

CBAS Center Closure Information

Provide the information as requested below and submit this form to the Community-Based Adult Services Branch within two weeks (14 days) of the Center's closure date. If you have questions regarding the information requested or need assistance, please contact the CBAS Branch Phone: (916) 419-7546 Fax: (916) 928-2507 E-mail: cbascda@aging.ca.gov

1. Records Disposition Plan: Provide the following information regarding the location where records will be stored and responsible parties:

a) Participant health records (retain for 7 years):

Facility Information:

Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____ Records Destruction Date (MM/YY) _____

b) Financial records (retain for 4 years):

Facility Information (if different from above):

Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____ Records Destruction Date (MM/YY) _____

c) Responsible Contact Person:

Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____

If the location of the records or responsible contact person changes, report the change(s) in writing to the CBAS Branch. E-mail to: cbascda@aging.ca.gov, or mail to:

California Department of Aging, CBAS Branch,
1300 National Drive, Suite 200,
Sacramento, CA 95834.

2. By Signing Below, I Certify That:

- All financial and participant health records will be maintained for the required timeframes and protected from unauthorized access.
- All participants were provided a complete discharge plan that described the current level of care needed at the time of discharge and that the plan is maintained in each participant's health record.
- All information above is true and accurate.

_____ Date: _____

(Administrator/Owner Signature)