

Rehabilitation Clinics and Physical Speech / Occupational Therapy (OPT/SP) 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 **Medicare**

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

REQUIRED DOCUMENTS FOR AN INITIAL LICENSURE OR CHOW

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Cover Letter	<p>COVER LETTER</p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> • 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

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION [Health and Safety Code (HSC) section 1212]</p> <p>Tips</p> <ul style="list-style-type: none"> • Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN) • Page 3, section C, item 7 — When listing the names of individuals with direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field)
	Supporting Documents	<p>A.11 – OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT (OSHDP) [California Building Code section 1226 and HSC section 1226] AND/OR CERTIFICATE OF OCCUPANCY</p> <p>For newly constructed or a remodeled building, one of the three documents are required:</p> <ul style="list-style-type: none"> • Written certification: a California licensed architect or the local building authority must provide written certification of Title 24 compliance (OSHDP 3 Standards) stating the building meets the current applicable codes and the following building requirements: <ul style="list-style-type: none"> ○ California Building Code (CBC) ○ California Fire Code (CFC) ○ California Electrical Code (CEC) ○ California Mechanical Code (CMC) ○ California Plumbing Code (CPC) ○ California Administrative Code (CAC) • CDPH 270: Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital, to certify the facility conforms to current applicable Title 24 (OSHDP 3 Standards). This form must be signed by a California licensed architect or local building authority

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
		<p>Note: Title 24 compliance does not apply to CHOWs unless there has been construction and/or remodeling.</p> <p>If the facility is newly constructed or a remodeled building, or if this is not a previously licensed facility, submit the following:</p> <ul style="list-style-type: none"> • Submit a Certificate of Occupancy • This is not applicable if there were alterations or repairs to existing buildings performed or conversion of space
	Supporting Documents	<p>FLOOR PLAN</p> <p>Submit a floor plan that describes the requested change of service including a schematic of each room</p>
	Supporting Documents	<p>IRS – INTERNAL REVENUE SERVICE DOCUMENTATION [HSC section 1212(a)]</p> <p>Submit one of the following IRS tax documents showing entity’s legal name and Tax Identification Number:</p> <ul style="list-style-type: none"> • Form 941- (Employer’s Quarterly Federal Tax Return) • Form 8109- C (FTD Address Change) • Letter 147-C (EIN Confirmation Notification) • Form SS-4 (Confirmation Notification)
	Supporting Documents	<p>B.3 – NON-PROFIT STATUS – OWNER TYPE [HSC section 1212(a)]</p> <p>Submit a copy of the IRS Tax Exempt Determination Letter showing the non-profit 501(c)(3) status. (If Applicable)</p>
	Supporting Documents	<p>B.3 – ORGANIZATIONAL CHART – OWNER TYPE [HSC section 1212(a), 1225(c)(3)] [Title 42 Code of Federal Regulations (42 CFR) section 485.709]</p> <p>Submit an organizational chart if the owner is a for profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following:</p>

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
		<ul style="list-style-type: none"> • Applicant's owners, including ownership percentages, Tax IDs/EINs and all directors, board members, corporate officers, LLC, members/managers, and/or partners. Note: Submit the HS 215A form for each of these individuals. • Parent company of applicant, if applicable, and all of the licensed agencies/facilities it is operating- see B.6
	Supporting Documents	<p>B.5.b – LICENSE REVOCATION (if applicable) [HSC section 1212(a)]</p> <p>Submit additional information, including all ownership and facility information, date and any final action, if a license was revoked, placed on probation, suspended or entered in a decertified agreement</p>
	Supporting Documents	<p>B.6 – ORGANIZATIONAL CHART [HSC section 1212(a), 1225(c)(3)] [42 CFR section 485.709]</p> <p>If the licensee is a subsidiary of another organization, include an organizational chart</p>
	Supporting Documents	<p>D.1 - CONTROL OF PROPERTY [HSC section 1212(a)(9)]</p> <p>Submit a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee</p>
	CDPH 609	<p>BED OR SERVICE REQUEST [HSC section 1204(b)(3)]</p> <p>Complete facility information and check the rehabilitation services the facility is requesting to provide</p>

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION [HSC 1212(a)] [42 CFR sections 455 subpart B and 485.56]</p> <p>This form must be completed and signed for the following individuals:</p> <ul style="list-style-type: none"> • Administrator of the facility • Owners, directors, board members, corporate officers (Chief Executive Officer, President, Chief Operating Officer, Chief Financial Officer), LLC members/managers, and partners of the parent, grandparent, great grandparent, and etc. organization, if applicable • Each individual having a beneficial interest of exceeding five percent or more in the applicant organization and/or parent, grandparent, great grandparent, and etc. organization <p>Tips</p> <ul style="list-style-type: none"> • 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 requested in section D • Page 2, section E — If answering yes to any question in this section, complete and attach the facility information sheet

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Supporting Documents	<p>FACILITY INFORMATION SHEET</p> <p>Each individual 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:</p> <ul style="list-style-type: none"> • Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement • Individual's dates of involvement
	Supporting Documents	<p>RESUME [HSC section 1212 (a)]</p> <p>A resume is required for the Administrator, Administrator Designee, Director of Patient Care Services, Director of Patient Care Services Designee, and Medical Director (Medical Director N/A if contracted)</p>
	Supporting Documents	<p>BACHELOR'S DEGREE [HSC section 1212(a), 1225(c)(3)] [42 CFR section 485.705(c)(1)]</p> <ul style="list-style-type: none"> • A bachelor's degree is required for the Administrator • Provide a copy or transcripts from the educational institution
	Supporting Documents	<p>PROFESSIONAL LICENSES/CERTIFICATES [HSC section 1212(a) and 1225(c)(3)] [42 CFR 485.705(a)(1)]</p> <ul style="list-style-type: none"> • An active registered medical license is required for the Medical Director

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
		<ul style="list-style-type: none"> Provide a printout of the current license from the Department of Consumer Affairs (https://search.dca.ca.gov/)
	HS 309 1 st Page	<p>ADMINISTRATIVE ORGANIZATION HSC section 1212(a), 1225(c)(3)] [42 CFR section 485.709]</p> <p>Along with the HS 309, the following supporting documents according to organizational type must be submitted:</p>
	Supporting Documents	<p>CORPORATION [HSC 1212(a)]</p> <ul style="list-style-type: none"> Filing Statement from the Secretary of State (only if Articles of Incorporation are not endorsed by the CA Secretary of State) Articles of Incorporation (Endorsed by CA Secretary of State) By-Laws (Stating the size of boards) List of Board of Directors (only if additional space is needed to input all board of directors) <p>Tip</p> <ul style="list-style-type: none"> Page 1, item 3 — The incorporation date is located in the top right corner of the applicant Articles of Incorporation
	Supporting Documents	<p>LIMITED LIABILITY COMPANY (LLC)</p> <ul style="list-style-type: none"> Filing Statement from the Secretary of State Articles of Organization Operating Agreement List of Board of Directors (only if additional space is needed to input all board of directors)
	HS 309 2 nd Page	<p>ORGANIZATIONAL STRUCTURE</p> <p>Only complete fields that are applicable to applicant's entity type</p>

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
		Tip <ul style="list-style-type: none"> Page 2, item 1 — Health care districts will fill in the circle for other
	Supporting Documents	PUBLIC AGENCY Copy of signed Resolution
	Supporting Documents	PARTNERSHIP [HSC 1212(a)] Copy of signed Partnership Agreement
	Supporting Documents	OUT OF STATE CORPORATIONS [HSC 1212(a)] Copy of the Certificate of Qualifications from the CA Secretary of State allowing the applicant to do business in California
	STD 850	FIRE SAFETY INSPECTION REQUEST [HSC 1225(c)(3)] [42 CFR 485.62(a)(1)][42 CFR section 485.723(a)(1)] The STD 850 form is required. The OSHPD Fire Life & Safety (FLS) Inspection approval does not replace this form. <ul style="list-style-type: none"> This form is not required for a CHOW 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 authority agency must be submitted.

REQUIRED DOCUMENTS FOR A MOBILE CLINIC ONLY

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Housing & Community Development (HCD) Insignia	<p>DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT (HCD) INSIGNIA [HSC sections 1765.120 through 1765.155]</p> <ul style="list-style-type: none"> • Department of Housing and Community Development (HCD) Approval <ul style="list-style-type: none"> ○ Copy of HCD Inspection Approval, or ○ Copy of HCD Insignia
	Vehicle Registration	<p>COPY OF VEHICLE REGISTRATION [HSC sections 1765.120 through 1765.155]</p> <p>Submit copy of DMV registration documents, indicating:</p> <ul style="list-style-type: none"> • Vehicle Identification Number (VIN) • Type of vehicle • Manufacturer
	Self-Contained Letter	<p>SELF-CONTAINED LETTER [HSC sections 1765.120 through 1765.155]</p> <ul style="list-style-type: none"> • Submit a letter or statement on cover 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
	Local Planning/ Zoning Approval	<p>LOCAL PLANNING / ZONING APPROVAL [HSC sections 1765.120 through 1765.155]</p> <ul style="list-style-type: none"> • 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

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	Supporting Documents	<p>In addition to the forms required for an Initial application listed above submit the documents requested below: [HSC section 1212(a)]</p> <ul style="list-style-type: none"> • Copy of Purchase Agreement or Operating Transfer Agreement • Interim Management Agreement (If applicable) • A letter from the prospective licensee (to CDPH) stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee

MEDI-CAL CERTIFICATION DOCUMENTS

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	HS 328	<p>NOTICE – EFFECTIVE DATE OF PROVIDER AGREEMENT</p> <p>Submit one copy of the HS 328 form with original signature</p>
	CMS 855A	<p>MEDICARE GENERAL ENROLLMENT HEALTH CARE PROVIDER/SUPPLIER APPLICATION</p> <ul style="list-style-type: none"> • This application is from the Federal Department of Health and Human Services • The completed application should be mailed directly to the appropriate fiscal intermediary
	DHCS 6207	<p>MEDI-CAL DISCLOSURE STATEMENT</p> <p>Only complete section V</p>

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	DHCS 9098	<p>MEDI-CAL PROVIDER AGREEMENT</p> <ul style="list-style-type: none"> Do not leave any questions blank. Enter “same” or “N/A” if not applicable The mailing address must be the same as reported on the HS 200 form, section C, Page 3, item 4 Notarized signature page is required Submit the "Acknowledgement" page from the notary public

MEDICARE CERTIFICATION DOCUMENTS

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	CMS 1561	<p>HEALTH INSURANCE BENEFITS AGREEMENT</p> <p>Submit two (2) signed forms with “original” signatures:</p> <ul style="list-style-type: none"> Initial Application: Sign the top signature block entitled “Accepted for the Provider of Services By” CHOW: Sign the bottom signature block entitled “Accepted for the Successor Provider of Services By”
	HHS 690	<p>ASSURANCE OF COMPLIANCE</p> <ul style="list-style-type: none"> The Office of Civil Rights (OCR) online portal is: Office for Civil Rights (https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf) Once the online submission is completed, an electronic notification from OCR stating the Assurance of Compliance form was submitted successfully will be received by the applicant Submit a copy of this notification

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	CMS 1856	<p>REQUEST FOR CERTIFICATION IN THE MEDICARE AND/OR MEDICAID PROGRAM TO PROVIDE OUTPATIENT PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY SERVICES</p> <p>Submit a copy of the CMS 1856</p>