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ACL 18-01

Date: June 1, 2018

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

From: California Department of Aging (CDA) CBAS Branch

Subject: CBAS Providers – New Medi-Cal Enrollment Requirements, Personal Identifying Information

Purpose

The purpose of this All Center Letter (ACL) is to notify CBAS providers of new federal and state requirements regarding Medi-Cal provider enrollment.

Overview

Pursuant to Title 42, Code of Federal Regulations (CFR), §455.104 and [California Code, Welfare and Institutions Code - WIC § 14043.2\(a\)](#) all CBAS providers must disclose the date of birth, social security number, and driver's license number of any person with an ownership or control interest, or a managing employee of the CBAS entity, at the time of their application for initial certification, certification renewal, change of ownership, or shareholder change.

The following individuals are required to disclose: owners, management company / agency staff, board members, administrators, assistant administrators, program directors, assistant program directors, and office and business managers.

Relevant State Requirements

California Welfare & Institutions Code (WIC) §14043.2(a)

(a) Whether or not regulations for certification are adopted under Section 14043.15, in order to be enrolled as a provider, or for enrollment as a provider to continue, an

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applicant or provider may be required to sign a provider agreement and shall disclose all information as required in federal Medicaid regulations and any other information required by the department. Applicants, providers, and persons with an ownership or control interest, as defined in federal Medicaid regulations, shall submit their date of birth and their social security number or numbers to the department, to the full extent allowed under federal law. Corporations with an ownership or control interest, as defined in federal Medicaid regulations, shall submit their taxpayer identification number and all business address locations and post office box addresses. The director may designate the form of a provider agreement by provider type. Failure to disclose the required information, or the disclosure of false information, shall result in denial of the application for enrollment or shall make the provider subject to temporary suspension from the Medi-Cal program, which shall include temporary deactivation of the provider's number or numbers, including all business addresses used by the provider to obtain reimbursement from the Medi-Cal program.

Implementation

CDA has instituted a new form to collect this data – *Personal Identifying Information, CDA 7006*. Effective July 1, 2018, CDA will require this form as part of the initial, certification renewal, change of ownership, and shareholder change applications. This form and instruction on how to submit the required information is available on the Application Materials page of the CBAS website at https://aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Application_Materials/.

Questions

For questions about this letter, please contact the CBAS Branch at (916) 419-7545; cbascda@aging.ca.gov.