California Department of PublicHealth

Center for Health Care Quality
Licensing and Certification Program
Centralized Applications Branch

Primary Care Clinic (PCC) - Consolidated Mobile 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

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:
		• Proposed Parent Clinic
		  ○ Facility name and ID number (if known)
		  ○ Brief description of request
		  ○ Statement that the PCC is in compliance with the following:
		  ▪ 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 e-mail address)

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		○ 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 • Consolidated Clinic ○ Facility name and Identification number (if known) ○ Hours of operation ○ Services provided ○ National Provider Identifier (NPI) ○ Statement verifying the Mobile unit is self-contained ▪ If the mobile unit is not self-contained, OSHPD approval is only required if the utility hookups originate or pass through any general acute care hospital building ○ 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

	Organizational Chart	**ORGANIZATIONAL CHART – OWNER TYPE** [Health and Safety Code (HSC) section 1212] Submit an organizational chart for the nonprofit corporation. The organizational chart needs to display the following: • 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 **Note:** Submit the HS 215A form for each new individual
	Control of Property	**CONTROL OF PROPERTY** [Health and Safety Code (HSC) section 1212] 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
	HS 215A	**APPLICANT INDIVIDUAL INFORMATION** [Title 22 California Code of Regulations (CCR) sections 75022, 75025] [Health and Safety Code (HSC) section 1212] This form must be completed and signed for the following individuals: • Administrator of the facility • New directors, board members, and corporate officers (Chief Executive Officer (CEO), President, Chief Operations Officer (COO), Chief Financial Officer (CFO)), of the applicant 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 • 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
	HS 215A 3rd Page	**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 Services. 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
	STD 850	**FIRE SAFETY INSPECTION REQUEST** [HSC section 1765.155(a)] • 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 • If the STD 850 form is not required for a particular mobile clinic, a written statement from the local fire agency must be submitted
	Vehicle Registration	**COPY OF VEHICLE REGISTRATION** [HSC sections 1765.120(a), 1218.1(b)(7)] Submit copy of DMV registration documents, indicating: • Vehicle Identification Number (VIN) • Type of vehicle • Manufacturer

	Housing & Community Development (HCD) Insignia	**DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT (HCD) INSIGNIA**
		[HSC section 1765.120(b)]
		• Department of Housing and Community Development (HCD) Approval
		  ○ Copy of HCD Inspection Approval, or
		  ○ Copy of HCD Insignia

	Local Planning/ Zoning Approval	**LOCAL PLANNING / ZONING APPROVAL** [HSC section 1765.155] • Submit a copy of the Local Planning/Zoning approval • If the Local Planning/Zoning approval is not required for a particular mobile clinic, CAB needs a written statement from the Local Planning/Zoning agency

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 6207	**MEDI-CAL DISCLOSURE STATEMENT** Complete section V of the DHCS 6207 only
	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 for the consolidated clinic on the cover letter • Notarized signature page is required • Submit the "Acknowledgement" page from the notary public, if applicable

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form listed also has instructions on the form)**
	HS 269	**APPLICATION FOR MEDI-CAL CERTIFICATION AS A PRIMARY CARE CLINIC PROVIDER** Complete, sign and date **Tip** • A Change of Ownership means the non-profit corporation owning and operating the primary care clinic does not share the same federal tax identification number as the previous number • The HS 269 form requires a National Provider Identifier number in lieu of the Medi-Cal provider number • Page 1, question 4 - the specific type of service, advice, and treatment matches any other document included with your application • Page 1, question 5 - list Medi-Cal as a source of funds
	HS 328	**NOTICE – EFFECTIVE DATE OF PROVIDER AGREEMENT** Submit one copy of the HS 328 form with original signature