

Primary Care Clinic (PCC) - Consolidated Initial 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** **Medi-Cal**

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

REQUIRED DOCUMENTS FOR AN INITIAL LICENSE

<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"> • Proposed Parent Clinic <ul style="list-style-type: none"> ○ Facility name and address ○ Facility ID number (if known) ○ Brief description of request ○ Statement that the PCC is in compliance with the following: <ul style="list-style-type: none"> ▪ There is a single governing body for all the facilities maintained and operated by the licensee ▪ There is a single administration for all the facilities maintained and operated by the licensee ▪ There is a single medical director for all the facilities maintained and operated by the licensee, with a single set of bylaws, rules and regulations ○ Corporation name and administrative office address ○ Contact information for Chief Executive Officer or Executive Director, and Medical Director (name, title, and phone number) ○ Contact information (name, title, phone number, and email address)

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		<ul style="list-style-type: none"> ○ 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) ● Consolidated Clinic <ul style="list-style-type: none"> ○ Facility name and address ○ Facility ID number (if known) ○ Hours of operation ○ Services provided ○ National Provider Identifier (NPI) ○ 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

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	OSHPD and/or Certificate of Occupancy	<p>A.11 - OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT (OSHPD) [California Building Code section 1226 and Health and Safety Code (HSC) section 1217, 1218.1, 1226.3] AND/OR CERTIFICATE OF OCCUPANCY [Title 22 CCR section 75060]</p> <p>For newly constructed or a remodeled building, one of the three documents are required:</p> <ul style="list-style-type: none"> • Written certification: A California licensed architect or the local building authority must provide written certification of Title 24 compliance (OSHPD 3 Standards) stating the building meets the current applicable codes and the following building requirements: <ul style="list-style-type: none"> ○ California Building Code (CBC) ○ California Fire Code (CFC) ○ California Electrical Code (CEC) ○ California Mechanical Code (CMC) ○ California Plumbing Code (CPC) ○ California Administrative Code (CAC) • CDPH 270: Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital, to certify the facility conforms to current applicable Title 24 (OSHPD 3 Standards). This form must be signed by a California licensed architect or local building authority • Plan of Modernization: Approved by OSPHD <p>If construction occurred and if the construction resulted in a new building or addition:</p> <ul style="list-style-type: none"> • Submit a Certificate of Occupancy • This is not applicable if there were alterations or repairs to existing buildings performed or conversion of space

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	Organizational Chart	<p>ORGANIZATIONAL CHART – OWNER TYPE [HSC section 1212]</p> <p>Submit an organizational chart for the nonprofit corporation. The organizational chart needs to display the following:</p> <ul style="list-style-type: none"> • Single governing body, including the board of directors, for all the facilities operated and maintained by the licensee • Single administration for all the facilities operated and maintained by the licensee • Single Medical Director for all the facilities operated and maintained by the licensee <p>Note: Submit the HS 215A form for each new individual</p>
	Control of Property	<p>CONTROL OF PROPERTY [HSC section 1212]</p> <p>Submit a signed copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee</p>
	HS 215A	<p>APPLICANT INDIVIDUAL INFORMATION [22 CCR sections 75022, 75025] [HSC section 1212]</p> <p>This form must be completed and signed for the following individuals:</p> <ul style="list-style-type: none"> • Administrator of the facility • New directors, board members, and corporate officers of the applicant organization <p>Note: Corporate officers as defined in the By-Laws</p> <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;

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		<p>however, the resume must contain all required information requested in section D</p> <ul style="list-style-type: none"> • 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 • Individual's dates of involvement
	STD 850	<p>FIRE SAFETY INSPECTION REQUEST [22 CCR section 75061]</p> <p>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</p>

MEDI-CAL CERTIFICATION DOCUMENTS

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	DHCS 6207	<p>MEDI-CAL DISCLOSURE STATEMENT</p> <p>Only complete Section V</p>
	DHCS 9098	<p>MEDI-CAL PROVIDER AGREEMENT</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 for the consolidated clinic on cover letter • Notarized signature page is required • Submit the "Acknowledgement" page from the notary public, if applicable
	HS 328	<p>NOTICE – EFFECTIVE DATE OF PROVIDER AGREEMENT</p> <p>Submit one copy of the HS 328 form with original signature</p>