Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N)
ICF/DD-Continuous Nursing (ICF/DD-CN)
Initial and Change of Ownership Application Checklist

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.

Check all that apply**:** ☐ **Initial License** ☐ **Change of Ownership (CHOW)** ☐ **Medi-Cal**

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

REQUIRED DOCUMENTS FOR AN INITIAL LICENSE OR CHOW

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 • 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)**
	Supporting Documents	**DDS Approved Program Plan** Submit a copy of the approved program plan from Department of Developmental Services (DDS)
	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	**B.2 - IRS INTERNAL REVENUE SERVICE DOCUMENTATION** Submit **one** of the following IRS tax documents showing entity's legal name and Tax Identification Number: • Letter 147-C - (EIN Confirmation Notification) • Form 941 - (Employer's Quarterly Federal Tax Return) • Form 8109-C - (FTD Address Change) • Form SS-4 - (Confirmation Notification)

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Supporting Documents	**B.3 - ORGANIZATIONAL CHART – OWNER TYPE** Submit an organizational chart if the owner is a profit corporation, nonprofit corporation, limited liability company (LLC), or general partnership. The organizational chart needs to display the following: • 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 they are operating- see B.6
	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 215A	**APPLICANT INDIVIDUAL INFORMATION** This form must be completed for the following individuals and include original signatures: • Administrator of the facility and Administrator Designee • Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization and/or Management Company • Each individual having a beneficial interest of exceeding 10 percent or more in the applicant organization and/or parent organization **Tips** • 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

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
		• 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	**FACILITY INFORMATION SHEET** 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 Service. The following must be completed for each facility and/or agency: • Facility name • Facility address • Type of facility • Type of business entity (include EIN Number) • Individual's nature of involvement • Individual's dates of involvement
	Supporting Documents	**RESUME** A resume is only required for the Administrator(s) and Administrator Designee
	HS 309 1st Page	**ADMINISTRATIVE ORGANIZATION** Along with the HS 309, the following supporting documents according to organizational type must be submitted:

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Supporting Documents	**CORPORATION** • 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) **Tip** • Page 1, item 3 — The incorporation date is located in the top right corner of the applicant Articles of Incorporation
	Supporting Documents	**LIMITED LIABILITY COMPANY (LLC)** • 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 2nd Page	**ORGANIZATIONAL STRUCTURE** Only complete fields that are applicable to applicant's entity type **Tip** • Page 2, item 1 — Health care districts will fill in the circle for other
	Supporting Documents	**PUBLIC AGENCY** Copy of signed Resolution
	Supporting Documents	**PARTNERSHIP** Copy of signed Partnership Agreement

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Criminal Record Clearance Letter	**CRIMINAL RECORD CLEARANCE LETTER** • Submit a copy of the clearance letter to California Department of Public Health (CDPH), Centralized Applications Branch (CAB) • To receive the criminal record clearance letter, you must complete the BCIA 8016 form located on the Office of Attorney General (OAG) website for the owners and Administrator. For detailed instructions refer to the OAG website or instructions on the form itself. The "ORI" code must be "A1226" • **Do not** submit the BCIA 8016 form to CDPH, CAB
	CDPH 322	**TRANSMITTAL APPLICATION FOR CRIMINAL RECORD CLEARANCE** Complete the CDPH 322 form for the following individuals: • Owners with a five percent or more direct or indirect ownership • Administrator • Administrator's Designee **Note:** Mail this form to the address indicated on the form
	CDPH 325	**CRIMINAL RECORD CLEARANCE SUBMISSIONS** Submit the CDPH 325 form with for the following individuals' names listed on the form: • Owners with a five percent or more direct or indirect ownership • Administrator • Administrator's Designee

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Supporting Documents	**CONSULTANT LETTER** If a consultant requests to be exempt from having to obtain multiple background checks, a letter signed by the licensee owners or officers must be submitted stating that the following criteria have been met: • Is employed as a consultant and acts as direct care staff • Is a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or speech-language pathologist • Has obtained a criminal record clearance as a prerequisite to holding a license or certificate to provide direct care services • Has a license or certificate to provide direct care services that is in good standing with the appropriate licensing or certification board • Is providing time-limited specialized clinical care or services • Is not left alone with a client
	HS 400	**AFFIDAVIT REGARDING PATIENT MONEY** • Mark either A or B box. If B is checked, enter the amount of patient monies managed and submit the bond required on form HS 402 • If handling $750 or less a minimum bond of $1,000 is required **Tips** • If you are a sole proprietor, you would enter your legal name • Even though the form allows the applicant to indicate that they will not handle any money, this is not an option if an ICF/DD or ICF/DD-H wishes to be “Certified”. You are required to obtain a bond for at least $1,000 • If the application is for a change of ownership, the amount handled must be the same or more than the amount of the Audit and Receipt of patient monies

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
		• If the money you are going to handle is outside the table, your bond should be $1,000 more. For example, you will handle $25,000, your required bond amount will be $26,000
	HS 402	**SURETY BOND VERIFICATION** • Confirm that the HS 402 form is a CDPH form and not Social Services • Is signed by the bonding agency • Submit a copy of the bond **Tips** • Please check the upper right-hand corner of this form to ensure you are submitting the CA Department Public Health form (not the Department of Social Services' form) • Licensee name dba Facility name is acceptable • Submit the original form with the embossed seal on all documents
	HS 602	**TRANSFER AGREEMENT** Copy of current written transfer agreements **Tips** • The facility administrator may sign this form • The facility may not have a provider number yet and this line may be left blank
	DHCS 1051	**CIVIL RIGHTS COMPLIANCE REVIEW** Send directly to Office of Civil Rights – address is on last page of the 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 (not applicable for a CHOW unless 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

REQUIRED DOCUMENTS FOR A CHOW ONLY

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	Supporting Documents	**All of the forms required for an "Initial" application listed above in addition to the documents requested below:** • Copy of "Purchase Agreement" or "Operating Transfer Agreement" • When applicable, written verification (with amount) by public accountant, accounting for all patient monies transferred to the custody of the new licensee. If none, need statement from current licensee that they did not handle resident monies • When applicable, copy of receipt (with amount) signed by the new licensee in exchange for such monies • A letter from the current and prospective licensee (to CDPH) stating where the stored patient medical records will be maintained, and that the records or copies will be made available to both new and former licensee

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)**
	HS 328	**NOTICE – EFFECTIVE DATE OF PROVIDER AGREEMENT** If applying for both Medi-Cal and Medicare certification, only submit one copy of this form

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
	DHCS 6207	**MEDI-CAL DISCLOSURE STATEMENT** Section V only