

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
CBAS CENTER CLOSURE – RECORDS DISPOSITION PLAN
CDA 7009 (6/2023)



Provide the information as requested below and submit this form to the Community-Based Adult Services (CBAS) Bureau 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 Bureau at (916) 419-7545 or via [E-mail](mailto:cbascda@aging.ca.gov) at cbascda@aging.ca.gov.

1. Provide the following contact information and the location where the records will be stored:

a) Participant Health Records (retain for 7 years):

Facility Information:

Name: _____

Address: _____ City: _____ State: _____

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

Email Address: _____

b) Financial Records (retain for 4 years):

Name: _____

Address: _____ City: _____ State: _____

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

Email Address: _____

c) Responsible Contact Person:

Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____ Email Address: _____

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

California Department of Aging, CBAS Bureau,
2880 Gateway Oaks, Suite 200 Sacramento, CA 95833

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 describes 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