

# COMMUNITY-BASED ADULT SERVICES (CBAS)

## CHANGE IN ADMINISTRATOR, ASSISTANT ADMINISTRATOR, OR PROGRAM DIRECTOR APPLICATION INSTRUCTIONS

### Upload Change in Administrator, Assist Administrator, or Program Director Application to:

<https://peach.aging.ca.gov>

Please use the Peach [Provider Portal Upload Instructions](#) for Change in Management File Type(s).

CBAS providers requesting to change their center's Administrator (AD), Assistant Administrator (AA), or Program Director (PD), must **first** complete and submit the application package for AD, AA, or PD changes directly to the California Department of Aging (CDA) via the Peach Portal. CDA will determine if the AD, AA, or PD meets the minimum CBAS program standards. After this review is completed, CDA will notify the CBAS provider of its determination and forward copies of the application package to the California Department of Public Health (CDPH) along with a notice of CDA's recommendation. CDPH will notify the provider if the application package is approved or deemed incomplete based on compliance with state licensure requirements.

Please review all instructions carefully and provide complete, accurate, and consistent information throughout the application.

**Pursuant to Welfare and Institutions (WIC) Code 14043.2, failure to disclose required information or disclosure of false or inaccurate information may result in denial of your application.**

### Required Forms and Instructions:

Complete and submit the change documents listed below. You may access the application documents through the CDA website:

[https://aging.ca.gov/Providers\\_and\\_Partners/Community-Based\\_Adult\\_Services/Forms\\_and\\_Instructions/Application\\_Materials/](https://aging.ca.gov/Providers_and_Partners/Community-Based_Adult_Services/Forms_and_Instructions/Application_Materials/)

**Do not** use acronyms when completing the application documents.

### 1. Cover Letter

Include a cover letter with your change in Administrator, Assist Administrator, or Program Director application request. Please ensure the letter is on company letterhead with the following information:

- License number
  - National Provider Information (NPI)
  - Facility name and address
  - Facility ID number
  - Brief description of request and list the applicant's business email and phone number to be used at the Center.
  - Contact information (name, title, phone number, and email address)
  - Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages).
  - Signature
2. **A copy of a college diploma or school transcript showing a degree awarded. Include a Credential Equivalency Report for foreign schools, if appropriate.**
  3. **A resume and three references (A separate reference sheet is acceptable).**
  4. **“Applicant Individual Information,” Form HS 215A (Rev. 7/2023).**

In addition to the Form HS 215A instructions found on the CDPH website, use the guidance provided below when completing the form.

<b><u>Section:</u></b>	<b><u>Instruction:</u></b>
<b>B.4.</b>	Provide your Driver's License Number. If not available, provide a State-Issued Identification Card Number.  In addition, attach a legible, active copy of your Driver's License or State-Issued Identification Card.
<b>B.5.</b>	Applicant must provide Social Security Number information as required per Title 42 Code of Federal Regulations (CFR) Section 455.104(b)(1).
<b>G.</b>	Select “yes” or “no” if the applicant has ever been affiliated with any facility, either past or present, that has been identified as having one or more of the listed adverse actions.  If “yes” is selected, check all adverse actions listed that apply and explain the adverse action including the facility name, address, and dates of adverse action. (Any additional pages should be titled: “Section G - Adverse Action”).
<b>H.</b>	This must be completed for each facility (including all facilities in all business entities) that the applicant has a current relationship with or has had a past relationship

with in the last 3 years – going back 5 years for SNFs.  
(Attach additional pages if necessary, include the same  
required content with the same formatting Title pages:  
“Section H - Facility Information Sheet”).

**5. “Criminal Record Clearance Submissions,” CDPH 325 (02/23).**

See instructions to fill out the document under page 2 of the CDPH 325.

**6. Copy of the completed “Transmittal Application for Criminal Record Clearance,” CDPH 322 (05/14).**

Please note – Providing the information to CDA does not qualify as submission. Submit this completed transmittal (CDPH 322) and a copy of the Live Scan form **to the California Department of Public Health, Criminal Background Section, at the address on the front of the CDPH 322 transmittal form.**

**7. Copy of the completed “Request for Live Scan Service,” BCIA 8016 (04/20).**

Complete the Request for Live Scan Service (BCIA 8016) form before going to a Live Scan service site since most sites do not have a supply of these forms. Follow the SAMPLE BCIA 8016 for completion of the form. Information regarding Live Scan sites can be found on the Attorney General's website at <https://oag.ca.gov/fingerprints/locations/mobile-livescan>

You are encouraged to contact the Live Scan provider in advance to verify hours of operation and fees required.

**8. “Staffing/Services Arrangement,” CDA ADH 0006 (02/2024), listing new staff.**

**9. Program Flexibility (if applicable).**

**Notes:** Upon submission of a change application packet, CDA will conduct an initial review and determine if the provider meets the minimum CBAS program standards. After CDA’s initial review is complete, CDA will notify the CBAS provider of its determination and then forward the application with a notice of CDA’s recommendation or non-recommendation to CDPH–CAB for final review and processing. CDPH will notify the provider if the application packet is approved or deemed incomplete based on compliance with state licensure requirements.