California Department of PublicHealth

Center for Health Care Quality
Licensing and Certification Program
Centralized Applications Branch

Primary Care Clinic (PCC) - Affiliate Mobile
Initial and Change of Ownership Application Checklist

The following is a list of application forms and supporting documents required for a complete application packet. Failure to include each of the forms and documents will delay processing.

Check all that apply: ☐ **Initial License** ☐ **Change of Ownership (CHOW)** ☐ **Medi-Cal**

CHECKLIST AND INSTRUCTIONS - *Please submit your documents in this order*

REQUIRED DOCUMENTS FOR AN INITIAL LICENSE OR CHOW

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Cover Letter	**COVER LETTER** Letter on company letterhead with the following information: • License number (only applicable for CHOW) • Facility name and address • Facility ID number (if known) • Brief description of request • Contact information (name, title, phone number, and e-mail address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider on a 24/7/365 basis for distribution of health alerts. For additional information: CAHAN (https://www.calhospitalprepare.org/cahan) • Signature
	CDPH 611	**LICENSING AND CERTIFICATION FOR AN AFFILIATE PRIMARY CARE CLINIC APPLICATION** [Title 22 California Code of Regulations (CCR) section 75021]

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Supporting Documents	**ORGANIZATIONAL CHART – OWNER TYPE** Submit an organizational chart for the nonprofit corporation. The organizational chart needs to display the following: • Applicant's, directors, board members, and corporate officers **Note:** Submit the HS 215A form for each of these individuals if different from parent clinic
	HS 215A	**APPLICANT INDIVIDUAL INFORMATION** [22 CCR sections 75022, 75025] and [Health and Safety Code (HSC) sections 1212, 1218.1] This form must be completed and signed for the following individuals: • Administrator of the facility • New directors, board members, and corporate officers of the applicant organization **Tips** • Page 1, section A — The date of birth is an identifier, as several people may have the same name. This will ensure that each individual is associated with the correct facility or entity • Page 2, section D — Submit ten years of employment history, indicating the start and end dates of employment, job title, employer name and address. The applicant may submit a resume in lieu of completing section D; however, the resume must contain all required information included in section D • Page 2, section E — If answer yes to any question in this section, complete and attach the facility information sheet

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	HS 215A 3rd Page	**FACILITY INFORMATION SHEET** Each individual (except for the Administrator) must complete and submit the Facility Information Sheet for each facility and/or agency with which the individual has a current or past relationship within the last three years. This sheet must also include any facilities licensed by the California Department of Social Services. The following must be completed for each facility and/or agency: • Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement • Individual's dates of involvement
	Resume	**RESUME** [22 CCR sections 75022(a)(4), 75045(d), 75046(b)] A resume is required for the Administrator
	Letter from Governing Body	**LETTER FROM GOVERNING BODY** A letter with the Administrator's job description approved by governing body is required
	STD 850	**FIRE SAFETY INSPECTION REQUEST** [HSC section 1765.155(a)] • The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHPD Fire Life & Safety (FLS) Inspection approval does not replace this form • If the STD 850 form is not required for a particular mobile clinic, a written statement from the local fire agency must be submitted

REQUIRED DOCUMENTS FOR A MOBILE CLINIC:

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**

	Supporting Documents	**In addition to the above Initial application forms, a PCC – Affiliate Mobile must submit the documents requested below:** [HSC sections 1765.120 through 1765.155]
		
		• A copy of the DMV vehicle registration showing ID, type and manufacturer
		• Department of Housing & Community Development (HCD) Approval
		  ○ Copy of HCD Inspection Approval, or
		  ○ Copy of HCD Insignia
		• A letter verifying the mobile unit is self-contained
		  ○ If the mobile unit is not self-contained, OSHPD approval is only required if the utility hookups originate or pass through any general acute care hospital building
		• The Local Planning/Zoning approval
		  ○ Submit a copy of the Local Planning/Zoning approval
		  ○ If the Local Planning/Zoning approval is not required for a particular mobile clinic, CAB needs a written statement from the Local Planning/Zoning agency

REQUIRED DOCUMENTS FOR A CHOW ONLY:

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Supporting Documents	**In addition to the forms required for an Initial application listed above submit the documents requested below:** [Title 22 CCR sections 75021(3), 75055(e)] • Copy of Purchase Agreement or Operating Transfer Agreement • A letter from the prospective licensee (to CDPH) stating the location where the stored patient medical records will be maintained and affirming the records will be made available to the previous licensee

MEDI-CAL CERTIFICATION DOCUMENTS

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	DHCS 6207	**MEDI-CAL DISCLOSURE STATEMENT** Only complete Section V
	DHCS 9098	**MEDI-CAL PROVIDER AGREEMENT** • Do not leave any questions blank. Enter “same” or “N/A” if not applicable • The mailing address must be the same as reported on CDPH 611, item D.3 • Notarized signature page is required • Submit the "Acknowledgement" page from the notary public
	HS 269	**APPLICATION FOR MEDI-CAL CERTIFICATION AS A PRIMARY CARE CLINIC PROVIDER** Complete, sign and date **Tips** • A Change of Ownership means the non-profit corporation owning and operating the primary care clinic does not

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
		share the same federal tax identification number as the previous number • The HS 269 form requires a National Provider Identifier number in lieu of the Medi-Cal provider number • Page 1, question 4 - the specific type of service, advice, and treatment matches any other document included with your application • Page 1, question 5 - list Medi-Cal as a source of funds
	HS 328	**NOTICE – EFFECTIVE DATE OF PROVIDER AGREEMENT** Submit one copy of this form with original signature