California Department of PublicHealth

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

General Acute Care Hospital and Acute Psychiatric Hospital Report of Change Application Checklist for Change of Bed

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/Reactivate/Remove** ☐ **Suspend**

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

REQUIED DOCUMENTS TO ADD/REACTIVATE/ REMOVE A BED(S)

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** Letter on company letterhead with the following information: • License number • Facility name and ID number (if known) • Brief description of request • Requested bed type • 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: California Health Alert Network (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)**
	HS 200	**LICENSING & CERTIFICATION APPLICATION** (Title 22 California Code of Regulations (CCR) Section 70107)

	Supporting Documents	**A.11-OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT (OSHPD) AND/ OR CERTIFICATE OF OCCUPANCY CONSTRUCTION**
		(Title 22 CCR Sections 70109, 70115, 70801, & 70803)
		(Health and Safety Code (HSC) 1765.150(b))
		
		If the facility is newly constructed or a remodeled building, or if this is not a previously licensed facility contact OSHPD or the local building authority for Title 24 clearance.
		
		• For on-site location
		  ○ Submit OSHPD Certificate of Occupancy (CO), Construction Final (CF) or Substantial Completion (SC)
		• For off-site location
		  ○ Submit CO from local building authority
		  ○ Submit CDPH 270- Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital
		  ▪ Signed by OSHPD or local building official
		• For adding a mobile unit not self-contained and utility hookups originate or pass through any GACH building or adding a mobile unit providing inpatient services
		  ○ Submit OSHPD CO, CF, or CS
		• For adding a self-contained mobile unit
		  ○ Submit a letter verifying the mobile unit is self-contained

	Supporting Documents	**D.1-CONTROL OF PROPERTY (only required for new property)** Submit a signed copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement.
	Supporting Documents	**CMS APPROVAL (only required for swing beds)** Submit documentation from CMS approving the requested number of swing beds.

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**

	CDPH 609	**BED OR SERVICE REQUEST**
		
		Top of page:
		• Under the “Existing Beds” category:
		  ○ Include the bed count next to the applicable bed type
		• Under the "Requested Beds" category:
		  ○ Include the new total bed count(s)
		  ○ The "Approved Capacity" field should be left blank

	CDPH 709	**CLIENT ACCOMMODATION ANALYSIS** • Complete this form in its entirety • Must be signed
	Supporting Documents	**Floor Plan** Submit a floor plan that describes the requested change of beds including a schematic of the room(s).
	STD 850	**FIRE SAFETY INSPECTION REQUEST** (Title 22 CCR Section 70745) **(not required for swing beds)** The STD 850 form is required. The OSHPD Fire Life & Safety (FLS) Inspection approval does not replace this form. When the fire authority uses a different form, it will need to contain equivalent information as the STD 850 form.

REQUIRED DOCUMENTS TO SUSPEND A BED(S)

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** (HSC 1271.1) Letter on company letterhead with the following information: • Requested bed type and bed count • Requested dates of suspension must be one year or less (e.g., 03/08/19-03/07/20) • Ability to reactivate beds within 24-hours • Reason for suspension