

## Skilled Nursing Facility (SNF) and Intermediate Care Facility (ICF) Report of Change Application Checklist for Change of Location

The following is a list of forms and supporting documents required for a complete application packet. Failure to include each of the forms or documents will delay processing.

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

### REQUIRED DOCUMENTS TO RELOCATE A FACILITY

<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 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> (<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>  <b>SNF:</b> Title 22 of the California Code of Regulations (CCR) section 72201  <b>ICF:</b> 22 CCR section 73203</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 with 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>
	Supporting Documents	<p><b>D.1 - CONTROL OF PROPERTY</b></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>
	Supporting Documents	<p><b>FLOOR PLAN</b></p> <p>Submit a floor plan that coincides with your office space</p>
	Supporting Documents	<p><b>A.11 - OFFICE OF STATEWIDE HEALTH PLANNING &amp; DEVELOPMENT (OSHDP) AND/ OR CERTIFICATE OF OCCUPANCY CONSTRUCTION</b>  <b>SNF and ICF:</b> HSC section 1276  <b>SNF:</b> 22 CCR section 72205 and 72601  <b>ICF:</b> 22 CCR sections 73213, 73601, 73603, and 73213</p> <p><b>If this <u>is</u> a newly constructed and/or remodeled building, <u>or</u> if this is <u>not</u> a previously licensed facility (i.e., existing building with no construction or remodeling required) applicant needs to contact the Office of Statewide Health Planning &amp; Development (OSHDP) at the following website for Title 24 clearance: <a href="http://www.oshpd.ca.gov">www.oshpd.ca.gov</a></b></p>

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	STD 850	<p><b>FIRE SAFETY INSPECTION REQUEST</b>  <b>SNF:</b> 22 CCR section 72205  <b>ICF:</b> 22 CCR section 73213</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 &amp; Safety (FLS) Inspection approval does not replace this form</p>

**MEDI-CAL CERTIFICATION DOCUMENTS**

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	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**

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	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 Centers of Medicare and Medicaid Services.</li> <li>• The completed application should be mailed directly to the appropriate fiscal intermediary</li> </ul>