

## Rural Health Clinic Report of Change Application Checklist for Change of Location

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 LOCATION

<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>• Previous and proposed/new location</li> <li>• Contact information (name, title, phone number, and email 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> (<a href="https://www.calhospitalprepare.org/cahan">https://www.calhospitalprepare.org/cahan</a>)</li> <li>• Signature</li> </ul>

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	HS 200	<p><b>LICENSURE &amp; CERTIFICATION APPLICATION</b></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 company. This parent company will have its own Employer Identification Number (EIN)</li> <li>• Page 3, section C, item 7 — When listing the names of individuals owning direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field)</li> </ul>

**MEDI-CAL CERTIFICATION DOCUMENTS**

<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>
	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 the HS 200 form</li> <li>• Notarized signature page is required</li> <li>• Submit the "Acknowledgement" page from the notary public, if applicable</li> </ul>

**MEDICARE 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>
	CMS 29	<p><b>VERIFICATION OF CLINIC DATA – RURAL HEALTH CLINIC PROGRAM</b></p> <p>Submit to verify the RHC location qualifies as an RHC based on the census tract number.</p>
	CMS 855A	<p><b>MEDICARE GENERAL ENROLLMENT HEALTH CARE PROVIDER/SUPPLIER APPLICATION</b></p> <ul style="list-style-type: none"> <li>• This application is from the Federal Department of Health and Human Services</li> <li>• The completed application should be mailed directly to the appropriate fiscal intermediary</li> </ul>
	HHS 690	<p><b>ASSURANCE OF COMPLIANCE</b></p> <ul style="list-style-type: none"> <li>• <b>The Office of Civil Rights (OCR) online portal is:</b> <a href="https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf">Office for Civil Rights</a> (<a href="https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf">https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf</a>)</li> <li>• Once the online submission is completed, an electronic notification from OCR stating the <b>Assurance of Compliance</b> form was submitted successfully will be received by the applicant</li> <li>• Submit a copy of this notification</li> </ul>
	HS 610	<p><b>MEDICALLY UNDERSERVED OR HEALTH PROFESSIONAL SHORTAGE AREAS</b></p> <p>Submit to verify the RHC location qualifies as an RHC based on the census tract number.</p>