

Chronic Dialysis Clinic (CDC), End Stage Renal Disease (ESRD), and Chronic Dialysis Clinic/End Stage Renal Disease (CDC/ESRD) Report of Change Application Checklist for Change of Stock Transfer

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 STOCK TRANSFER

<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 email 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
	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION Health and Safety Code (HSC) section 1212(a) Title 42 Code of Federal Regulations (CFR) section 494.180(j) CDC and CDC/ESRD Only: [HSC section 1225(c)(1)] [42 CFR 424.516]</p>

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		<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>B.3 - ORGANIZATIONAL CHART – OWNER TYPE [HSC 1212 (a) and 1225(c)(1)] [42 CFR 494.180]</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> <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
	Stock Purchase Agreement	<p>STOCK PURCHASE AGREEMENT [HSC 1212(a)]</p> <p>Copy of the signed Purchase Agreement</p>
	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION [42 CFR 420.206 and 455.104 and 494.180]</p> <p>This form must be completed for the following individuals:</p> <ul style="list-style-type: none"> • Any new owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization

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		<ul style="list-style-type: none"> • Any new individual having a beneficial interest of 5 percent or more in the applicant organization and/or parent 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 included in Section D • Page 2, section E — If answering yes to any question in this section, complete and attach the facility information sheet
	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
	HS 309 1 st Page	<p>ADMINISTRATIVE ORGANIZATION [HSC section 1212(a), 1225(c)(1)] [42 CFR 494.180]</p> <p>Along with the HS 309, the following supporting documents according to organizational type must be submitted:</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)
	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
	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)
	HS 309 2 nd Page	<p>ORGANIZATIONAL STRUCTURE</p> <p>Only complete fields that are applicable to applicant's entity type</p>
	Supporting Documents	<p>PUBLIC AGENCY</p> <p>Copy of signed Resolution</p>
	Supporting Documents	<p>PARTNERSHIP [HSC section 1212 (a)]</p> <p>Copy of signed Partnership Agreement</p>

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)
	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 • Notarized signature page is required • Submit the "Acknowledgement" page from the notary public, if applicable

MEDICARE CERTIFICATION DOCUMENTS

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	CMS 855A	<p>MEDICARE ENROLLMENT APPLICATION- INSTITUTIONAL PROVIDERS</p> <p>If the majority owner is changing and the agency accepts Medicare, an updated agreement with the new majority owner’s signature is required.</p> <ul style="list-style-type: none"> • This application is from the U.S Department of Health and Human Services • The completed application should be mailed directly to the appropriate fiscal intermediary