

## Chemical Dependency Recovery Hospital (CDRH) Report of Change Application Checklist for Change of Service

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:

**Add Service/Equipment Change**

**Close/Remove Service**

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

### REQUIRED DOCUMENTS TO ADD SERVICE / EQUIPMENT CHANGE

<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>• 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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	HS 200	<p><b>LICENSURE &amp; CERTIFICATION APPLICATION</b> [Title 22 California Code of Regulations (CCR) section 79101(d)(e)]</p> <p><b>Tip</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 with 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> [22 CCR section 79105]</p> <p>Submit <b>evidence of compliance</b> with local building code requirements whether or not construction occurred</p>
	Written Request	<p><b>SUPPLEMENTAL POLICY</b> [22 CCR section 79101(d)]</p> <p>Provide a detailed written listing of services offered or provided by the hospital. The detailed written listing shall include but not be limited to:</p> <ul style="list-style-type: none"> <li>• Age range of patients for whom care will be provided</li> <li>• Classifications of chemical dependencies to be treated</li> <li>• Descriptions of each of the specific elements of the overall treatment program</li> <li>• All proposed modifications to existing approved treatment programs</li> </ul>
	CDPH 709	<p><b>CLIENT ACCOMMODATION ANALYSIS</b></p> <ul style="list-style-type: none"> <li>• Complete this form in its entirety</li> <li>• Must be signed</li> </ul>

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	Supporting Documents	<p><b>FLOOR PLAN</b></p> <p>Submit a floor plan that describes the requested change of service including a schematic of each room</p>
	STD 850	<p><b>FIRE SAFETY INSPECTION REQUEST</b> [22 CCR section 79105]</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>

**REQUIRED DOCUMENTS TO CLOSE A FACILITY OR REMOVE A SERVICE**

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	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>• Indicate the facility or service being closed</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> (<a href="https://www.calhospitalprepare.org/cahan">https://www.calhospitalprepare.org/cahan</a>)</li> <li>• Signature</li> </ul>
	HS 200	<p><b>LICENSURE &amp; CERTIFICATION APPLICATION</b> [22 CCR section 79101(e)]</p> <p><b>Tip</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 with 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>