

Primary Care Clinic (PCC) - Affiliate 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>	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 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
	CDPH 611	<p>LICENSING AND CERTIFICATION FOR AN AFFILIATE PRIMARY CARE CLINIC APPLICATION [Title 22 California Code of Regulations (CCR) section 75021]</p>

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	Supporting Documents	<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 [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 OSHPD <p>Note: Title 24 compliance does not apply to CHOWS unless there has been construction and/or remodeling.</p> <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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	Supporting Documents	<p>B.3 - ORGANIZATIONAL CHART – OWNER TYPE</p> <p>Submit an organizational chart for the nonprofit corporation. The organizational chart needs to display the following:</p> <p>Board members, corporate officers, and new directors (corporate officers as defined in the By-Laws)</p> <p>Note: Submit the HS 215A form for each new individual</p>
	Supporting Documents	<p>D.1 - CONTROL OF PROPERTY</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 [HSC section 1212, 1218.1] [22 CCR sections 75022, 75025]</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>Tip</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

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		<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 (except for the Administrator) 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
	Supporting Documents	<p>RESUME</p> <p>A resume is required for the Administrator</p>
	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> <ul style="list-style-type: none"> This form is not required for a CHOW unless there has been construction and/or remodeling.

REQUIRED DOCUMENTS FOR A CHOW ONLY:

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	Supporting Documents	<p>All of the forms required for an Initial application listed above in addition to the documents requested below: [Title 22 CCR sections 75021(3), 75055(e)]</p> <ul style="list-style-type: none"> • Copy of Purchase Agreement or Operating Transfer Agreement • A letter from the prospective licensee (to CDPH) stating the location where the stored patient medical records will be maintained and affirming the records will be made available to the previous licensee [SQHC, 2003, section 6.3 (B)(3)(g)]

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 on the CDPH 611, item D.3 • Notarized signature page is required • Submit the "Acknowledgement" page from the notary public, if applicable

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	HS 269	<p>APPLICATION FOR MEDI-CAL CERTIFICATION AS A PRIMARY CARE CLINIC PROVIDER</p> <p>Complete, sign and date</p> <p>Tip</p> <ul style="list-style-type: none"> • 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	<p>NOTICE – EFFECTIVE DATE OF PROVIDER AGREEMENT</p> <p>Submit one copy of the HS 328 form with original signature</p>