

Home Health Agency Report of Change Application Checklist for Change of Stock Transfer

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 STOCK TRANSFER

| <i>Use this space to check if included</i> | Forms and supporting documents | Additional Instructions (Each form listed also has instructions on the form) |
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| | 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 • 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 |
| | HS 200 | <p>LICENSURE & CERTIFICATION APPLICATION [Title 22 California Code of Regulations (CCR) section 74661 and 74667(b)(3); (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 |

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| | | <p>company. This parent company will have its own Employer Identification Number (EIN)</p> <ul style="list-style-type: none"> • 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>B.3 - ORGANIZATIONAL CHART – OWNER TYPE [CCR sections 74661(a)(7) and 74667(b)(3) (HSC section 1728)]</p> <p>Submit an organizational chart if the owner is a for profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following:</p> <ul style="list-style-type: none"> • Applicant’s owners, including ownership percentages, Tax IDs/EINs and all directors, board members, corporate officers, LLC members/managers, and/or partners Note: Submit the HS 215A form for each of these individuals • Parent company of applicant, if applicable, and all of the licensed agencies/facilities it is operating - see B.6 |
| | Stock Purchase Agreement | <p>STOCK PURCHASE AGREEMENT [HSC section 1728]</p> <p>Copy of the signed Purchase Agreement</p> |

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| | HS 215A | <p>APPLICANT INDIVIDUAL INFORMATION [CCR section 74661 (a)(5) & 74665 (HSC section 1728)]</p> <p>This form must be completed and signed for the following individuals:</p> <ul style="list-style-type: none"> • Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization • Each individual having a beneficial interest of five percent or more in the applicant organization and/or parent organization <p>Tips</p> <ul style="list-style-type: none"> • 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 • Page 2, section D — Submit ten years of employment history, indicating the start and end dates 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 • Page 2, section E — If answering yes to any question in this section, complete and attach the facility information sheet |
| | Supporting Documents | <p>FACILITY INFORMATION SHEET</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. This sheet must also include any facilities licensed by the California Department of Social Services. The following must be completed for each facility and/or agency:</p> <ul style="list-style-type: none"> • Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement |

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| | | <ul style="list-style-type: none"> Individual's dates of involvement |
| | HS 309 1 st Page | <p>ADMINISTRATIVE ORGANIZATION [22 CCR section 74661]</p> <p>Along with the HS 309, depending on organizational type, the following supporting documents must be submitted:</p> |
| | Supporting Documents | <p>CORPORATION</p> <ul style="list-style-type: none"> Filing Statement from the Secretary of State Articles of Incorporation By-Laws List of Board of Directors (only if additional space is needed to input all board of directors) <p>Tip</p> <ul style="list-style-type: none"> Page 1, item 3 — The incorporation date is located in the top right corner of the applicant Articles of Incorporation |
| | Supporting Documents | <p>LIMITED LIABILITY COMPANY (LLC)</p> <ul style="list-style-type: none"> Filing Statement from the Secretary of State Articles of Organization Operating Agreement List of Managing Members (only if additional space is needed to input all managing members) |
| | HS 309 2 nd Page | <p>ORGANIZATIONAL STRUCTURE</p> <p>Only complete fields that are applicable to applicant's entity type</p> |
| | Supporting Documents | <p>PUBLIC AGENCY</p> <p>Copy of signed Resolution</p> |
| | Supporting Documents | <p>PARTNERSHIP</p> <p>Copy of signed Partnership Agreement</p> |

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| | HS 322 | <p>TRANSMITTAL APPLICATION FOR CRIMINAL BACKGROUND INVESTIGATION [HSC section 1728.1(a)(2)(A)]</p> <p>Submit the HS 322 form for the following individuals:</p> <ul style="list-style-type: none"> • Owners with a five percent or more direct or indirect ownership • Note: Mail this form to the address indicated on the form |
| | CDPH 325 | <p>CRIMINAL RECORD CLEARANCE SUBMISSIONS [HSC section 1728.1(a)(2)(A)]</p> <p>Submit the CDPH 325 form with for the following individuals' names listed on the form:</p> <p>Owners with a five percent or more direct or indirect ownership</p> |
| | BCIA 8016 | <p>REQUEST FOR LIVE SCAN SERVICE</p> <p>For out-of-state fingerprint clearance, contact the Centralized Applications Branch at (916) 552-8632 or by e-mail: CAB@cdph.ca.gov</p> <p>Instructions for completion of the BCIA 8016 form are available on the Attorney General's website: https://oag.ca.gov/fingerprints</p> <p>Refer to the "Sample" BCIA 8016 form on the L&C "Applications for a Home Health Agency" website: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/HealthAgency-HHA.aspx</p> <p>The ORI# must be "A1226." Submit the BCIA 8016 form for the following individuals:</p> <p>Owners (having a five percent or more ownership)</p> |

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) |
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| | DHCS 9098 | <p>MEDI-CAL PROVIDER AGREEMENT</p> <p>Note: If the majority owner is changing and the agency accepts Medi-Cal, an updated agreement with the new majority owner's signature is required.</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 |

MEDICARE 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) |
|--|---------------------------------------|--|
| | CMS 855A | <p>MEDICARE GENERAL ENROLLMENT HEALTH CARE PROVIDER/SUPPLIER APPLICATION</p> <p>Note: If the majority owner is changing and the agency accepts Medicare, an updated agreement with the new majority owner's signature is required</p> <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 |