

Intermediate Care Facility (ICF) Management Company Initial 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.

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

REQUIRED DOCUMENTS FOR MANAGEMENT COMPANY

<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"> • 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) • Contact Information for the Privacy Officer or Designee responsible for submitting and responding to medical breach incidents (name, title/position, mailing address, phone number, and email address) • Signature

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	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION [Health & Safety Code (HSC), sections 1265.3 and 1267.5]</p> <p>A.1.C - Management Company</p> <ul style="list-style-type: none"> • Complete A.1.C for a management company <p>C.1.A - Management Company</p> <ul style="list-style-type: none"> • Complete C.1.a and submit attachment E-1 <p>C.1.b - “Interim” Management Company Agreement</p> <ul style="list-style-type: none"> • This question is “N/A” for a management company <p>Signature</p> <p>“Original” signature is required and must be signed by the Management Company representative (Not the facility Administrator)</p>
	Supporting Documents	<p>B.3 – ORGANIZATIONAL CHART – OWNER TYPE [HSC section 1265]</p> <p>Submit an organizational chart if the management company owner is a for profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following:</p> <ul style="list-style-type: none"> • Management Company’s owners, including ownership percentages, Tax ID/EIN # 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>E. & Attachment E.1.- MANAGEMENT COMPANY Information</p> <ul style="list-style-type: none"> • Skilled Nursing Facility and Intermediate Care Facility management company applicants must complete this Attachment • Submit a copy of the management agreement

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	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION [HSC section 1265.3 and 1267.5]</p> <p>This form must be completed for the following individuals and include original signatures:</p> <ul style="list-style-type: none"> • Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant Management Company • Each individual having a beneficial interest of exceeding five percent in the Management Company organization <p>Tip</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 included in section D • Page 2, section E – If answering yes to any question in this section, complete and attach the facility information sheet

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	Supporting Documents	<p>FACILITY INFORMATION SHEET</p> <p>If you checked Yes to any question on Section E, 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 Service. 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
	HS 309 1 st Page	<p>ADMINISTRATIVE ORGANIZATION</p> <p>Along with the HS 309, the following supporting documents according to the organizational type must be submitted:</p>
	Supporting Documents	<p>CORPORATION</p> <ul style="list-style-type: none"> • Filing Statement from the Secretary of State • Articles of Incorporation • By-Laws • 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 • In addition to this page, corporations are required to complete Item 5 on page 2

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	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 Managing Members (only if additional space is needed to input all managing members) <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 Articles of Organization • Ensure the operating agreement identifies the Capital Contributions, which lists each individual and/or entity that is contributing to the LLC
	HS 309 2 nd Page	<p>ORGANIZATIONAL STRUCTURE</p> <p>Only complete fields that are applicable to applicant's entity type.</p> <p>Tip</p> <ul style="list-style-type: none"> • Page 2, item 1 — Health care districts will fill in the circle for other
	Supporting Documents	<p>PUBLIC AGENCY</p> <p>Copy of signed Resolution</p>
	Supporting Documents	<p>PARTNERSHIP</p> <p>Copy of signed Partnership Agreement</p>