

COMMUNITY-BASED ADULT SERVICES (CBAS) CHANGE IN ADMINISTRATOR, ASSISTANT ADMINISTRATOR, OR PROGRAM DIRECTOR

Upload Application to:

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CBAS providers requesting to change their center's Administrator (AD), Assistant Administrator (AA), or Program Director (PD), must complete and submit the application packet for AD, AA, or PD changes directly to the California Department of Aging (CDA). CDA will determine if the AD, AA, or PD meet 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 packet to the California Department of Public Health (CDPH) along with a notice of CDA's recommendation. CDPH will notify the provider if the application packet 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.

Required Forms and Information:

Complete and submit the information below, as applicable. **Do not** use acronyms when completing the application documents.

- 1. A copy of a college diploma or school transcripts showing a degree awarded. Include a Credential Equivalency Report for foreign schools, if appropriate.**
- 2. A resume and three references (A separate reference sheet is acceptable).**
- 3. "Applicant Individual Information," Form HS 215A (02/08).**

In addition to the Form HS 215A instructions, use the guidance and assistance provided below when completing the Form HS 215A.

<u>Section:</u>	<u>Instruction:</u>
E.1.	Answer "Yes" if the individual completing the form has been involved (owned, worked in, etc.) with a business that operated a health or community care facility
E.2.	Answer "Yes" if the individual completing the form has operated or managed one of the provider types listed.

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- E.3.** Answer "Yes" if the individual completing the form had or currently has ownership of 5 percent or more in any of the provider types listed in E.2.
- F.** Answer "Yes" and provide an explanation as requested if the individual completing the form has been affiliated with any facility, in the past or present, that has had adverse actions listed.

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(as needed) The Facility Information Sheet is required **to be completed for the center** and completed when answering "yes" to questions E.1. - E.3.

- 4. Copy of the completed "Transmittal Application for Criminal Record Clearance," CDPH 322 (05/14).**
- 5. Copy of the completed "Request for Live Scan Service," BCIA 8016 (04/20)**
- 6. "Staffing Services Arrangement," CDA ADH 0006 (05/22), listing new staff.**
- 7. Program Flexibility (if applicable).**

Note: Please be aware that the list of required documents above reflects CDA requirements. Upon completion of review, CDA will forward copies of the application to CDPH for further processing and final approval. CDPH may require additional information at the time of their review.