Frequently Asked Questions

1. What is the licensing process?

When the Department of social services (CDSS), Community Care Licensing Division (CCLD), Adult and Senior Care Program (ASC), Centralized Application Unit (CAU) receives an application, the application is entered as received into our database and the assigned CAU Analyst makes contact with the applicant via telephone within the first 5 days of receipt of the application. The purpose of the contact is for the assigned CAU analyst to introduce himself/herself to the applicant, informs the applicant of the application process, conducts a quick review of the application for obvious missing documents and inquires about any special circumstances (e.g., construction, termination of a lease, etc.) that may require priority processing or additional coordination with the Regional Office staff. Additionally, the analyst will submit the request for the fire clearance, bank verification of funds clearance and, if appropriate, mail notification to the board members and county or city planning for overconcentration. The analyst will conduct a thorough review of the entire application. Upon completion of the review, the analyst will then generate and mail to the applicant a letter identifying areas of the application that need correction and/or clarification. The analyst will also call the applicant to let them know the review is complete and schedule Component II and Component III. Upon receipt of an approved fire clearance, the analyst requests that the ASC Regional Office schedule a pre-licensing inspection and Component II face to face meeting. In cases where the applicant has other facilities, a review is conducted for any outstanding penalties or fees and compliance history is reviewed and considered before licensing the new facility. Once all outstanding issues are resolved with the application, the analyst will forward the application to the manager for review. If there are no outstanding issues or concerns, the facility will be licensed.

2. What types of Orientations must I attend?

The licensing application process is facilitated by a three step component orientation process. The applicant must attend all three orientations and the administrator must attend Component II and III orientation. An applicant includes any individual, firm, partnership, association, corporation, or limited liability corporation. If the applicant is a limited partnership, only the general partner(s) is required to attend. If the applicant is a
limited liability corporation or a corporation, the individual authorized or designated by
the board resolution or articles of incorporation is required to attend. If the applicant is a
 corporate entity with no designated authority to an administrator, the CEO, COO,
managing member/director or the like must attend.

Component I.
A category specific orientation session which includes an overview of the licensing program, including the laws which govern the program’s inspection and enforcement authority, a description of facility types and a discussion of client populations, a brief explanation of compliance, monitoring and administrative issues and a complete review of the application process, the application required and corresponding regulations.

An applicant who has completed a Component I orientation for a specific facility category is not required to attend a new Component I orientation if the new facility they are applying for is the same category. Written proof of prior attendance must be included with the application. The applicant will be required to attend Component I, Component II and Component III orientations. In addition, the designated administrator/director, if different than the applicant, must attend Component II and Component III.

Component II.
This is an interview with the applicant and the designated administrator/director, if different than the applicant, to discuss the application packet and to ensure that the applicant and designated administrator, or director, understands and is capable of providing the services outlined in the facility program submitted and possesses a basic understanding of statutory and regulatory requirements.

Component III.
A category specific session of requirements and regulation review, with an emphasis on the facility operation and commonly found problem areas. This session will provide the soon to be licensee with sufficient information to operate the facility within substantial compliance, as well as how to avoid common problem areas or pitfalls of a facility operation.

3. How long does it take to get a license?

The Department’s goal is to license a facility within 90 to 120 days. However, there are a number of variables that can affect this timeframe. The variables include securing an approved fire clearance, meeting overconcentration requirements, if there is
4. **What is a pre-licensing inspection?**

Once an approved fire clearance is obtained, the Licensing Program Analyst will schedule an appointment with the applicant to inspect and tour the facility to ensure the facility meets licensing requirements prior to licensure. In some instances a follow-up inspection may be necessary to ensure corrections for compliance have been completed prior to licensure.

5. **What type of experience do I need prior to submitting an application for a licensed residential care facility?**

To be a licensee of a residential care facility needs the commitment to care for the residents and the knowledge of applicable laws and regulations. Both California Health and Safety Code and the California Code of Regulations, Title 22 requires a licensee, whether an individual, partnership, limited liability corporation, or corporation, to be accountable for the general supervision of the licensed facility, and for the establishment of policies concerning its operation. Therefore, best practices recommend an applicant is familiar with all aspects of the care industry, including requirements and responsibilities of advocates, medical personnel, placement agencies, governmental jurisdictions, CCLD, and appropriate accounting policies. Once licensed, an applicant is required to hire and maintain specific qualified personnel, such as an administrator and activities director.

Effective January 1, 2016 an applicant for a Residential Care Facility for the Elderly must complete 80 hours coursework through an approved vendor for a certification program and successful completion of the state-administered examination for administrator. Exception to this would be if the applicant completed an approved certification program within the prior five years or was initially licensed prior to July 1, 1989. If the applicant is a firm, partnership, association, or corporation, the chief executive officer, or other person serving in a like capacity, or the designated administrator of the facility, shall provide evidence of successfully completing an approved certification program.
6. Do I have to hire an administrator prior to licensure?

Although the applicant does not have to actually hire an administrator at the time the application is submitted to the Centralized Application Unit, the applicant must identify and submit documentation on the proposed qualified administrator who will be hired prior to licensure. Please refer to the specific facility category regulations for the specific qualifications.

7. Can a licensee be an administrator?

Yes, provided that the licensee meets the category specific administrator certification and qualification, is able to adequately manage and train staff, and can ensure compliance with regulations.

8. Can I turn in my application before getting my administrator certificate or hiring a qualified administrator?

Yes, however, the facility will not be approved for licensure without written proof of the administrator certification for licensee or verification that a qualified administrator was hired.

9. Can I submit an application prior to securing a facility property?

No, a facility address must be identified on the application.

10. Do I have to own the facility property?

No. An applicant can own, lease or have a long term rental agreement on the facility property. Any change in the property ownership may affect the validity of the license. If the facility is leased or rented, the agreement must include that the owner acknowledges that the property will be used for a community care facility. The applicant is required to maintain control of property at all times.
11. Why does the application process require an owner’s information for leased or rented properties?

Licensing staff may need to contact a property owner if there are questions or conflicts regarding the lease agreement as to California Code of Regulations requirements or resident protections.

12. How do I obtain a fire clearance for the facility?

When your application is accepted by the Centralized Application Unit, a Fire Inspection Request form (Std. 850) is mailed to the fire agency identified on the Local Fire Inspection Authority Information form (LIC 9054). The fire inspector will contact the applicant and schedule an inspection.

13. How is overconcentration determined?

California Health and Safety Code Section 1520.7 requires that specific residential community care facilities cannot be within 300 feet of another residential community care facility. The residential community care facilities include adult residential facilities, social rehabilitation facilities, group homes for children, and small family homes. Residential care facilities for the elderly are excluded from this requirement. Prior to purchasing or identifying a building, an applicant should check the CCLD website link “Find Licensed Care” to determine if another licensed facility is within 300 feet of the property. During the application process, licensing staff must verify the overconcentration status.

14. What happens if there is another residential care facility within 300 feet?

The applicant can contact the local planning department or agency to request approval of a distance of less than 300 feet. If the local planning department or agency denies the request, the facility cannot be licensed. Approval of these requests by local planning departments is extremely rare. Therefore, the applicant should complete this step before submitting an application (to avoid losing the application fees), or choose another location.
15. Can a multi-level facility be licensed?

Yes, if the facility meets the additional fire safety requirements and is approved by the fire inspection authority. The additional requirements may include restrictions on ambulatory status of clients/residents.

16. If a bedroom is large enough, can we have more than two clients?

Generally, this is not permitted by the California Code of Regulations. However, an applicant/licensee can submit a written request for a waiver (a request by an applicant or licensee to a specific regulation) to allow more than two residents to a room. The applicant/licensee needs to justify that the living arrangement benefits the clients.

17. What locations can be used as a temporary relocation site?

Appropriate locations need to be large enough to accommodate clients and staff. Sites may include motels, hotels, Red Cross emergency shelters, and private homes. Licensing does not recommend using another community care facility, due to capacity and fire clearance restrictions.

18. Who needs to submit a physician report with the application?

The applicant, or the designee, and the administrator need to submit physician reports (an LIC602 or LIC602A form) with the application. The report shall be no more than one year old and have original signatures.

19. At the time of the pre-licensing visit, should all rooms be furnished?

Yes, the facility should comply with all licensing requirements and be ready for use. Licensing staff will need to verify adequate furnishings and adequate spacing between the furniture items.
20. At the time of the pre-licensing visit, what food supply is required?

For pre-licensing inspections where no clients/residents are in care, licensing staff will need to verify a seven day supply of non-perishable food in the facility.

21. What is considered to be sufficient start-up funds?

Start-up funds shall be sufficient to meet a minimum of three (3) months operating costs which are readily accessible and in the name of the applicant.

22. What cash resources can be used for start-up funds?

Any verifiable account such as: a checking or savings account; Certificates of Deposit; stocks; bonds; money market accounts; or a line of credit. These account balances will be verified with the financial institution and a credit report.

23. How much money should be allocated for food expense on the Monthly Operating Statement (LIC 401)?

A reasonable amount must always be submitted. However, a good guideline would be to factor at least $200 per person a month for the requested capacity.

24. If I withdraw my application but want to reapply at a later date, can I transfer the application fee?

No, application fees are non-refundable and non-transferable.

25. If, during the application process, I decide to change facility category types, can I transfer the application fee?

No, application fees are non-transferrable and non-refundable.
26. Is the license transferable to another licensee or location?

No, a license is issued to a specific entity (i.e. individual, partnership, corporation, LLC) and for a specific location. If you are considering buying an operating community care facility, contact the local Licensing office for information regarding that facility.

List of local Licensing offices.

27. What rate can I charge per client/resident?

Community Care Licensing does not have purview or authority for setting rates. The California Code of Regulations does not specify the rate for services, only that they must be clearly specified in the written admission agreement. The admission agreement must specify what services are included in the basic rate and what the rates are for optional services. The monthly rate can vary depending on the placement agency, the needs of the clients/residents, and the services provided. A licensee may only charge the government prescribed rate for clients/residents receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP).

28. Who is required to obtain a criminal record clearance?

Pursuant to California Health and Safety Code and prior to the Department issuing a license, the applicant, designee, administrator and any adults 18 years or older, other than a client, residing in the facility shall have a criminal record clearance or exemption. After licensure, criminal record clearances or exemptions are required for all adults residing or working in an adult care facility prior to presence in the facility. In addition, any volunteer who assists clients/residents with their grooming needs and is unsupervised or left alone with clients/residents, is required to obtain a criminal record clearance or exemption prior to presence in the facility.

29. Do I need to be re-fingerprinted if I have a criminal record clearance from another agency, company or outside employer?

Criminal record clearances or fingerprint clearances by Department of Justice and Federal Bureau of Investigation must be conducted specifically through the LiveScan
process for Department of Social Services, Community Care Licensing. If you are cleared to work in another Department of Social Services community care facility and your clearance is still active, your criminal record clearance may be transferrable. Contact your local Licensing office for assistance.

30. How long does it take to obtain a criminal record clearance?

It can take anywhere from several days to a few months if an exemption is necessary. See the attached link for additional information: Exemptions Explained.

31. If I had a conviction for minor violations, does that prevent me from applying for a license?

Not necessarily. If the clearance is not granted, the individual is informed by the Department of Social Services Caregiver Background Check Bureau and provided information regarding the exemption request process. There are some violations the Department cannot exempt but consideration is on a case by case basis.

32. Are there specific requirements for staffing ratios?

With the exception of adult day programs, there are no specific staffing ratios during the day hours. However, the California Code of Regulations states that there shall be a sufficient number of trained staff to meet client or resident needs and for the overall operation of the facility. Licensing can require the licensee to provide additional staff when there is determination that the facility is unable to meet the needs of the clients/residents at their current staffing level.

33. Is staff required to be present in the facility while clients/residents are away?

Residential care facilities are required to provide 24 hour staff coverage, 7 days per week. In instances where all residents are away from the facility, a designated staff person must be available at all times to respond to sick or emergency calls. If a resident is unwilling or cannot attend an outing or day program, it is his or her personal right to remain at the facility and staff must be on duty for care and supervision.
34. Am I required to handle client or resident's money?

No. If you choose not to handle client/resident monies, your plan of operation, including the admission policies, should reflect that clients/residents are capable of handling their own monies. The Affidavit for Client/Resident Cash Resources (LIC 400) form will still need to be submitted with the application.