

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
CBAS CENTER CLOSURE – RECORDS DISPOSITION PLAN
CDA 7009 (NEW 12/2018)



Provide the information as requested below and submit this form to the Community-Based Adult Services (CBAS) Branch within two weeks (14 calendar 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) 419-7545, Fax: (916) 928-2507, or [E-mail: cbascda@aging.ca.gov](mailto:cbascda@aging.ca.gov).

1. 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):

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:

- a) All financial and participant health records will be maintained for the required timeframes and protected from unauthorized access.
- b) 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.
- c) All information above is true and accurate.

Administrator/Owner Signature

Date