

## Primary Care Clinic (PCC) - Mobile 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

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions (Each form listed also has instructions on the form)</b>
	Cover Letter	<p><b>COVER LETTER</b></p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> <li>• License number</li> <li>• Facility name and address</li> <li>• Facility ID number (if known)</li> <li>• Brief description of request</li> <li>• Contact information (name, title, phone number, and e-mail address)</li> <li>• 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: <a href="https://www.calhospitalprepare.org/cahan">CAHAN</a> (https://www.calhospitalprepare.org/cahan)</li> <li>• Signature</li> </ul>
	HS 200	<p><b>LICENSURE &amp; CERTIFICATION APPLICATION</b> [Title 22 California Code of Regulations (CCR) section 75021]</p> <p><b>Tips:</b></p> <ul style="list-style-type: none"> <li>• Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent</li> </ul>

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		company. This parent company will have its own Employer Identification Number (EIN)
	Supporting Documents	<p><b>B.3 - ORGANIZATIONAL CHART – OWNER TYPE</b> Submit an organizational chart, for the nonprofit corporation. The organizational chart needs to display the following:</p> <ul style="list-style-type: none"> <li>• Applicant’s directors, board members, and corporate officers</li> <li>• Parent company of applicant, if applicable, and all of the licensed agencies/facilities they are operating- see B.6</li> </ul> <p><b>Note:</b> Submit the HS 215A form for each of these individuals</p>
	Supporting Documents	<p><b>B.3 - NON-PROFIT STATUS – OWNER TYPE</b> [Health and Safety Code (HSC) section 1204(a)(1)(A)(B)] [22 CCR section 75022(a)(3)]</p> <p>Submit a copy of the IRS Tax Exempt Determination Letter showing the non-profit 501(c)(3) status</p>
	Supporting Documents	<p><b>B.5 - LICENSE REVOCATION (if applicable)</b></p> <p>Submit additional information, including all ownership and facility information, date and any final action</p>
	Supporting Documents	<p><b>B.6 - ORGANIZATIONAL CHART</b></p> <p>If licensee is a <b>subsidiary</b> of another organization, an organizational chart must be submitted</p>
	HS 215A	<p><b>APPLICANT INDIVIDUAL INFORMATION</b> [HSC section 1212] [22 CCR sections 75022, 75025]</p> <p>This form must be completed for the following individuals and include original signatures:</p> <ul style="list-style-type: none"> <li>• Administrator of the facility</li> <li>• Applicant Organization <ul style="list-style-type: none"> <li>○ Directors, board members, corporate officers (CEO, President, COO, CFO), LLC</li> </ul> </li> </ul>

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		<p>members/managers and partners of the applicant organization</p> <ul style="list-style-type: none"> <li>• Parent Company (if applicable) <ul style="list-style-type: none"> <li>○ Directors, board members, corporate officers, LLC members/managers, and partners of the parent organization</li> </ul> </li> </ul> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• Page 2, section E — If answer yes to any question in this section, complete and attach the facility information sheet</li> </ul>
	<p>HS 215A 3<sup>rd</sup> Page</p>	<p><b>FACILITY INFORMATION SHEET</b></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"> <li>• Facility name</li> <li>• Facility address</li> <li>• Type of facility</li> <li>• Type of business entity (include EIN Number)</li> <li>• Individual's nature of involvement</li> <li>• Individual's dates of involvement</li> </ul>

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	Supporting Documents	<p><b>RESUME</b> [22 CCR section 75022(a)(4), 75045(d), 75046(b)]</p> <ul style="list-style-type: none"> <li>• A resume is required for the Administrator, Administrator Designee, Director of Patient Care Services, Director of Patient Care Services Designee, and Medical Director (Medical Director N/A if contracted)</li> </ul>
	HS 309 1 <sup>st</sup> Page	<p><b>ADMINISTRATIVE ORGANIZATION</b> [22 CCR section 75022(a)(2)]</p> <p>Along with the HS 309, the following supporting documents according to organizational type must be submitted:</p>
	Supporting Documents	<p><b>CORPORATION</b></p> <ul style="list-style-type: none"> <li>• Articles of Incorporation endorsed by CA Secretary of State</li> <li>• Filing Statement from CA Secretary of State only if Articles of Organization are not endorsed by the CA Secretary of State</li> <li>• By-Laws stating size of the Board</li> <li>• List of Board of Directors (only if additional space is needed to input all board of directors)</li> </ul> <p><b>Tip</b></p> <ul style="list-style-type: none"> <li>• Page 1, item 3 — The applicant can find the incorporation date located in the top right corner of the Articles of Incorporation</li> </ul>
	HS 309 2 <sup>nd</sup> Page	<p><b>ORGANIZATIONAL STRUCTURE</b></p> <p>Only complete fields that are applicable to applicant's entity type</p> <p><b>Tip</b></p> <ul style="list-style-type: none"> <li>• Page 2, item 1 — Health care districts will fill in the circle for other</li> </ul>

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	STD 850	<p><b>FIRE SAFETY INSPECTION REQUEST</b> [HSC section 1765.155(a)]</p> <ul style="list-style-type: none"> <li>• 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 &amp; Safety (FLS) Inspection approval does not replace this form</li> <li>• If the STD 850 form is not required for a particular mobile clinic, a written statement from the local fire agency must be submitted</li> </ul>

**REQUIRED DOCUMENTS FOR A MOBILE CLINIC:**

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions</b> <b>(Each form listed also has instructions on the form)</b>
	Supporting Documents	<p><b>In addition to the above Initial application forms, a PCC – Affiliate Mobile must submit the documents requested below:</b> [HSC sections 1765.120 through 1765.155]</p> <ul style="list-style-type: none"> <li>• A copy of the DMV vehicle registration showing ID, type &amp; manufacturer</li> <li>• Department of Housing &amp; Community Development (HCD) Approval <ul style="list-style-type: none"> <li>○ Copy of HCD Inspection Approval, or</li> <li>○ Copy of HCD Insignia</li> </ul> </li> <li>• A letter verifying the mobile unit is self-contained <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> <li>• The Local Planning/Zoning approval <ul style="list-style-type: none"> <li>○ Submit a copy of the Local Planning/Zoning approval</li> <li>○ 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</li> </ul> </li> </ul>

**REQUIRED DOCUMENTS FOR A CHOW ONLY:**

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions (Each form listed also has instructions on the form)</b>
	Supporting Documents	<p><b>All of the forms required for an Initial application listed above in addition to the documents requested below:</b> [22 CCR sections 75021(3), 75055(e)]</p> <ul style="list-style-type: none"> <li>• Copy of Purchase Agreement or Operating Transfer Agreement</li> <li>• A letter from the prospective licensee (to CDPH) stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee</li> </ul>

**MEDI-CAL CERTIFICATION DOCUMENTS**

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions (Each form listed also has instructions on the form)</b>
	DHCS 6207	<p><b>MEDI-CAL DISCLOSURE STATEMENT</b></p> <p>Complete Section V of the DHCS 6207 only</p>
	DHCS 9098	<p><b>MEDI-CAL PROVIDER AGREEMENT</b></p> <ul style="list-style-type: none"> <li>• Do not leave any questions blank. Enter “same” or “N/A” if not applicable</li> <li>• The mailing address must be the same as reported on HS 200 form, item C.4 on page 3</li> <li>• Notarized signature page is required</li> <li>• Submit the "Acknowledgement" page from the notary public, if applicable</li> </ul>
	HS 269	<p><b>APPLICATION FOR MEDI-CAL CERTIFICATION AS A PRIMARY CARE CLINIC PROVIDER</b></p> <p>Complete, sign and date</p> <p><b>Tip</b></p> <ul style="list-style-type: none"> <li>• A Change of Ownership means the non-profit corporation owning and operating the primary care clinic does not</li> </ul>

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		<p>share the same federal tax identification number as the previous number</p> <ul style="list-style-type: none"> <li>• The HS 269 form requires a National Provider Identifier number in lieu of the Medi-Cal provider number</li> <li>• Page 1, question 4 - the specific type of service, advice, and treatment matches any other document included with your application</li> <li>• Page 1, question 5 - list Medi-Cal as a source of funds</li> </ul>
	HS 328	<p><b>NOTICE – EFFECTIVE DATE OF PROVIDER AGREEMENT</b></p> <p>Submit one copy of the HS 328 form with original signature</p>