California Department of PublicHealth

Center for Health Care Quality
Licensing and Certification Program
Centralized Applications Branch

Congregate Living Health Facility (CLHF) and Pediatric Day Health and Respite Care Facility (PDHRC) Report of Change Application Checklist for Change of Service

The following is a list of forms and supporting documents required for a complete application packet. Failure to include each of the forms or documents will delay processing.

Check all that apply: ☐ **Add service** ☐ **Remove service**

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

REQUIRED DOCUMENTS TO ADD OR REMOVE A SERVICE

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Cover Letter	**COVER LETTER** **PDHRC**: [Health and Safety Code (HSC) section 1763.4] Letter on company letterhead with the following information: • License number • Facility name and address • Facility ID number (if known) • Brief description of request: Indicate the type of service you would like to add or remove. If adding the Transitional Health Care Needs Optional Service Unit, please specify your request for this service here • 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

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
		Note: For PDHRCs who opt to provide services to individuals 22 years of age and older, the PDHRC must apply and be approved to operate a Transitional Health Care Needs Optional Service Unit by requesting this service as listed above
	HS 200	**LICENSURE & CERTIFICATION APPLICATION** **CLHF and PDHRC**: [Title 22 of the California Code of Regulations (CCR) section 72201(b)] **CLHF:** [HSC section 1267.13(n)] **PDHRC:** [HSC section 1760.4(c)] **Tips:** • 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 owning 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	**A.5 - TYPE OF FACILITY** **CLHF and PDHRC**: [HSC section 1250(i)(2)(A), (B) and (C)] Under Subsection (o) specify which of the following services the applicant will be providing: • **CLHF A:** Services for individuals, who are mentally alert, physically disabled individuals who may be ventilator dependent • **CLHF B:** Services for individuals who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness; or both • **CLHF C:** Services for individuals who are catastrophically and severely disabled. Services offered to a catastrophically disabled person shall include, but not be limited to speech, physical, and occupational therapy

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Supporting Documents	**A.11 - CONSTRUCTION** **CLHF:** [HSC section 1267.19] **PDHRC:** [HSC section 1761.8] Submit **evidence of compliance** with local building code requirements whether or not construction occurred **Note:** PDHRCs and CLHFs are not subject to architectural plan review by the Office of Statewide Health Planning and Development.
	STD 850	**FIRE SAFETY INSPECTION REQUEST** **CLHF and PDHRC**: [22 CCR section 72505] **CLHF:** [HSC section 1267.13(a)(b)] **PDHRC:** [HSC section 1761.2] If there is any construction, 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