



**CALIFORNIA
DEPARTMENT OF AGING (CDA)**



ACL # 14-04

FAX Cover

TO: All Community-Based Adult Services (CBAS) Providers

FROM: CBAS Branch

DATE: July 2, 2014

SUBJECT: Participant Characteristics Report (PCR) Submission Update

This fax is being sent to provide information regarding a temporary change to requirements for submission of the *CBAS Participant Characteristics Report (CDA CBAS 293)*.

For More Information:

Access the CDA CBAS website at:

www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp

Contact CDA at:

- ✓ Email – CBAScda@aging.ca.gov
 - ✓ Phone – (916) 419-7546
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Number of pages (including this page) 4

CALIFORNIA DEPARTMENT OF AGING
COMMUNITY-BASED ADULT SERVICES BRANCH
1300 NATIONAL DRIVE, SUITE 200
SACRAMENTO, CA 95834
Internet Home Page www.aging.ca.gov
TDD 1-800-735-2929
TEL (916) 419-7545
FAX (916) 928-2507

**ACL #14-04**

Date: July 2, 2014

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

From: CBAS Branch

Subject: Participant Characteristics Report (PCR) Submission Update

Purpose This letter provides information regarding a temporary change to requirements for submitting the *CBAS Participant Characteristics Report (CDA-CBAS 293)*.

Temporary PCR Submission Requirements To allow the California Department of Aging (CDA) additional time to address concerns about transmitting protected health information, CDA will collect only center-level summary data at this time. CDA requests that CBAS providers do the following:

1. Complete the *CBAS Participant Characteristics Report (CDA-CBAS 293)* as previously instructed. The report should include information for all participants enrolled throughout the month of June 2014. Maintain a copy of the completed report for submission to CDA upon request at a later date. Do NOT submit this report to CDA at this time.
2. Complete the *Abbreviated Participant Characteristics Report* that includes center "Totals" *only* for all participants enrolled throughout June 2014. Do not include individually identifiable participant-level data in this report. The modified report form is available in the Excel format on the CDA website at <https://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Default.asp>.
3. Submit the *Abbreviated Participant Characteristics Report* to CDA by July 10, 2014. Send the abbreviated PCR, which does not include any individually identifiable participant-level data, in an Excel format via regular email to the CDA CBAS Branch mailbox at:

cbascda@aging.ca.gov

A copy of the *Abbreviated Participant Characteristics Report* is attached for your reference.

***Future PCR
Submissions***

CDA will provide further guidance for submitting future PCRs at a later date. Until instructed by CDA, please do NOT email or mail the full PCR.

Questions

Thank you for your cooperation in ensuring that CBAS participant health information is protected. For questions about this letter, please call the CBAS Branch at (916) 419-7546.

Center Name: _____

Total Participants Enrolled: _____

Center NPI: _____

Date: __mm __dd __yyyy

Specify Language(s) Spoken at Center (Other than English)		
<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Russian
<input type="checkbox"/> Armenian	<input type="checkbox"/> Hmong	<input type="checkbox"/> Spanish
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Korean	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other (Specify) _____		

Participant Identifying Information				Diagnoses		Status/Needs														CBAS Services Provided														
Last Name	First Name	CIN #	Enrollment Date	P: Private Pay	Dementia	Intellectually / Developmentally Disabled	Mental Health Diagnosis	Psychiatric Medications	Behavioral Symptoms	Requires Ambulation Assistance	Requires Bathing Assistance	Requires Dressing Assistance	Requires Toileting Assistance	Requires Self-Feeding Assistance	Requires Transferring Assistance	Requires Accessing Resources	Requires Hygiene Assistance	Requires Meal Preparation Assistance	Requires Medication Management Assistance	Requires Money Assistance	Requires Transportation Assistance	Fall risk	Uses walker/cane/wheelchair	Hearing/Vision Deficits	Communication Deficits	Speaks English	Special Diet	Group/Individual Psych Services	Speech Services	Prescribed Medications Administered at Center	Self-Administered Medications at Center	Restorative PT and/or OT	Skilled Nursing Services	
i	ii	iii	iv	v	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
TOTALS				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0