional Center, PACE, or the Veterans Administration.

Participant Attendance Day

A day of attendance means each day a minimum of one service defined under CBAS TAS is provided to the participant or their caregiver for each authorized day.

Temporary Alternative Services (TAS)

CBAS TAS is a short-term, modified service delivery approach that allows certified CBAS providers to deliver essential services to the participants most at risk during the COVID-19 outbreak. These services include limited individual in-center activities, telehealth, doorstep, and in-home services to CBAS participants.