

Adult Day Health Center (ADHC) Report of Change Application Checklist for Change of Administrator

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

CHECKLIST AND INSTRUCTIONS - *Please submit your documents in this order*

REQUIRED DOCUMENTS FOR A CHANGE OF ADMINISTRATOR

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	<p>COVER LETTER</p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> • License number • Facility name and address • Facility ID number (if known) • Brief description of request • Contact information (name, title, phone number, and e-mail address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature

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	Pre-Screened Approval Letter	<p>Pre-Screened Approval Letter</p> <ul style="list-style-type: none"> • Required for Community-Based Adult Services (CBAS) Programs Only • This letter is issued by the California Department of Aging and only required for CBAS participants • Not required for Program of All-inclusive Care for the Elderly (PACE) Organizations
	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION [Title 22 California Code of Regulations (CCR) section 78205(a)(2) and 78415(a)]</p> <p>This form must be completed and signed for the following individuals:</p> <ul style="list-style-type: none"> • Administrator of the facility <p>Tips</p> <ul style="list-style-type: none"> • Page 1, section A — The date of birth is an identifier, as several people may have the same name. This will ensure that each individual is associated with the correct facility or entity • Page 2, section D — Submit ten years of employment history, indicating the start and end dates of employment, job title, employer name and address. The applicant may submit a resume in lieu of completing section D; however, the resume must contain all required information requested in section D • Page 2, section E — If answering yes to any question in this section, complete and attach the facility information sheet

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	Supporting Documents	<p>FACILITY INFORMATION SHEET [22 CCR 78205(a)(2) and 78415]</p> <p>Each individual must complete and submit the Facility Information Sheet for each facility and/or agency with which the individual has a current or past relationship within the last three years. This sheet must also include any facilities licensed by the California Department of Social Services. The following must be completed for each facility and/or agency:</p> <ul style="list-style-type: none"> • Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement • Individual's dates of involvement
	Supporting Documents	<p>RESUME [22 CCR section 78205(a)(2) and 78415]</p> <p>A resume is required for the Administrator</p>
	CDPH 5000	<p>PROGRAM FLEXIBILITY REQUEST [22 CCR sections 78217 and 78415(g)]</p> <p>Submit request if administrator will be responsible for more than three (3) centers</p>

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	Criminal Record Clearance Letter	<p>CRIMINAL RECORD CLEARANCE LETTER [Health and Safety Code (HSC) section 1575.7]</p> <ul style="list-style-type: none"> • Submit for the Administrator • Submit a copy of the clearance letter to California Department of Public Health (CDPH), Centralized Applications Branch (CAB) • To receive the criminal record clearance letter, you must complete the BCIA 8016 form located on the Office of Attorney General (OAG) website for the owners and Administrator. For detailed instructions refer to the OAG website or instructions on the form itself. The "ORI" code must be "A1226" • Do not submit the BCIA 8016 form to CDPH, CAB
	CDPH 322	<p>TRANSMITTAL APPLICATION FOR CRIMINAL BACKGROUND INVESTIGATION [HSC section 1575.7]</p> <ul style="list-style-type: none"> • Submit for the Administrator • Submit this form to the address indicated on the form • Do not return this form to CAB