

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

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: Facility Service

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

REQUIRED DOCUMENTS TO RELOCATE A FACILITY OR SERVICE

<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 • Facility name and ID number (if known) • Brief description of request • Previous and proposed/new location • 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

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	HS 200	<p>LICENSING & CERTIFICATION APPLICATION (Title 22 California Code of Regulations (CCR) section 70107)</p> <p>Tips:</p> <ul style="list-style-type: none"> • 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). • 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	<p>A11-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) section 1765.150(b))</p> <p>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.</p> <ul style="list-style-type: none"> • For on-site location <ul style="list-style-type: none"> ○ Submit OSHPD Certificate of Occupancy (CO), Construction Final (CF) or Substantial Completion (SC) • For off-site location <ul style="list-style-type: none"> ○ Submit CO or “Building Inspection Record Card” from local building authority ○ Submit CDPH 270- Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ Submit OSHPD CO, CF, or CS

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		<ul style="list-style-type: none"> • For adding a self-contained mobile unit <ul style="list-style-type: none"> ○ Submit a letter verifying the mobile unit is self-contained <p>Tips:</p> <ul style="list-style-type: none"> • On form CDPH 270 make sure the form lists the correct address and suite number, if applicable • OSHPD regulates the design of hospitals. If you have any questions regarding California Building Standards Code, refer to OSHPD or your local building authority
	Supporting Documents	<p>D.1-CONTROL OF PROPERTY (only required for new property)</p> <p>Submit a signed copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee.</p>
	CDPH 709	<p>CLIENT ACCOMMODATION ANALYSIS (only required for on-site location)</p> <p>Complete this form in its entirety</p> <p>Tip</p> <ul style="list-style-type: none"> • Sign and date this form
	Supporting Documents	<p>FLOOR PLAN</p> <p>Submit a floor plan that coincides with the room schematics on the CDPH 709</p> <p>If CDPH 709 is not required, submit a floor plan of the new location including a schematic of the room(s).</p>

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	STD 850	<p>FIRE SAFETY INSPECTION REQUEST (Title 22 CCR section 70745) (not required for swing beds)</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 & Safety (FLS) Inspection approval does not replace this form.</p>
	Notice of Relocation	<p>RELOCATION TO OFF-CAMPUS SITE</p> <ul style="list-style-type: none"> • Letter to local county Board of Supervisors indicating a 30-day advance notice of relocation • Submit a copy of the public posting that indicates notice of relocation

MEDI-CAL CERTIFICATION DOCUMENTS

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	DHCS 9098	<p>MEDI-CAL PROVIDER AGREEMENT (only required for changes to the business or pay-to address)</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