

Application Instructions for A Home Care Organization License



Community Care Licensing Division

Home Care Services Bureau

**Community Care Licensing Division
Home Care Services Bureau**

Application Booklet for a Home Care Organization License

INTRODUCTION

These instructions are intended to help you file an application for a Home Care Organization license. Attached are the instructions for filing the application. Before a license can be issued, the California Department of Social Services (CDSS) must review the information to ensure that you meet the minimum requirements for a license.

The application fee and all Section A and Section B documents must be completed and sent to CDSS as a packet. The application fee is non-refundable. The processing of your application cannot begin until all the forms are filed with CDSS. The page entitled "Section A" has links that will take you directly to each licensing form. If you need additional forms, please visit our website at www.cclid.ca.gov or contact the Home Care Services Bureau. Utilizing and printing the forms via the website ensures that you are using the most current licensing form.

Submit all Section A and Section B documents in the same sequence as they are listed in this application booklet. If the forms are incomplete, CDSS will return the entire packet to you. To prevent delays, be sure that you have all the necessary information completed, properly signed with original signatures, and dated. Please ensure that you make a photocopy of your application packet before you send to CDSS.

SUBMITTING INSTRUCTIONS

When making payment, please send a check or money order payable to the California Department of Social Services. To guarantee proper credit of your payment, please ensure that your Home Care Organization number is listed on the check or money order. Please send your payment, application package and all supporting documents to the California Department of Social Services, Home Care Services Bureau at:

California Department of Social Services
Home Care Services Bureau
M.S. T8-3-90
744 P Street
Sacramento, CA 95814

Please ensure that you keep a copy of the application package in your administration files.

An application is not considered complete and review of your application cannot commence until the application package, supporting documents, and payment is received by the California Department of Social Services.

REGULATIONS

Regulations are currently being developed. Written Directives will be released on or before January 1, 2016.

INFORMATION PRACTICE ACT: This information is requested by the Department of Social Services in compliance with Title 22, Division 6 of the California Code of regulations and Section 1796 et. seq. of Health and Safety Code. Submission of the information is mandatory. The Department is responsible for maintaining the information. Access to this information will be provided unless prohibited by the Information Practice Act of 1977. Certain authorized public and private agencies may have access to this information including county Welfare Departments, Department of Justice, Regional Centers, the Department of Developmental Services and the Department of Mental Health.

Section A

The table below outlines 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

- Ensure that the form is filled out completely and please type or print clearly.
- Form instructions are below:
 1. Applicant(s): Enter the names of the person(s) or organization legally responsible for the Home Care Organization. Enter full names (Individuals enter first, middle name, and last name). If filing a joint application, please ensure that all applicants sign the HCS 200.
 2. Requested Action: Check appropriate box.
 3. Applicant Mailing Address: Enter legal home mailing address of individual(s) and headquarters mailing address of corporations. Major partner enters principal business mailing address. Other partner(s) enter principal business mailing address(es) on Home Care Organization Licensee Applicant Information (HCS 215). Enter the area code with telephone number.
 4. Application Filed By: Check appropriate box.
 5. Home Care Organization Name: Enter the name used to designate the Home Care Organization in this application.
 6. Home Care Organization Street Address: Enter the physical location of the Home Care Organization. If applicant(s) has more than one Home Care Organization, a separate application must be completed for each Home Care Organization. Enter the area code with telephone number.
 7. Home Care Organization Mailing Address: Enter the address where the Home Care Organization will receive all mail sent from the Department.
 8. Designee of the Home Care Organization: Enter the name and title of person who will act as the authorized person of the Home Care Organization to act in the licensee's absence. This person should match a person listed on the Designation of Home Care Organization Responsibility (HCS 308).
 9. Total Number of Home Care Aides: Enter the total number of Home Care Aides that the Home Care Organization anticipates to hire. If applying prior to January 1, 2016, enter the total number of Home Care Aides currently on staff with Home Care Organization.
 10. Business Office Hours: Enter days and hours that the Home Care Organization is open to the public.
 11. Property Ownership: Check the appropriate box.
 - 11a. Control of Property: If applicant(s) is leasing or renting, enter name, address and telephone number of the owner of Home Care Organization premises.
 12. Was this Home Care Organization Previously Licensed?: Check YES or NO. If yes, enter the Home Care Organization name and license number.
 13. Other Facilities: Enter the facility name and number of any 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 or Home Care Organization currently operating.
 - 14 - 17. Statement of Home Care Organization Applicant(s)/Home Care Organization Licensee(s) responsibilities of compliance with all applicable laws and regulations and the signatures of all applicants or authorized person(s). (i.e., General Partners of a Partnership and Chief Executive Officer or Duly Authorized Representative for all Corporations, Public Agencies, etc.)

- All applicants must sign the application, including each general partner.
- Signatures should match the applicant's name, unless the application is a Corporation or Limited Liability Company.
- If a Corporation is applying for license, all persons signing the application must be authorized by the Board Resolution and the Board Resolution must be submitted with this form.
- If the application indicates that the applicant previously held a license for a facility, CDSS will compare the Applicant Information Form (HCS 215) and verify that the applicant is not subject to disciplinary action.

NOTE: For Partnerships, Corporations and Limited Liability Companies, please see Section B1 criteria for additional information.

A2. HCS 215 – HOME CARE ORGANIZATION LICENSEE APPLICANT INFORMATION

- Each applicant must complete a HCS 215 form.
- If more space is needed for any question, please attached additional sheet.
- As specified in Health and Safety Code Section 1796.40, if the applicant previously held a license, held a 10 percent or more beneficial ownership interest, or was an administrator, general partner, corporate officer, or director of a licensed facility, CDSS will research to determine if the applicant is subject to disciplinary action.
- Form instructions are below:
 - o Identifying Information
 1. Name: Enter the names of the person(s) or organization legally responsible for the Home Care Organization. Enter full names (Individuals enter first, middle name, and last name).
 - i. Individuals, each general partner, and Chief Executive Officer or authorized representative of a firm, association, corporation, county, city, public agency or governmental entity must complete Licensee Applicant Information Form (HCS 215). Corporations and other organizations also complete the Partnership/Corporation/Limited Liability Company Organization Structure (HCS 309).
 2. Social Security Number: Enter the Social Security Number of the individual. This is voluntary and for identification purposes only.
 3. Sex: Enter 'M' for Male or "F" for Female.
 4. Date of Birth: Enter the birthday of the individual in MM/DD/YYYY format.
 5. Title: Enter the individual's title held within the Home Care Organization.
 6. Driver's License Number/Identification Card Number: Enter either the driver's license number or identification card number of the individual.
 7. State Issued: Enter the state where either the driver's license number or identification card number was issued.
 8. Alien Registration Card Number: If the individual holds an alien registration card rather than a state issued driver's license or identification card, enter the alien registration card number.
 9. Home Address: Enter legal home address of individual.

10. Area Code/Telephone: Enter the area code with telephone number.

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

o Prior Licensure Status

1. Status of Disciplinary Actions

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

A1. Name and address: Enter the name and address of the facility, 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 Type: Enter the acronym listed below for the specific facility type:

- Licensed Clinic – LC
- Health Care Facility – HCF
- Community Care Facility – CCF
- Residential Care Facility for Persons with Chronic Life-Threatening Illness – RCFCI
- Residential Care Facility for the Elderly – RCFE
- Child Day Care Facility – CDCF
- Day Care Center – DCC
- Family Day Care Home – FDCH
- Employer-Sponsored Child Care Center – ECCC
- Home Care Organization – HCO

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.”

2. Status of License/Registration

B. Administrator/General Partner/Corporate Officer/Director: Check appropriate box. If you have prior or present experience as an administrator, general partner, corporate officer or director, please complete numbers B1-B3.

B1. Name and address: Enter the name and address of the facility, 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, Home Care Organization where you hold/held the position.

B3. Facility Type: Enter the acronym listed below for the specific facility type:

- Health Care Facility – HCF
- Community Care Facility – CCF
- Residential Care Facility for Persons with Chronic Life-Threatening Illness – RCFCI
- Residential Care Facility for the Elderly – RCFE
- Child Day Care Facility – CDCF
- Day Care Center – DCC
- Family Day Care Home – FDCH
- Employer-Sponsored Child Care Center – ECCC
- Home Care Organization – HCO

C. 10% 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, Home Care Organization, or licensed clinic where you hold/held 10% beneficial ownership interest.

C2. Dates of Licensure: Enter the start date and end date of licensure for the facility, Home Care Organization, or licensed clinic hold/held 10% beneficial ownership interest.

C3. Facility Type: Enter the acronym listed below for the specific facility type:

- Licensed Clinic – LC
- Health Care Facility – HCF
- Community Care Facility – CCF
- Residential Care Facility for Persons with Chronic Life-Threatening Illness – RCFCI
- Residential Care Facility for the Elderly – RCFE
- Child Day Care Facility – CDCF
- Day Care Center – DCC
- Family Day Care Home – FDCH
- Employer-Sponsored Child Care Center – ECCC
- Home Care Organization – HCO

D. TrustLine Registry: Check appropriate box.

o Business Experience

A. Work Experience in Home Care Services Industry: Check appropriate box. If you have worked in the Home Care Services Industry within the last five (5) years, in the box below, please provide the Name of

the Business, your title, your start and end dates in MM/DD/YY format, and your reason for leaving.

B. Business Ownership Experience: Check appropriate box. If you have owned, co-owned, or operated any business within the last three (3) years, in the box below, please provide the name of the business, your title, the number of employees, your start and end dates in MM/DD/YY format, and your reason for leaving.

- Signatures should match the applicant's name, unless the application is a Corporation or Limited Liability Company.
- CDSS will compare the Applicant Information Form (HCS 215) and verify that the applicant is not subject to disciplinary action.

A3. HCS 308 – DESIGNATION OF HOME CARE ORGANIZATION RESPONSIBILITY

- At least one individual must be designated as the authorized person of the Home Care Organization to act in the licensee's absence. A LICENSEE CANNOT DESIGNATE HIM OR HERSELF. More than one staff person may be designated on a form.
- If the applicant is a Corporation or a Limited Liability Company, a Board Resolution must authorize the delegation and be submitted with this form.
- Form instructions are below:
 - o Date: Enter the date the HCS 308 form is completed in MM/DD/YY format.
 - o Name: Enter the name of the Home Care Organization.
 - o Number: Enter the Home Care Organization number.
 - o Address: Enter the mailing address for the Home Care Organization with City, State, and Zip Code.
 - o County: Enter the county where the Home Care Organization is located.
 - o Telephone Number: Enter the area code and telephone number of the Home Care Organization.
 - o Designee(s): Have each designee print their full name and sign the form.
 - o Signature Block: The Home Care Organization applicant or Home Care Organization licensee should complete the signature block.

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 application (HCS 200).
- Terms of office should match articles/by-laws.
- Form instructions are below:
 - o 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
 - 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 including city, county, and zip code.
 - 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 mailing address including zip code and their area code and telephone number.
 - 8b. Attachments: Please ensure that a copy of the document showing the foreign corporation for foreign LLC's registration ability to do business in California is attached.
 9. 10% Holding Beneficial Ownership Interest: Please list the names and addresses of all persons who hold a 10 percent or more beneficial ownership interest and their percentage held. If more space is needed, please attach a separate sheet. Also, if ownership interest is indirectly held, provide a diagram showing a chain of ownership and the interests held at each level.
 10. Directors and Managing Members: Please complete numbers 10a – 10d.
 - 10a. Number of Directors/Managing Members: Enter the 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.
 12. 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.
- o Section II: Public Agency
1. Type of Public Agency: Check the appropriate box.

2. 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.
3. District or Area Served: Enter the district or area to be served. If necessary, attach a map of the area served.
4. Attachments: Please ensure that a copy of the Resolution or legal document authorizing the filing of the application package is attached.

o Section III: Partnerships

- Enter the name, telephone number and principle mailing address with city, state, and zip code for each general partner (this address should not be the same as the Home Care Organization). Please attach a separate sheet, if needed.
- Enter the name, title and telephone number of the contact person.

o 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
- Appropriate and legal documents which set forth legal responsibility of the Organization and accountability for operating the Home Care Organization.

A5. HCS 402 – EMPLOYEE DISHONESTY BOND

- An agent of the bonding agency must sign form HCS 402.
- The State of California must be identified as the beneficiary and there must be an effective date and an expiration date.
- The original HCS 402 (original signature) must be sent to the Home Care Services Bureau and a copy must be kept in the Home Care Organization's administrative files.

A6. LIC 508 – CRIMINAL RECORD STATEMENT

- One form per applicant is required.

A7. HCS 9165 – BOARD OR DIRECTORS STATEMENT

- One form is required for every member of the Board of Directors (if applicable). Also, prospective board members must complete and sign this form before joining the board.
- Please type or print clearly and provide all information being requested.
- The signed forms must be kept at the Home Care Organization and must be available to licensing representative for inspection upon request.

- Form instructions are below:

1. Home Care Organization Name: Enter the names of the Home Care Organization where the person is a member of the Board of Directors. It is acceptable to enter this on behalf of the board member. It is acceptable to enter this on behalf of the board member.
2. Home Care Organization Number: Enter the Home Care Organization Number for the Home Care Organization listed in number one and where the person is a member of the Board of Directors. When a corporate licensee has more than one Home Care Organization, it is important that the same Home Care Organization number is used for all board members. This ensures that each and all board members are associated and identified with the correct corporate licensee. It is acceptable to enter this on behalf of the board member.
3. Board Member/Prospective Member Name: Enter the name of the board member or prospective board member.
4. Area Code/Telephone: Enter the telephone number with area code of the board member or prospective board member.
- 5 - 8. Board Member/Prospective Address: Enter the home mailing address, city, state and zip code of the board member or prospective board member.
- 9 - 10. Signature and Date: The board member or prospective board member must sign and date this form.

Section B

The table below outlines 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 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. This information is especially necessary when there are unresolved problems needing attention. CDSS must know who to contact regarding the operation of the Home Care Organization.

• PARTNERSHIP AGREEMENT

- o A written agreement is not necessary for licensing purposes when the partners are husband and wife. However, two individuals not related by marriage are required to provide a Partnership Agreement and any amendments thereto.
- o Only the general partner(s) are to be on the license and must sign the application.
- o The name and mailing address of each general partner is needed.
- o 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.
- o A description of the obligation and duties of each general partner and whether or not each partner can act on behalf of the others. (This information is necessary in order for CDSS to know who is in charge and ultimately responsible for the various functions in the Home Care Organization). Please note that in a Partnership, ultimately, each partner is responsible and liable for the obligations of the license.
- o 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

- o 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.
- o 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. This is viewed only to ensure that no licensing regulations are violated.
 - Board Resolution (to determine which agents will be acting on behalf of the Corporation). Authorization to apply for a license and the person authorized and delegated 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.
 - Public agencies shall provide a copy of the resolution or legal document authorizing application for Home Care Organization licensure.
 - Directors' and officers' names, titles, business address and telephone numbers.
 - Name(s) and address(es) of persons who hold 10 percent or more beneficial interest ownership.
- o 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

- o The Articles of Organization, stamped by the California Office of the Secretary of State, establish that a Limited Liability Company (LLC) applicant is valid and qualifies 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.
- o 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 specify the owners, who will manage the business, how decisions will be made, etc.
 - The names, titles, business addresses, and telephone number of all managing members, managers, and non-managing members who hold a 10 percent or more beneficial ownership interest in the LLC
- o 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 applicant. The Operating Agreement should specify who has such authority and, typically, managers and managing members may act for the LLC. If the 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 Home Care Organization, the applicant must provide CDSS with a Job Description for each classification (including 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.

- The following areas must be addressed in each Job Description:
 - o Duties and responsibilities
 - o Lines of supervision (Must include supervision given and to whom, as well as, supervision received and from whom)

B3. PERSONNEL POLICIES

Personnel Policies should include the following:

- Abuse Reporting Procedures: At a minimum, documentation must indicate that employees will be informed of their responsibilities to report to appropriate agencies per Health and Safety Code Section 1796.42.
- Hiring Practices: Documentation must include informing employees that conditions of their employment include fingerprint clearance, statement of prior criminal convictions, TB clearance, and registration on the 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 their regulations. CDSS does not enforce other agencies’ regulations. However, it is important that applicants contact these agencies to determine that established practices are not in conflict with laws or regulations.

B4. TRAINING PLAN

The Home Care Organization applicant must establish a plan for training for Affiliated 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 proposals on who will be conducting the training, written description of the objectives, and the title and duration of the training as specified in Health and Safety Code Section 1796.44.

- The plan must also address the following:

- o Entry-Level Training

An Affiliated 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 his/her role as a caregiver and terms of employment; and
- Three (3) hours of basic health and safety training, including but not limited to:
 - Infection Control
 - Emergency Procedures

- o Annual Training

An Affiliated Home Care Aide must complete a minimum of five (5) hours of annual training that related 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; and
- How to safely transport a client (if applicable).

Additionally, the Home Care Organization applicant must include a sample training verification log with their training plan. At a minimum, the log must include:

- employees 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) providing that 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;
- Procedure for response to abuse reporting duties; and
- 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 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 proof must consist of the policy number, effective and expiration dates of the policy, and the name and address of the policy carrier.
- The certificates must include the following:
 - o the policy number;
 - o the effective and expiration dates of the policy;
 - o the name and address of the carrier;
 - o the name and address of the broker or agent; and
 - o the policy limits.

Please see page two (2) for submitting instructions. As a reminder, please ensure that you keep a photocopy of your entire application package for your records before you forward it to CDSS.

HAVE YOU REMEMBERED THE FOLLOWING?

- ✓ Is your application (HCS 200) signed and dated by all applicants?
- ✓ Have you completed all supplemental information to operate your Home Care Organization?
- ✓ Have you enclosed your application fee?
- ✓ To prevent delays with processing your application, please be sure that you have all the necessary information completed, properly signed and dated.