

## Adult Day Health Center (ADHC) Report of Change Application Checklist for Change of Location

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 A CHANGE OF LOCATION

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions (Each form listed also has instructions on the form)</b>
	Cover Letter	<p><b>COVER LETTER</b></p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> <li>• License number</li> <li>• Facility name and address</li> <li>• Facility ID number (if known)</li> <li>• Brief description of request</li> <li>• Previous and proposed/new location</li> <li>• Contact information (name, title, phone number, and e-mail address)</li> <li>• 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: <a href="https://www.calhospitalprepare.org/cahan">CAHAN</a> (https://www.calhospitalprepare.org/cahan)</li> <li>• Signature</li> </ul>

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	Pre-Screened Approval Letter	<p><b>Pre-Screened Approval Letter</b></p> <ul style="list-style-type: none"> <li>• Required for Community-Based Adult Services (CBAS) Programs Only</li> <li>• This letter is issued by the California Department of Aging and only required for CBAS participants</li> <li>• Not required for Program of All-inclusive Care for the Elderly (PACE) Organizations</li> </ul>
	HS 200	<p><b>LICENSURE &amp; CERTIFICATION APPLICATION</b> [Health and Safety Code (HSC) section 1575.2] [Title 22 California Code of Regulations (CCR) section 78205(a)(8)]</p> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• Page 3, section C, item 7 — When listing the names of individuals owning direct or indirect ownership of the facility in section C, provide the EIN (do not enter a social security number in this field)</li> </ul>
	Supporting Documents	<p><b>A.11 - CONSTRUCTION</b> [HSC section 1575.2] [22 CCR section 78501(a)(1) and (b)]</p> <p>Submit one of the following:</p> <ul style="list-style-type: none"> <li>• <b>Evidence of compliance</b> with local building code requirements or</li> <li>• <b>Certificate of Occupancy</b> issued by the local building authority</li> </ul> <p><b>Note:</b> ADHCs are not subject to architectural plan review by the Office of Statewide Health Planning and Development</p>

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions</b> (Each form listed also has instructions on the form)
	Supporting Documents	<p><b>D.1 - CONTROL OF PROPERTY</b></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>
	HS 602	<p><b>TRANSFER AGREEMENT</b> [22 CCR section 78205(a)(12)]</p> <p>Copy of current written transfer agreement with a hospital that meets the requirements of the California Code of Regulations</p> <ul style="list-style-type: none"> <li>• May submit a CDPH 5000 Program Flex if Transfer Agreement cannot be obtained.</li> </ul> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>• The facility administrator may sign this form</li> <li>• The facility may not have a provider number yet and this line may be left blank</li> </ul>
	ADH 0006	<p><b>STAFFING/SERVICES ARRANGEMENT</b> [22 CCR section 78205(a)(11)]</p> <p>Submit a copy of the ADH 0006</p>
	ADH 0007	<p><b>PROPOSAL TO SHARE SPACE</b> [HSC section 1578 and 1578.1]</p> <p>If your facility will share space according to HSC section 1578 and 157.1, submit a copy of the ADH 0007</p>
	STD 850	<p><b>FIRE SAFETY INSPECTION REQUEST</b> [HSC section 1574.7(b)] [22 CCR section 78409]</p> <p>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 &amp; Safety (FLS) Inspection approval does not replace this form</p>

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	Map and Floor Plans	<p><b>MAP AND FLOOR PLANS</b> [22 CCR sections 78205(a)(8), 78501, 78503, and 78505]</p> <ul style="list-style-type: none"> <li>• Submit a map identifying the ADHC service area</li> <li>• The physical plant accommodations, general building requirements and space requirements               <ul style="list-style-type: none"> <li>○ Submit a detailed and legible floor plan of the “existing” or “proposed” ADHC indicating square footage of each of the areas to be used and noting where basic services will be provided so it can be determined if these requirements have been met. The floor plan should indicate:                   <ol style="list-style-type: none"> <li>1. Office space</li> <li>2. Bathrooms (e.g., number of toilets in each bathroom), and</li> <li>3. Entrances and emergency exits, and outdoor areas</li> </ol> </li> </ul> </li> </ul>