



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

August 15, 2017

PIN 17-09-CCLD

TO: ALL COMMUNITY CARE PROVIDERS

FROM: *Original signed by Pamela Dickfoss*  
PAMELA DICKFOSS  
Deputy Director  
Community Care Licensing Division

SUBJECT: **TEMPORARY MANAGER CANDIDATE LIST APPLICATION**

**Provider Information Notice (PIN) Summary**

PIN 17-09-CCLD announces the California Department of Social Services' (CDSS) establishment of a Temporary Manager candidate list.

Senate Bill 855, Chapter 29, Statutes of 2014, which added Sections [1546.1](#) and [1569.481](#) to the Health and Safety Code, authorizes the CDSS to take quick, effective action to protect the health and safety of clients of adult community care facilities and Residential Care Facilities for the Elderly and to minimize the effects of transfer trauma that accompany the abrupt transfer of clients by appointing a Temporary Manager to assume the operation of a facility that is found to be in a condition in which continued operation by the licensee or his or her representative presents a substantial probability of imminent danger of serious physical harm or death to the clients. The Temporary Manager shall act as a substitute facility licensee or administrator to bring the facility into compliance with the law, facilitate a transfer of ownership to a new licensee, or ensure the orderly transfer of clients should the facility be required to close.

**TEMPORARY MANAGER CANDIDATE LIST**

In order to better facilitate the selection process of a Temporary Manager, the CDSS is establishing a list of Temporary Manager candidates who have demonstrated, to the satisfaction of the Department, that they meet the following qualifications:

- Be a certified administrator or licensee, or able to hire a certified administrator or licensee.
- Not be the subject of any current or pending actions by the Department or any other state agency nor have ever been excluded from a Department-licensed

facility or had a license or certification suspended or revoked by an administrative action by the Department or any other state agency.

- Currently employ or contract with, or has the ability to promptly contract with, all qualified and criminally cleared staff and other professionals necessary, required by statute and regulation for the operation of an adult community care facility or Residential Care Facility for the Elderly.
- Have a business line of credit.
- Maintain an active email address that will be submitted to the Department.
- Have attained 21 years of age.
- Have the ability to maintain and supervise the maintenance of financial and other records.
- Have the ability to direct the work of others, when applicable.
- Have the ability to assess and establish the facility's plan of operation and budget.
- Have the ability to arrange for health-related services.
- Have knowledge of the requirements for providing care and supervision, including the ability to communicate with the clients that may be served in an adult community care facility or Residential Care Facility for the Elderly.

#### **APPLICATION**

An individual or entity who wishes to be a Temporary Manager candidate and to be placed on the Temporary Manager candidate list must complete the Temporary Manager Candidate List Applicant Information 215TM form and submit the form to [ASCPTemporaryManager@dss.ca.gov](mailto:ASCPTemporaryManager@dss.ca.gov) or mail to:

Centralized Applications Unit  
ATTN: Temporary Manager  
744 P Street, MS 8-3-91  
Sacramento, CA 95814

#### **TEMPORARY MANAGER COMPENSATION**

Total encumbrances and expenditures by the Temporary Manager for the duration of the temporary manager appointment shall not exceed the sum of forty-nine thousand nine hundred ninety-nine dollars (\$49,999) unless approved by the Department in writing pursuant to the applicable Health and Safety Code sections 1546.1(k)(2) or 1569.481(k)(2). In accordance with Health and Safety Code section 1546.1(j)(3) and 1569.481(j)(3), direct costs of the Temporary Manager may exceed the amount specified in Health and Safety code sections 1546.1(j)(2) and 1569.481(j)(2) if the Department is otherwise unable to find a qualified Temporary Manager.

If you have any questions, please contact Claire Matsushita, M.S.W., Adult and Senior Care Program at (323) 981-3860.

# TEMPORARY MANAGER CANDIDATE LIST

## APPLICANT INFORMATION

*This form must be completed by all applicants (i.e., all individuals, each partner in a partnership, or chief executive officer or authorized representative in a corporation) for placement on the Temporary Manager Candidate List. If more space is required, attach additional sheets.*

**APPLICATION FILED BY:**

- INDIVIDUAL** (Fill out A, C through J)
- BUSINESS ENTITY** (Fill out B, E, F, G, J, LIC 309)

### A. IDENTIFYING INFORMATION FOR INDIVIDUAL

Name	Social Security Number (Voluntary For I.D. Only)	Sex (M/F)	Are you 21 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO
Title	Driver's License Number Valid <input type="checkbox"/> YES <input type="checkbox"/> NO	Place Of Birth	
Address		Area Code/Telephone Number	
Other Name(s) Used By Applicant		Email Address (Required)	

### B. IDENTIFYING INFORMATION FOR BUSINESS ENTITY

Name	FEIN	
Contact Person	Title	Email Address (Required)
Address		Area Code/Telephone Number
Other Business Name(s) Used By Applicant		

### C. EDUCATION

Check Highest Completed Grade:

- 1  2  3  4  5  6  7  8  9  10  11  12

Name and Location of High School			Date Completed	GED Date
Name and Location of College	Course Study	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Degree	Date Completed
Name and Location of College	Course Study	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Degree	Date Completed

**D. REFERENCES**

**PERSONAL:** *(please give references, including present and past employers, with knowledge of your administrative ability.)*

Name	Address	Relationship	Telephone
1.			
2.			

**FINANCIAL:** *(please give references with knowledge of financial resources and business practices.)*

Name	Address	Relationship	Telephone
1.			
2.			

**E. LICENSURE STATUS**

Are you now or have you ever been a licensee or co-licensee of a Residential Care Facility for the Elderly, community care, children’s residential or health facility?  YES  NO

**F. BUSINESS EXPERIENCE**

Have you owned or operated any business?  YES  NO

If **yes**, complete the following:

Type	Number of Employees	Your Title	Date Started	Date Ended	Reason for End

Are you a certified administrator?  YES  NO

If **yes**, complete the following:

How long have you been a certified administrator?

Date Certified	Issuing Agency

Are you a member of any professional/technical association?  YES  NO

If **yes**, complete the following:

Association Name	Address



**I. TEMPORARY MANAGER QUALIFICATIONS**

*Individuals or entities seeking appointment as a temporary manager shall be qualified to oversee correction of deficiencies based upon the applicant’s experience and education. An applicant who wishes to be qualified or appointed as a temporary manager shall meet the following requirements:*

*By initialing all items below, I acknowledge that I have read the regulations, understand my responsibilities as a temporary manager and possess the qualifications to be a temporary manager.*

- Be a certified administrator or licensee; or able to hire a certified administrator or licensee.
- The individual or entity shall not be the subject of any current or pending actions by the Department or any other state agency nor have ever been excluded from a Department-licensed facility or had a license or certification suspended or revoked by an administrative action by the Department or any other state agency pursuant to applicable Health and Safety Code section 1546.1(i)(2) or 1569.481(i)(2).
- The individual or entity currently employs or contracts with, or has the ability to promptly employ or contract with, all qualified and criminally cleared staff and other professionals necessary and required by statute and regulation for the operation of an adult community care facility or Residential Facility for the Elderly.
- The individual or entity has a business line of credit.
- The individual or entity maintains an active email address that will be submitted to the Department.
- The individual or entity shall have attained 21 years of age.
- The individual or entity shall have the ability to maintain or supervise the maintenance of financial and other records.
- The individual or entity shall have the ability to direct the work of others, when applicable.
- The individual or entity shall have the ability to assess and establish the facility’s plan of operation and budget.
- The individual or entity shall have the ability to arrange for health related services.
- The individual or entity shall have knowledge of the requirements for providing care and supervision, including the ability to communicate with the clients that may be served in an adult community care facility or Residential Care Facility for the Elderly.

**J. I declare under penalty of perjury that the statements on this form are correct to the best of my knowledge.**

Signature	County Where Signed	Date
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\* Federal law (at Title 5 United States Code Section 552a Note) states that: Any Federal, State, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.