

## General Acute Care Hospital and Acute Psychiatric Hospital Change of Management Company Application Checklist

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 MANAGEMENT COMPANY

<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 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> (<a href="https://www.calhospitalprepare.org/cahan">https://www.calhospitalprepare.org/cahan</a>)</li> <li>• Signature</li> </ul>
	HS 200	<p><b>LICENSING &amp; CERTIFICATION APPLICATION</b> (Title 22 California Code of Regulations (CCR) section 70107)</p> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>• Page 2, section B, item 6 — An organization must own 100% of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN)</li> </ul>

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		<ul style="list-style-type: none"> <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>B.3-ORGANIZATIONAL CHART – OWNER TYPE</b></p> <p>Submit an organizational chart if the owner is a profit, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following:</p> <ul style="list-style-type: none"> <li>Applicant’s owners, directors, board members, corporate officers, LLC members/managers, and partners <b>Note:</b> Submit the HS 215A form for each of these individuals</li> <li>Management company of applicant, if applicable, and all of their facilities</li> <li>Parent company of applicant, if applicable, and all of the licensed agencies/facilities they are operating (see B.6)</li> </ul>
	Supporting Documents	<p><b>E.11-MANAGEMENT COMPANY AGREEMENT</b> (HSC section 1265)</p> <p>Facilities operated under a Management Agreement between the licensee and a management company must complete and submit Attachment E-1 (Management Company Information) on HS200 along with a copy of the Management Agreement. The Management Agreement must state that the licensee is responsible for the hospital.</p>
	Supporting Documents	<p><b>IRS- INTERNAL REVENUE SERVICE DOCUMENTATION</b> (if applicable)</p> <p>Submit <b>one</b> of the following IRS tax documents showing entity’s legal name and Tax Identification Number:</p> <ul style="list-style-type: none"> <li>Form 941- Employer’s Quarterly Federal Tax Return</li> <li>Form 8109-C- FTD Address Change</li> <li>Letter 147-C- EIN Confirmation Notification</li> </ul>

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		<ul style="list-style-type: none"> <li>Form SS-4- Confirmation Notification</li> </ul>
	HS 215A	<p><b>APPLICANT INDIVIDUAL INFORMATION</b> (Title 22 CCR section 70107) (HSC section 1265.1(b))</p> <p>This form must be completed and signed for the following individuals:</p> <ul style="list-style-type: none"> <li>Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization and/or Management Company</li> <li>Each individual having a beneficial interest exceeding 10% in the applicant organization and/or parent organization</li> </ul> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>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</li> <li>Page 2, section D — Submit ten years of employment, indicating the term 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 requested in section D</li> <li>Page 2, section E — If answering yes to any question in this section, complete and attach the facility information sheet</li> </ul>
	Supporting Documents	<p><b>FACILITY INFORMATION SHEET</b></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. The following must be completed for each facility and/or agency:</p>

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		<ul style="list-style-type: none"> <li>• Facility name</li> <li>• Facility address</li> <li>• Type of facility</li> <li>• Type of business entity (include EIN Number)</li> <li>• Individual's nature of involvement</li> <li>• Individual's dates of involvement</li> <li>• This sheet must also include any facilities licensed by the California Department of Social Services</li> </ul>
	HS 309 1 <sup>st</sup> Page	<p><b>ADMINISTRATIVE ORGANIZATION</b></p> <p>Along with the HS 309, depending on organizational type, the following supporting documents must be submitted:</p>
	Supporting Documents	<p><b>CORPORATION</b></p> <ul style="list-style-type: none"> <li>• Filing Statement from the Secretary of State</li> <li>• Articles of Incorporation</li> <li>• By-Laws</li> <li>• List of Board of Directors (only if additional space is needed to input all board of directors)</li> </ul> <p><b>Tip</b></p> <ul style="list-style-type: none"> <li>• Page 1, item 3 — The applicant can find the incorporation date located in the top right corner of the Articles of Incorporation</li> </ul>
	Supporting Documents	<p><b>LIMITED LIABILITY COMPANY (LLC)</b></p> <ul style="list-style-type: none"> <li>• Filing Statement from the Secretary of State</li> <li>• Articles of Incorporation</li> <li>• Operating Agreement</li> <li>• List of Managing Members (only if additional space is needed to input all managing members)</li> </ul>

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	HS 309 2 <sup>nd</sup> Page	<p><b>ORGANIZATIONAL STRUCTURE</b></p> <p>Only complete fields that are applicable to applicant's entity type.</p> <p><b>Tip</b></p> <ul style="list-style-type: none"> <li>• Page 2, item 1 — Health care districts will fill in the circle for other</li> </ul>
	Supporting Documents	<p><b>PUBLIC AGENCY</b></p> <p>Copy of signed Resolution.</p>
	Supporting Documents	<p><b>PARTNERSHIP</b></p> <p>Copy of signed Partnership Agreement.</p>