

Hospice Agency Report of Change Application Checklist for Change of Geographical Service Area

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.

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

REQUIRED DOCUMENTS TO CHANGE GEOGRAPHICAL SERVICE AREA

| <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 |
| | HS 200 | <p>LICENSURE & CERTIFICATION APPLICATION [Health and Safety Code (HSC) section 1748(b)]</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) |
| | <p>CMS 855A (Page 23 Only)</p> | <p>GEOGRAPHIC SERVICE AREA</p> <ul style="list-style-type: none"> • Submit a list of the geographical areas (including cities, counties, and zip codes) to be served • Submit a web-based map • Hospice agencies must obtain prior approval of an expansion of their geographic service area from the Centers for Medicare and Medicaid Services (CMS) and the California Department of Public Health, Licensing & Certification Program |