

Outpatient Physical Therapy/Speech-Language Pathology Providers (OPT/SP) Report of Change Application Checklist for Change of Indirect Ownership

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 INDIRECT OWNERSHIP

<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 address • Facility 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

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	HS 200	<p>LICENSURE & CERTIFICATION APPLICATION [Title 42 Code of Federal Regulations (CFR) section 485.709]</p> <p>Tip</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>B.3 – ORGANIZATIONAL CHART – OWNER TYPE [42 CFR sections 485.709(a)]</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
	Supporting Documents	<p>B.6 – ORGANIZATIONAL CHART [42 CFR sections 485.709(a)]</p> <p>If licensee is a subsidiary of another organization, an organizational chart must be submitted</p>
	Supporting Documents	<p>INDIRECT OWNERSHIP PURCHASE AGREEMENT</p> <p>Submit a purchase, merger, transfer, or sales agreement</p>

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION [42 CFR sections 455.101, 455.104, 485.709(a)]</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 (Chief Executive Officer, President, Chief Operating Officer, Chief Financial Officer), LLC members/managers, and partners of the parent, grandparent, great grandparent, and etc. organization, if applicable • Each individual having a beneficial interest of exceeding five percent or more in the applicant organization and/or parent, grandparent, great grandparent, and etc. 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>

<i>Use this space to check if included</i>	Forms and supporting documents	Additional Instructions (Each form listed also has instructions on the form)
		<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 • Individual's dates of involvement
	HS 309 1 st Page	<p>ADMINISTRATIVE ORGANIZATION [42 CFR section 485.709(a)]</p> <ul style="list-style-type: none"> • Corporations complete page one • Do not submit any attachments
	HS 309 2 nd Page	<p>ORGANIZATIONAL STRUCTURE</p> <p>Only complete fields that are applicable to applicant's entity type</p> <p>Tip</p> <ul style="list-style-type: none"> • Page 2, item 1 — Health care districts will fill in the circle for other