

## COMMUNITY-BASED ADULT SERVICES (CBAS)

### CHANGE IN LOCATION APPLICATION INSTRUCTIONS

#### Upload Change in Location Application to:

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

Please use the [Peach Provider Portal Upload Instructions](#) for Certification Renewal/Change Application file types.

CBAS providers requesting to change location must **first** complete and submit the relocation application listed below to the California Department of Aging (CDA). CDA will ensure that the provider meets CBAS standards prior to the California Department of Public Health (CDPH), Licensing & Certification, Centralized Applications Branch (CAB) processing/approving the requested change. CBAS provider change requests will not be considered unless the CBAS provider meets the following minimum standards:

- No restrictions on the provider's Medi-Cal/Medicaid enrollment status
- An unencumbered Adult Day Health Care (ADHC) license
- A record of substantial compliance with certification laws and regulations
- No current Medi-Cal administrative sanctions

If requesting to increase the license capacity at the new location, please review the change "License Capacity" application instructions to ensure you understand the process and submit additional information as required.

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 in location application 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 application request on company letterhead with the following information:

- License number

\* Provider or legal representative means the Board Chairperson, President, or Managing Employee.

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- National Provider Information (NPI)
- Facility name and address
- Facility ID number
- Brief description of request
- 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. **"Licensure & Certification Application," HS 200 (Rev. 7/2023)**, signed by the provider or legal representative. \*

**In addition to the HS 200 instructions, use the guidance provided below when completing the form.**

<b><u>Section:</u></b>	<b><u>Instruction:</u></b>
<b>A.1.</b>	Select "g. Other Change"
<b>A.3.</b>	Select "i. Change of Location"
<b>A.4.</b>	Select "b. Adult Day Health Center (ADHC)."
<b>A.5.</b>	Not applicable to CBAS providers – select "no."
<b>A.6.</b>	Applicable to CBAS providers – select "yes."
<b>A.7.a.</b>	Enter the center's license capacity. Indicate "Proposed bed capacity" only for change in capacity applications.
<b>A.9.</b>	<b>b.</b> Enter the days and hours of operation (business hours). <b>c.</b> List service days/hours (CBAS program hours) in the space provided if different than the days/hours of operation.
<b>B.1.</b>	Enter the <b>licensee's legal</b> name as reported to the IRS. Indicate the licensee's legal name as filed with the CA Secretary of State, if different from that reported to the IRS.
<b>B.4.a.</b>	Identify other facilities, agencies, or clinics the licensee is currently or has been licensed for, operated, managed, held a 5 percent or more (direct or indirect) ownership interest and/or control interest in, or served as a director or officer. Include facilities both in and outside of California.
<b>B.4.b.</b>	If any of the facilities listed in section B.4.a, has had a licensure or Medi-Cal Certification action taken against it or has had a settlement agreement, submit additional information as requested in the form.
<b>B.5.a.</b>	<b>Must</b> select "yes" and complete 5.b., c., and d.

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**C.2.** Enter the center's current name in the field marked **Current Facility**. The "*proposed*" facility field should be left blank except if change of ownership, change of location, change of mailing address, or change of name.

**F-1.** If the current or proposed facility, agency, or clinic is applying for Medi-Cal certification, complete Attachment F-1: Subcontractor Information and Significant Business Transactions.

- 3. "Administrative Organization," HS 309 (10/2011)**, Signed by the provider or legal representative. \* Note: Only complete the applicable section of the form (Corporation, Public Agency, Partnership, etc.) for your organization.

**In addition to the HS 309 instructions, use the guidance and assistance provided below when completing the form.**

**Section:**

**Instruction:**

**Item 8.**

List all health facilities the applicant has ever owned or operated by this licensee. Include all information as requested in the form. The applicant in this case is considered the licensee.

**Item 10.**

In addition to listing Board Officers, provide a list of all Board members (Note: All Board members must complete an "**Applicant Individual Information**," HS 215A (7/2023) - form).

- 4. "Staffing/Services Arrangement," CDA ADH 0006 (02/2024)**, signed and dated by the Administrator or Program Director.
- 5. Floor Plan:** Submit a detailed and legible floor plan indicating the square footage of each program area to be used and label where basic services will be provided. The floor plan must include:
- Office space
  - Bathrooms (number of toilets in each room)
  - Entrances and emergency exits
  - Outdoor space
- 6. "Proposal to Share Space," CDA ADH 0007 (02/2021)**, 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

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the provider if the application packet is approved or deemed incomplete based on compliance with state licensure requirements.

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