COMMUNITY-BASED ADULT SERVICES (CBAS)
CHANGE IN ADMINISTRATOR OR PROGRAM DIRECTOR APPLICATION INSTRUCTIONS

Upload Change in 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) or Program Director (PD), must **first** complete and submit the application package for AD or PD changes directly to the California Department of Aging (CDA) via the Peach Portal. CDA will determine if the AD 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 ensure that all information provided in the application is complete, accurate, and consistent. Before submitting, confirm that the candidate meets the qualifications outlined under:

1. **Administrator**
   - California Code of Regulations Title 22 54403 and 78415
2. **Program Director**
   - Health and Safety Code Division 2. Licensing Provisions. Chapter 3.3 California Adult Day Health Care Act 1570.7 (m)
   - California Code of Regulations Title 22 54405 and 78417

Please report changes to the Department within 35 days[1] of any addition or change in the previously reported information.

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.

[1] California Code of Regulations (CCR) Title 22 § 51000.40(a)

Required Forms and Instructions for Administrator and Program Director:

Please complete and submit the documents listed below. All required application materials are available on the CDA website.

Do not use acronyms or abbreviations when completing any of the application documents.

1. **Cover Letter**

Your cover letter must include 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. **Provide a copy of your college diploma or an official school transcript showing the degree awarded. If the degree was earned from a foreign institution, include a Credential Equivalency Report.**
3. **A resume detailing your experience and qualifications and how you meet the criteria for AD or PD.**
4. **Applicant Individual Information, Form HS 215A (Rev. 07/23).**

   In addition to the HS 215A instructions available on the CDPH website, please follow the guidance provided below when completing the form.

Section:	Instructions:
B.4.	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.5.	Applicant must provide Social Security Number information as required per Title 42 Code of Federal Regulations (CFR) Section 455.104(b)(1).
G.	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").

H. 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 Skilled Nursing Facilities (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 (Rev. 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 (Rev 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 (Rev. 03/24).**

   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 (Rev. 02/24), listing new AD or PD.**

9. **Program Flexibility approval letter from the California Department of Public Health (if applicable).**

Note: Once CDA's review is complete, CDA will notify the applicant of its determination and forward the application, along with a notice of CDA's recommendation or non-recommendation, to CDPH–CAB for final review and processing. CDPH will then notify the provider whether the application has been approved or deemed incomplete based on compliance with state licensure requirements.