COMMUNITY-BASED ADULT SERVICES (CBAS)

CHANGE IN LOCATION APPLICATION INSTRUCTIONS

Upload Change in Location Application to:

https://peach.aging.ca.gov

Please use the Peach Provider Portal Upload Instructions for Certification Renewal/Change Application file types.

CBAS providers requesting to change location[1] [2] must **first** complete and submit the relocation application listed below to the California Department of Aging (CDA). CDA will ensure that the provider meets Medi-Cal [3] and CBAS standards prior to the California Department of Public Health (CDPH), Licensing & Certification, Centralized Applications Branch (CAB) processing/approving 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

If requesting to increase the license capacity at the new location, please review the change in "License Capacity" application instructions to ensure you understand the process and submit additional information as required.

Please review all instructions carefully and provide complete, accurate, and consistent information throughout the application.

Please report changes to the Department within 35 days[4] 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.

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[1] California Code of Regulations (CCR) Title 22 § 51000.10.1.

[2] CCR Title 22 § 51000.30(a)

[3] CCR Title 22 § 51000.50

[4] CCR Title 22 § 51000.40(a)

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

Required Forms and Instructions:

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
- 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. Licensure & Certification Application, HS 200 (Rev. 07/23), signed by the provider or legal representative. *

In addition to the HS 200 instructions available on the CDPH website, please follow the guidance provided below when completing the form.

Section:	Instruction:
A.1.	Select "g. Other Change"
A.3.	Select "i. Change of Location"
A.4.	Select "b. Adult Day Health Center (ADHC)."
A.5.	Not applicable to CBAS providers – select "no."
A.6.	Applicable to CBAS providers – select "yes."
A.7.a.	Enter the center's license capacity. Indicate "Proposed bed capacity" only for change in capacity applications.
A.9.	**b.** Enter the days and hours of operation (business hours). **c.** List service days/hours (CBAS program hours) in the space provided if different than the days/hours of operation.
B.1.	Enter the **licensee's legal** name as reported to the IRS. Indicate the licensee's legal name as filed with the CA Secretary of State, if different from that reported to the IRS.
B.4.a.	Identify other facilities, agencies, or clinics the licensee is currently or has been licensed for, operated, managed, held

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	a 5 percent or more (direct or indirect) ownership interest and/or control interest in, or served as a director or officer. Include facilities both in and outside of California.
B.4.b.	If any of the facilities listed in section B.4.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.
B.5.a.	**Must** select "yes" and complete 5.b., c., and d.
C.2.	Enter the center's current name in the field marked **Current Facility**. The *"proposed" facility* field should be left blank except if change of ownership, change of location, change of mailing address, or change of name.
C.5.	List each person having 5 percent or more (direct or indirect) ownership interest and/or control interest in the applicant facility.
F-1.	If the current or proposed facility, agency, or clinic is applying for Medi-Cal certification, complete Attachment F-1: Subcontractor Information and Significant Business Transactions.

3. **Staffing/Services Arrangement, CDA ADH 0006 (Rev. 02/24),** signed and dated by the Administrator or Program Director. Please refer to the Staffing/Services Arrangement Instructions.
4. **Certificate of Occupancy** issued by the local building authority.
5. **Floor Plan:** Submit a detailed and legible floor plan indicating the square footage of each program area to be used and label where basic services will be provided.

Review the following regulations to ensure compliance with requirements for relocation:

- Title 22 of the CCR § 78501 - physical accommodations ADHC Centers must have.
- Title 22 of the CCR § 78503(a) - requires that ADHC Centers must be located on the first floor. *If your building does have a second floor, please indicate the intended use of the space and include a floor map of the floor.*
- Title 22 of the CCR § 78505 - space requirements for ADHC Centers.

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6. **Medi-Cal Provider Agreement, DHCS 9098 (Rev. 07/25)**, signed by the provider or legal representative.*
7. **Legal and Fictious Name**
   A. **Please submit documentation verifying your legal business name and employer identification number on file with the Internal Revenue Services. For example:**
      - Letter 147-C (EIN Confirmation Notification)
      - Form 941- (Employer's Quarterly Federal Tax Return)
      - Form 8109-C (Federal Tax Deposit Address Change)
      - Form SS-4 (Confirmation Notification)

   B. **If the applicant or provider is using a fictitious name, a copy of the Fictitious Business Name Statement shall be submitted with the application.**

      Nonprofit organizations are not subject to this requirement per the California Business and Professions Code (BPC) § 17911
8. **Provide your business license issued by your local municipality.**
9. **Copy of the declarations page for your current General Liability Insurance.**
10. **Copy of the declarations page for your current Worker's Compensation Insurance.**

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.

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