

Home and Community Based Services Provider (HCBS) Change in Key Personnel Checklist

Name of Agency: _____

_____ Completed Change in Key Personnel Form

_____ Copy of proposed Administrator's resume

_____ Evidence that proposed Administrator is a resident of Louisiana

_____ Evidence that the proposed Administrator received a high school diploma or equivalent

_____ Evidence that the proposed Administrator has one of the following:

- a) Bachelor's degree, plus a minimum of four years of verifiable experience working in a field providing services to the elderly and/or persons with developmental disabilities; *or*
- b) A minimum of six years of verifiable experience working in a health or social service related business, plus a minimum of four additional years of verifiable experience working in a field providing services to the elderly and/or persons with developmental disabilities; *or*
- c) A RN licensed and in good standing with the LSBN and have at least two years' experience in providing care to the elderly or to adults with disabilities.

_____ Copy of the proposed Administrator's recent criminal background check report, which includes a National Sex Offender Registry check. Report must be completed by a Louisiana State Police authorized agency.

_____ Signature of current Administrator on the Change in Key Personnel Form (cannot be the same as the "proposed administrator". If the current Administrator is not available, please obtain the signature of an owner)