Intermediate Care Facility/Developmentally Disabled Nursing (ICF/DD-N)
ICF/DD-Continuous Nursing (ICF/DD-CN)
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

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Cover Letter	**COVER LETTER** Letter on company letterhead with the following information: • License number • Facility name and address • Facility 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

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	HS 200	**LICENSURE & CERTIFICATION APPLICATION** **Tips** • 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 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	**A.11 - BUILDING CLEARANCE OR CERTIFICATE OF OCCUPANCY** If construction, submit building clearance or Certificate of Occupancy issued by the local building authority
	Supporting Documents	**D.1 - CONTROL OF PROPERTY** Submit a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee
	HS 602	**TRANSFER AGREEMENT** Copy of current written transfer agreement with a hospital or health facility that meets the requirements of the CCR **Tips** • The facility administrator may sign this form

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	STD 850	**FIRE SAFETY INSPECTION REQUEST** If there is construction, 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

MEDI-CAL CERTIFICATION DOCUMENTS

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	DHCS 9098	**MEDI-CAL PROVIDER AGREEMENT** • 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
	CMS 3070G	**INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION SURVEY REPORT** This is a "survey" report. The applicant only needs to complete the top portion of the form - the remainder will be completed during the survey