

COMMUNITY-BASED ADULT SERVICES (CBAS)

CHANGE OF SHAREHOLDER APPLICATION

Upload Application to:

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

CBAS providers requesting to change ownership (new CBAS providers requesting to change shareholders (individual(s) owners of the company/Licensee) or redistribute shares (change the percentage [%] of shares/assets) amongst existing shareholders must complete and submit the shareholder application documents 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), Centralized Applications Branch (CAB) final review and approval for 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

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 for change in shareholder.

Required Forms and Information

Complete and submit the shareholder application documents listed below. You may access the application documents through the CDA website:

https://aging.ca.gov/ProgramsProviders/ADHC-CBAS/Forms/Application_Materials/

Do not use acronyms when completing the application documents.

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

Rev. 08/22

1. **"Licensure & Certification Application," HS 200 (2/21)**, signed by the provider or legal representative.*

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

<u>Section:</u>	<u>Instruction:</u>
A.3.	Please do not enclose the licensure fee, there is no fee.
A.8.a.	Enter the center license capacity.
A.10.a.	Enter the days and hours of operation (business hours) and the hours of service (program hours).
B.1.	Enter the licensee legal name.
B.4.	Enter the licensee e-mail address and fax number if different from the center.
B.5.a.	List the names of other facilities, agencies, or clinics this licensee has been licensed for, operated, managed, held 5 percent interest in, or served as a Director or Officer.
B.5.b.	If any of the facilities listed in section B.5.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.
C.2.	Enter the center current facility legal name.
C.3.	Enter the center mailing address and phone number.
C.4.	If the mailing address is not different from the center address, enter the center fax number and e-mail address.
C.6.a.	If the center administrator is the name of the person indicated in C.5., complete C.6.a., as requested.
E.	If the center operates under a management company contract, answer questions C.1 through 5; complete and submit Attachment E-1.

2. **"Medi-Cal Provider Agreement," DHCS 9098 (07/17)**, signed by the provider or legal representative.

3. **"Disclaimer of Conflict of Interest," CDA CBAS 406 (05/20)**, signed by the current Board Chairperson or President. Submit only if there has been a change of Board Chairperson or President since your last certification renewal application was submitted.

4. **"Applicant Individual Information," HS 215A (02/08)**, signed and dated by:

- Each individual having 5 percent or more ownership interest in the applicant facility

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- A management company/agency staff operating the facility (not the center administrator or program director)
- Any individual serving as the facility's Board:
 - Officer
 - Director
 - Member
- Center Administrator
- Center Program Director
- Center Office/Business Manager (not necessarily from another agency; not the center Administrator or Program Director)
- Administrative Assistants

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

<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.
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 any of the adverse actions listed. Note: Suspension includes Temporary Suspension.

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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.

5. "Administrative Organization," HS 309 (10/11), signed by the provider or legal representative. Note: Complete only 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.

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Section:

Instruction:

Item 8.

Only list "Other" facilities owned or operated by this licensee. Include all information as requested in the form.

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 form).

6. Submit Board meeting minutes indicating old and new shareholder(s) and their ownership percentage changes along with signatures from the old and new shareholder(s).

7. "Staffing/Services Arrangement," ADH 0006 (05/22), signed and dated by the Administrator or Program Director.

8. A resume and three references for a new Administrator, and/or new Assistant Administrator, and/or new Program Director. A separate reference sheet is acceptable for each new manager.

9. "Personal Identifying Information," CDA 7006 (04/18). Refer to CDA 7006i for further instructions.

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

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