

Home Health Agency Report of Change Application Checklist for Change of Location

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 LOCATION

<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 email 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>LICENSURE & CERTIFICATION APPLICATION [Title 22 California Code of Regulation (CCR) section 74661] [Health and Safety Code (HSC) section 1728]</p> <p>Tips</p> <ul style="list-style-type: none"> • 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 with 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>D.1 - CONTROL OF 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>
	CMS 1572 (a)&(b)	<p>HOME HEALTH AGENCY SURVEY AND DEFICIENCY REPORT</p> <ul style="list-style-type: none"> • The CMS 1572 form is required • Complete pages (a) and (b), items 1-20, as indicated on the form <p>Note: If licensed “only”, the CMS 1572 form is required to document the services requested and to assist the local district office with the survey process. If requesting certification, the CMS 1572 form is required to apply for Medicare certification.</p>
	CMS 855A Page 23	<p>GEOGRAPHICAL AREAS OF HHA [Title 22 CCR sections 74607, 74663, and 74664]</p> <ul style="list-style-type: none"> • The service area of a parent HHA may not extend beyond four (4) hours surface travel time from the agency unless the agency serves a rural, scarcely populated area

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		<ul style="list-style-type: none"> • Submit a list of the geographical areas (including cities, counties & zip codes) to be served • Submit a web-based map

MEDI-CAL CERTIFICATION DOCUMENTS

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	DHCS 9098	MEDICAL PROVIDER AGREEMENT <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

MEDICARE CERTIFICATION DOCUMENTS

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	CMS 855A	MEDICARE GENERAL ENROLLMENT HEALTH CARE PROVIDER/SUPPLIER APPLICATION <ul style="list-style-type: none"> • This application is from the Federal Department of Health and Human Services • The completed application should be mailed directly to the appropriate fiscal intermediary
	HHS 690	ASSURANCE OF COMPLIANCE <ul style="list-style-type: none"> • OCR's online portal is: Office for Civil Rights (https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf) • Once the on-line submission is completed, an electronic notification from OCR stating the “Assurance of

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
		<p>Compliance form was submitted successfully"-will be received by the applicant</p> <ul style="list-style-type: none"> • Submit a copy of this notification