Application Instructions for A Home Care Organization License

Community Care Licensing Division

Home Care Services Bureau

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Application Instructions for a Home Care Organization License

INTRODUCTION

These instructions are to help you fill out an application for a Home Care Organization license. Attached are the instructions for filing the application. Before a license may be issued, the California Department of Social Services (CDSS) must receive the application fee and review the application forms and documents to ensure that the minimum requirements for a license are met.

The application fee and all Section A forms and Section B documents should be completed and sent to CDSS as a packet. **The application fee is non-refundable.** The processing of the application cannot begin until the application fee and all the forms and documents are received by CDSS. To download the forms, please visit our website at: https://www.cdss.ca.gov/inforesources/forms-brochures. Printing the forms via the website ensures that you are using the most current licensing form.

Once the application fee, forms, and documents are received, you will be assigned to an analyst who will review the application package and contact you with your Home Care Organization Number (HCO Number). If the fee, forms or documents submitted are incomplete or insufficient, your analyst will contact you and require you to correct any items in question in order to complete the licensure process. **An application is not considered complete and review of your application will not begin until the application package (Section A forms), supporting documents (Section B documents), and non-refundable application fee are received by CDSS.**

If your writing is not legible, please type your information. To prevent delays, be sure that you have all the necessary information completed and properly signed. Acceptable signature types include original signatures, photocopies of original signatures, and verified electronic signatures unless otherwise specified.

SUBMISSION INSTRUCTIONS

When submitting the application fee, please send a check or money order payable to the California "Department of Social Services". Please send your payment and application package, including all supporting forms and documents to the California Department of Social Services, Home Care Services Bureau at:

California Department of Social Services
Home Care Services Bureau
M.S. 9-14-90
744 P Street
Sacramento, CA 95814

You are required to keep a copy of the application package in your Administrative Records. These documents may be inspected during your unannounced inspection. Please ensure you make a copy before you submit your application package.

Section A

The table below lists the forms required to be completed by the applicant for initial licensure. These instructions do not need to be returned with the completed application package.

HOME CARE ORGANIZATION LICENSING FORMS		
CLICK BELOW TO ACCESS EACH FORM		
Section	Title of Form	✓
A1.	Application for a Home Care Organization License (HCS 200)	
A2.	Licensee Applicant Information (HCS 215)	
A3.	Designation of Home Care Organization Responsibility (HCS 308)	
A4.	Partnership/Corporation/Limited Liability Company Organization Structure (HCS 309)	
A5.	Employee Dishonesty Bond (HCS 402)	
A6.	Criminal Record Statement (LIC 508)	
A7.	Board of Directors Statement (HCS 9165)	

A1 – HCS 200 – APPLICATION FOR A HOME CARE ORGANIZATION LICENSE

Please type or print clearly. Ensure the form is filled out completely. This form is required at the time of application submission and when a change within a licensed home care organization occurs, such as change of location, change of business hours, change of email address, change of phone numbers, etc. Please see the Application Fees page for information on what fee, if any, is associated with changing the Home Care Organization's information.

Applicant(s): Enter the names of the person(s) or organization that is the applicant. For corporations and Limited Liability Companies, the names should be listed as follows:

- **Corporations** - Corporation Name
- **Limited Liability Company** - LLC Name

Requested Action: Check appropriate box. The entire application fee is required for an initial application and sale. If the application is for a sale, please write the HCO number of the home care organization being purchased.

Applicant Mailing Address: Enter mailing address. CDSS sends all correspondence by mail to this address. Please enter the address at which you wish to receive correspondence regarding the Home Care Organization license and affiliated Home Care Aides.

Application Filed By: Check appropriate box for your business structure. If a corporation is applying for a license, all persons signing the application must be authorized by the Board Resolution and the Board Resolution must be submitted with the application package.

Home Care Organization Name: Enter the name of the Home Care Organization.

Home Care Organization Street Address: Enter the physical location of the Home Care Organization. If the applicant(s) is applying for licensure for more than one Home Care Organization, a separate application must be completed for each Home Care Organization. This is the location CDSS will conduct an unannounced inspection.

Home Care Organization Email Address: CDSS corresponds frequently with Home Care Organizations via email. Please enter an email address you monitor in order to receive information such as updates, webinar invitations, and correspondence.

Home Care Organization Phone Number: Enter a telephone number for the Home Care Organization. CDSS will contact this number to reach the licensees and designees of the Home Care Organization.

Home Care Organization Mailing Address: Enter mailing address for the Home Care Organization. Please enter the address where you will receive correspondence regarding the Home Care Organization license and affiliated Home Care Aides.

Designee: Enter the name and title of person who will directly supervise the Home Care Organization in the absence of the licensee. You may designate additional individuals on the HCS 308 form.

Business Office Hours: Enter days and hours the Home Care Organization is open to the public. CDSS will conduct visits and unannounced inspections during this time. If the Home Care Organization is by appointment only, CDSS will still conduct visits and unannounced inspections.

Property Ownership: Check the appropriate box.

Control of Property: If applicant(s) is leasing or renting, enter name, address and telephone number of the owner of Home Care Organization premises.

Was this Home Care Organization Previously Licensed?: Check YES or NO. If yes, enter the previous Home Care Organization name and license number. If the application being submitted is for the sale of a currently licensed Home Care Organization, enter the sellor's Home Care Organization license number and name.

Other Facilities: Enter the facility name and number of each community care facility, residential care facility, residential care facility for the elderly, residential care facility for persons with chronic life-threatening illness, child day care facility, day care center, family day care home, employer-sponsored child care center certified family home, resource family, or Home Care Organization that the license applicant is currently operating.

Signature and Date: Review the responsibilities of compliance on the HCS 200 and if you agree to the terms, sign the application in agreement. Acceptable signature types include original signatures, photocopies of original signatures, and verified electronic signatures.

If a Corporation is applying for a home care organization license, each person signing the application must be authorized by the Board Resolution and the Board Resolution must be submitted with this form.

A2 – HCS 215 – HOME CARE ORGANIZATION LICENSEE APPLICANT INFORMATION

Each applicant must complete HCS 215 form (i.e., each individual applicant, each partner in a partnership, the chief executive officer in a corporation, each person who owns ten (10) percent or more of a corporation or limited liability company applying for licensure, and the manager of a manager-managed limited liability company.)

Identifying Information

Name: Enter the names of the person or organization that is the applicant. Enter full name(s) (For individuals enter first, middle name, and last name).

Title: Enter the individual's title held within the Home Care Organization.

Identity Document Type: Check one of the boxes in order to indicate which form of identification is being used for the application. Acceptable forms of identification include a California driver's license, California identification card, permanent resident card, and an identification card issued by another state. If the applicant includes an identification card issued by another state, the applicant must indicate the state which issued the identification.

Identity Document Number: Enter the number listed on the individual's identity document.

Social Security Number: VOLUNTARY. Enter the Social Security Number of the individual. Social Security number is used for identification purposes only.

Other Name(s): Enter all other name(s) used by the individual (marriage, adoption, etc.)

Date of Birth: Enter the birthday of the individual.

Home Address: Enter home address of the individual.

Telephone: Enter the telephone number of the Home Care Organization.

Prior Licensure Status

Status of Disciplinary Actions

Disciplinary Actions: Check appropriate box. If you have or are in the process of going through a disciplinary actions, please complete numbers A1-A5.

A1. Name and address: Enter the name and address of the facility licensed by CDSS, Home Care Organization, or licensed clinic where the disciplinary action took place.
A2. Dates of Licensure: Enter the start date and end date of licensure for the facility, Home Care Organization, or licensed clinic where the disciplinary action took place.
A3. Facility Number: Enter the license number of the facility/home care organization.
A4. Actions Taken: Please describe, in detail, the actions taken for each incident. If more space is needed, please attach additional sheets.
A5. Outcome: Enter the final outcome for each incident. If still in progress, please enter "in progress"

Status of License/Registration

Administrator/General Partner/Corporate Officer/Director: Check appropriate box. If you have prior or present experience as an administrator, general partner, or director in a facility and/or home care organization licensed by CDSS please complete numbers B1-B3.

B1. Name and address: Enter the name and address of the facility licensed by CDSS and/or Home Care Organization, where you hold/held the position.
B2. Dates of Licensure: Enter the start date and end date of licensure for the facility and/or Home Care Organization, where you hold/held the position.
B3. Facility Number: Enter the license number of the facility/and/or home care organization.
10 Percent Beneficial ownership interest: Check appropriate box. If you have held or currently hold 10 percent beneficial ownership interest, please complete numbers C1-C3.
C1. Name and address: Enter the name and address of the facility and/or Home Care Organization licensed by CDSS where you hold/held 10 percent beneficial ownership interest.
C2. Dates of Licensure: Enter the start date and end date of licensure for the facility and/or Home Care Organization where you hold/held 10 percent beneficial ownership interest.
Facility Number: Enter the license number of the facility and/or home care organization.
D. TrustLine Registry: Check appropriate box if you have ever been a registered TrustLine provider.

Signature and Date: Sign and date this form. Acceptable signature types include original signatures, photocopies of original signatures, and verified electronic signatures.

A3 – HCS 308 – DESIGNATION OF HOME CARE ORGANIZATION RESPONSIBILITY

Home Care Organizations are required to have a licensee or designee continuously present during business hours to represent the Home Care Organization and perform administrative processes, which include but are not limited to: managing the Home Care Organization, responding to questions, and receiving documents from the California Department of Social Services (Department), including reports of inspections and consultations, accusations, and civil penalties. Home Care Organization applicants/Home Care Organization licensees shall use this form to designate the above authority to appropriate staff member(s). More than one staff member may be designated on this form. Home Care Organization applicants/Home Care Organization licensees who are corporations shall attach board resolutions authorizing this designation. All individuals listed on this form must obtain a background clearance or exemption from the Department and be associated to the Home Care Organization.

Name: Enter the name of the Home Care Organization.

HCO Number: Enter the Home Care Organization number, if known.

Address: Enter the mailing address for the Home Care Organization.

County: Enter the county where the Home Care Organization is located.

Telephone Number: Enter the telephone number of the Home Care Organization.

Designee(s): Have each designee print their full name, sign the form, and put the date they signed it. The individual's Personnel/ Registration ID Number (PER ID) must also be included, if applicable.

Signature Block: Sign and date this form. Acceptable signature types include original signatures, photocopies of original signatures, and verified electronic signatures.

A4 – HCS 309 – PARTNERSHIP/CORPORATION/LIMITED LIABILITY COMPANY ORGANIZATION STRUCTURE

Individual applicants are NOT required to complete this form. This form must be completed if the applicant is a corporation, public agency, partnership, or Limited Liability Company. Ensure that the information on this form matches the information on the HCS 200 and the Terms of Office should match the articles/by-laws.

Section I: Corporation/Limited Liability Company (LLC)

1. **Name**: Enter the name of the corporation or LLC as filed with the California Secretary of State.
2. **Chief Executive Officer**: Enter the name of the Chief Executive Officer (CEO) or equivalent of the corporation or LLC.
3. **Incorporation Date**: Enter the incorporation or registration date.
4. **Place of Incorporation**: Enter the place where the incorporation or registration took place.
5. **Number**: Enter the corporation number or LLC number.
6. **Attachments**: Please ensure that the following three items are attached to this form:
   i. Copy of Articles of Incorporation or Organization and any amendments
   ii. Copy of by-laws or Operating Agreement and any amendments. Copy of the Resolution authorizing the filing of the application package (for corporations only)
   iii. Copy of the Resolution authorizing the filing of the application package (for corporations only)

7. **Office**: Enter the address for the principal place of business.
   7a. Contact Person: Enter the name of the contact person, their title and their area code and telephone number.
   7b. Agent: Enter the name of the agent for service of process and their address.
8. **Out of State or Foreign Applicants**: Only out of state or foreign applicants must complete numbers 8a and 8b.
   8a. California Representative: Enter the name of the California representative, their address and their area code and telephone number.
   8b. Attachments: Please ensure a copy of the document showing the foreign corporation or foreign LLC's registration ability to do business in California is attached.
9. **10% Holding Beneficial Ownership Interest**: Please list the names and address of each person who holds a 10 percent or more beneficial ownership interest and the percentage the individual holds. If more space in needed, please attach a separate sheet.
10. **Directors and Managing Members**: Please complete numbers 10a – 10d.
    10a. Number of Directors/Managing Members: Enter the total number of directors or managing members.
    10b. Term of Office: Enter the term of office.
    10c. Meetings: If applicable, please enter the frequency of the meetings.
    10d. Method of Selection: For corporations only, please enter the method of selection.
11. **Officers**: Enter the name, principal business office address, telephone number and term expiration date. For LLCs that do not have officers, please skip this number and go to Section II.
    Directors: Enter the name, mailing address, telephone number and term expiration date. For LLCs that do not have managing members, please skip this number and go to Section II.

Section II: Public Agency

12. **Type of Public Agency**: Check the appropriate box.
13. **Agency Providing Services**: The agency providing services must complete numbers 2a and 2b.
    2a. Agency Name: Enter the agency name and address with city, state, and zip code.
    2b. Mailing Address: If different than the address listed in 2a, please enter the mailing address.
14. **District or Area Served**: Enter the district or area to be served. If necessary, attach a map of the area served.
15. **Attachments**: Please ensure that a copy of the Resolution or legal document authorizing the filing of the application package is attached.

Section III: Partnerships

- Enter the name, telephone number and principle mailing address with city, state, and zip code for each general partner. Please attach a separate sheet, if needed. Enter the name, title and telephone number of the contact person.

Section IV: Other Associations

- Other associates must also provide and attach the following information:
  i. A similar list of persons legally responsible for the Organization;
  ii. A contact person with title and contact information; and
  iii. Appropriate and legal documents which set forth legal responsibility of the Organization and accountability for operating the Home Care Organization.

A5 – HCS 402 – DISHONESTY BOND

An agent of the bonding agency must sign form HCS 402. The Employee Dishonesty Bond must have a minimum limit of ten thousand ($10,000) dollars. The "Principal Signature" line must be signed by the applicant. A copy of the bond certificate must be submitted with this form, as well as the Acknowledgment and Power of Attorney forms. The State of California must be identified as the beneficiary and there must be an effective date and an expiration date.

All signatures must be original signatures or photocopies of original signatures. Electronic signatures will not be accepted.

A6 – LIC 508 – CRIMINAL RECORD STATEMENT

One form per applicant is required (i.e., each individual applicant, each partner in a partnership, the chief executive officer in a corporation, each person who owns ten (10) percent or more of a corporation or limited liability company applying for licensure, and the manager of a manager-managed limited liability company).

Please sign the LIC 508. Acceptable signature types include original signatures, photocopies of original signatures, and verified electronic signatures.

A7 – HCS 9165 – BOARD OF DIRECTORS STATEMENT

One form is required for each member of the Board of Directors (if applicable). Also, prospective board members must complete and sign this form before joining the board.

Home Care Organization Name: Enter the business name of the Home Care Organization where the person is a member of the Board of Directors.

Home Care Organization Number: Enter the Home Care Organization number, if known.

Board Member/Prospective Member Name: Enter the name of the board member or prospective board member.

Telephone: Enter the telephone number of the board member or prospective board member.

Board Member/Prospective Address: Enter the home mailing address, city, state and zip code of the board member or prospective board member.

Signature and Date: The board member or prospective board member must sign and date this form. Acceptable signature types include original signatures, photocopies of original signatures, and verified electronic signatures.

Section B

The table below outlines the documents required to be completed by the applicant for initial licensure. These instructions do not need to be returned with the completed application package.

HOME CARE ORGANIZATION SUPPLEMENTAL DOCUMENTS		
CLICK BELOW TO ACCESS EACH FORM		
Section	Title of Supplemental Document	✓
B1.	Partnership Agreement/Articles of Incorporation/Articles of Organization	
B2.	Job Description(s) - Each Position	
B3.	Personnel Policies	
B4.	Training Plan	
B5.	Home Care Organization Program Description	
B6.	Insurance Information	

B1 – PARTNERSHIP AGREEMENT, ARTICLES OF INCORPORATION, OR ARTICLES OF ORGANIZATION

Information contained in a Partnership Agreement, Articles of Incorporation, or Articles of Organization gives CDSS information concerning who is ultimately responsible for the various functions in the Home Care Organization. CDSS must know whom to contact regarding the operation of the Home Care Organization.

- **PARTNERSHIP AGREEMENT**
  - A written agreement is not necessary for licensing purposes when the partners are married. However, two individuals not related by marriage are required to provide a Partnership Agreement and any amendments there to.
  - Only the general partner(s) are to be listed on the license and sign the application.
  - The name and mailing address of each general partner is needed.
  - If a general partner is a corporation or other business organization, the Chief Executive Officer, or equivalent shall sign the Application for a Home Care Organization License (HCS 200).
  - A description of the obligations and duties of each general partner and whether each partner may act on behalf of the others.
  - Where applicable, a diagram showing all affiliated organizations, including parent, grandparent and other entities that can control the applicant through voting, power of appointments etc.

- **ARTICLES OF INCORPORATION**
  - The Articles of Incorporation are used to establish that the applicant is a valid corporation and qualified to do business in the State of California. The articles should attach a seal from the state where incorporated. Foreign (out-of-state) corporations must also provide a Certificate of Qualification from the California Office of the Secretary of State to establish that the corporation is qualified to do business in California.
  - The following information must also be provided as part of, or in support of, the Articles of Incorporation:
    - Constitution and by-laws (day-to-day operation) and any amendments thereto.
    - Board Resolution (to determine which agents will be acting on behalf of the Corporation). Authorization to apply for a home care organization license and the person authorized and designated by the Board Resolution to sign and act on behalf of the Corporation should be included in the Board Resolution. This may be the Chief Executive Officer or equivalent.
    - Directors' and officers' names, titles, business address and telephone numbers.
    - Name(s) and address(es) of persons who hold 10 percent or more ownership.
  - Where applicable, a diagram showing all affiliated organizations, including parent, grandparent and other entities that can control the applicant through voting, power of appointments etc.

- **ARTICLES OF ORGANIZATION**
  - The Articles of Organization, stamped by the California Office of the Secretary of State, establish a Limited Liability Company (LLC) applicant is valid and qualified to do business in the State of California. If the articles were filed in another state, the LLC is a "foreign Limited Liability Company" and must also submit a Secretary of State Limited Liability Company Application for Registration Form (LLC-5), stamped by the California Secretary of State, to demonstrate that the foreign LLC has registered in California and is qualified to do business in the state.
  - The following information must also be provided as part of, or in support of, the Articles of Organization:
    - All LLCs must have an Operating Agreement that specifies the owners, who will manage the business, how decisions will be made, etc.
    - The names, titles, business address, and telephone number of each managing member, manager, and non-managing member holding a 10 percent or more interest in the LLC
  - Where applicable, a diagram showing all affiliated organizations, including parent, grandparent and other entities that can control the applicant through voting, power of appointments etc.

NOTE: Generally, no resolution or other authorization from the LLC is necessary to identify who has authority to act on behalf of the home care organization applicant. The Operating Agreement should specify who has such authority. If the home care organization application is signed by an individual who is not identified in the Operating Agreement as a manager or managing member (or the individual does not have authority in the Operating Agreement to act on behalf of the LLC), **then a written delegation of authority, consistent with the terms of the Operating Agreement is necessary**.

B2 – JOB DESCRIPTIONS

As a part of the operation of the organization, the applicant must provide CDSS with a Job Description for each classification that the home care organization intends to hire (including licensees, employees, volunteers, and Home Care Aides) with specific tasks or duties for each position. The Job Descriptions should be relevant to the position for which the person is being hired.

- At a minimum, the following areas must be addressed in each job description:
  - Duties and responsibilities
  - Minimum qualifications, and
  - Lines of supervision (Must include supervision given and to whom, as well as, supervision received and from whom)

B3 – PERSONNEL POLICIES

Personnel Policies must include the following:

- **Abuse Reporting Procedures**: Documentation must indicate that each staff member, volunteer, and home care aide will be informed of their responsibilities to report to appropriate agencies per Health and Safety Code Section 1796.42. Documentation must also include the Home Care Organization's procedures for reporting suspected abuse to the appropriate law enforcement and protective services agencies. Please read section 1796.42 of the Health and Safety Code to ensure you are familiar with your responsibilities to report suspected abuse.
- **Hiring Practices**: Documentation must include the home care organization's plan for informing employees, volunteers, and home care aides that if the job duties include contact with clients, prospective clients, or confidential client information, conditions of their employment or volunteering include:

- Fingerprint clearance,
- Statement of prior criminal convictions, and
- Acknowledgment of requirements to report suspected abuse.

- In addition to the above, conditions of employment as an affiliated Home Care Aide include
  - TB clearance,
  - Entry-level and annual training, and
  - Registration on the Home Care Aide Registry,

NOTE: Home Care Aides are required to be registered on the Home Care Aide Registry, obtain TB clearance, and complete 5 hours of entry-level training before providing services to clients. The Home Care Aide Registry can be found here: Home Care Aide Registry.

NOTE: Other federal and state agencies have requirements that businesses must adhere to in relation to personnel practices, such as minimum wages and Fair Employment Practices. These agencies monitor the business' compliance with applicable laws. CDSS does not enforce other agencies' laws. However, it is important that home care organization applicants contact these agencies to confirm business practices are not in conflict with these agencies' laws.

B4 – TRAINING PLAN

The Home Care Organization applicant must establish a plan for training for Home Care Aides and submit the plan to CDSS at the time of application. For both entry-level and annual training, the plan must include who will be conducting the training, written description of the objectives, and the title and duration of the training as specified and Health and Safety Code Section 1796.44.

The plan must also address the following:

Entry-Level Training

A Home Care Aide must complete a minimum of five (5) hours of entry-level training prior to presence with a client. Training must include the following topics:

- Two (2) hours of orientation training regarding the individual's role as a caregiver and terms of employment; and
- Three (3) hours of safety training, including:
  - Basic safety precautions
  - Infection control
  - Emergency procedures

Annual Training

A Home Care Aide must complete a minimum of five (5) hours of annual training within the first year and each year thereafter. Annual training must relate to core competencies and be population specific. Proposed training must include but not be limited to the following topics:

- Clients rights and safety
- How to provide for and respond to a client's daily living needs
- How to report, prevent, and detect abuse and neglect
- How to assist a client with personal hygiene and other home care services
- How to safely transport a client (if applicable)

Additionally, the Home Care Organization applicant must include a sample training verification log with the training plan. HCSB has created a sample training log, the Registered Home Care Aide Training Log (HCS 500), that can be accessed at: https://www.cdss.ca.gov/inforesources/forms-brochures/forms-alphabetic-list. If you would like to create your own log to submit for approval, you may, however; **at a minimum**, the log must include the following:

- employee name;
- hire date;
- position title;
- registration date;
- training title and brief description of topics covered;
- month/day/year training was completed;
- training hours received;
- Instructor/trainer first and last name (if in-person training);
- organization delivering the training; and
- location of training (if online, please specify website).

B5 – HOME CARE ORGANIZATION PROGRAM DESCRIPTION

The program description may be included in a pamphlet, brochure, or other document(s) provided all of the following elements are included:

- Business hours
- Description of the basic and optional services provided by the Home Care Organization, which includes but is not limited to transportation services
- Description of counties/area where clients are served (attach map if necessary)

B6 – INSURANCE INFORMATION

Applicant must include the following verifications of insurances:

- Certificate of general liability and professional liability insurance in the amount of at least one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) in aggregate.
- Certificate of workers' compensation policy covering affiliated Home Care Aides.
- The certificates must include the following:
  - the policy number,
  - the effective and expiration dates of the policy,
  - the name and address of the carrier,
  - the name and address of the broker or agent, and
  - the policy limits.

Please refer back to page two (2) to ensure you have completed all required documentation before submitting your Home Care Organization Application package. For more information, please go to the Home Care Services Bureau website, located at: https://www.cdss.ca.gov/inforesources/community-care/home-care-services.

If you have additional questions, please contact us by email at HCSB@dss.ca.gov or by phone at 877-424-5778.