



## **APPLICATION REQUEST FOR AN INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED, INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED-HABILITATIVE, & INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED-NURSING**

This letter is to assist you in preparing an intermediate care facility/developmentally disabled (ICF/DD), intermediate care facility/developmentally disabled-habilitative (ICF/DD-H), or intermediate care facility/developmentally disabled-nursing (ICF/DD-N) licensing and/or certification (for Medi-Cal Title 19 reimbursement) application package to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program for:

- Initial application package for an ICF/DD, ICF/DD-H, or ICF/DD-N facility or
- Change of ownership (CHOW) application package for an ICF/DD, ICF/DD-H, or ICF/DD-N facility.

A state license is required to operate an ICF/DD, ICF/DD-H, or ICF/DD-N facility in California, which are defined as:

- ICF/DD means “a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services,” pursuant to Section 1250(g) of the Health and Safety (H&S) Code.
- ICF/DD-H means “a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care,” pursuant to Section 1250(e) of the H&S Code.
- ICF/DD-N means “a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated,” pursuant to Section 1250(h) of the H&S Code.



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An application package is required for: (1) a new (initial) ICF/DD, ICF/DD-H, or ICF/DD-N facility and (2) whenever a CHOW occurs. A CHOW is the only “change” requiring a new application package to be submitted to L&C’s Centralized Applications Unit (CAU), pursuant to Sections 76203 and 76844 of Title 22 of the California Code of Regulations (CCR). All other changes (besides a CHOW) must also be reported to the L&C District Office (DO) in writing within **10 days** of the change, pursuant to Sections 76225 and 76851 of Title 22 of the CCR. These changes do not require submittal of a new application package. The DO will assist you on which forms on the checklist that must be submitted for the specific change to the license.

For your convenience, the **attached checklist** has instructions to complete the forms required for licensing and/or certification of an ICF/DD, ICF/DD-H, or ICF/DD-N facility. The **checklist** provides specific item numbers that applicants typically have encountered problems in submitting incorrect or missing information. Please make sure that all item numbers in each form are completely filled out. For example: (1) the applicant’s formal name must be consistently the same throughout all the documents in the application package; or (2) in some instances, a specific attachment may need to be submitted with a specific form. **All forms are required to be signed by the “licensee”, owners or officers, unless otherwise stated.**

Please read each required application package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK.** **NOTE:** If a question does not apply, please respond with “Not Applicable” or “N.A.” **Do not make changes to these forms.** **USE “BLUE” INK TO SIGN ALL FORMS.** Do not use white out/correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must **initial and date** the correction. You should retain a photocopy of the completed documents for your files. We may need to contact you in the future and we will be referring to the information in the documents you provided.

In addition, a check or money order, made payable to the **“California Department of Public Health”** for the licensing fee, determined pursuant to Sections 1266 of the H&S Code, must accompany the required forms before your application will be processed. The licensing fees change annually; therefore please check the current licensing fee for an ICF/DD, ICF/DD-H, or ICF/DD-N facility which is posted on the L&C website at:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/HealthFacilities.aspx>

**The application fee will NOT be returned if the application is withdrawn or denied, pursuant to Sections 76211(a)(2) and 76846(a)(2) of Title 22 of the CCR.**



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The application package review process will consider the applicant's and associates' (i.e., board members, LLC members, managers, etc.) past compliance history. This will be based on a review of all facilities and agencies operated by those individuals in California and nationally. The applicant and associates must demonstrate substantial compliance with state and federal requirements for all facilities that they operate.

Failure to demonstrate substantial compliance history may result in the denial of your application package. You will be notified in writing of L&C's intent to deny the application.

All completed ICF/DD, ICF/DD-H, and ICF/DD-N facility **application packages must be submitted to the L&C, CAU address** (regular **or** overnight mail), listed below. Please note that "overnight" mail may actually take longer for the CAU to receive because of our CDPH in-house mail services.

**For regular mail:**

California Department of Public Health  
Licensing and Certification Program  
Centralized Applications Unit  
P.O. Box 997377, MS 3402  
Sacramento, CA 95899-7377

**For overnight (FedEx-UPS)**

California Department of Public Health  
Licensing and Certification Program  
Centralized Applications Unit  
1615 Capitol Avenue, MS 3402  
Sacramento, CA 95814

The CAU will review the application package for completion and forward it to the appropriate DO once the application package has been given a recommendation of "approved". A list of DO and appropriate contacts are located on the L&C website at:

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

To apply for National Provider Identifier (NPI), go to the following website:

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

**Please NOTE the following:**

1. There are some differences between documents required for a CHOW and "initial" application packages that are noted on the attached **checklist**.
2. An initial **licensing survey** is part of the application process for "new" ICF/DD, ICF/DD-H, and ICF/DD-N facility applications.
3. The initial **licensing survey** is a scheduled survey conducted by L&C DO in the facility.
4. If your facility wants to provide services to **Medi-Cal beneficiaries** (under Title 19) you will need an additional **certification survey** that is unannounced and conducted



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- by one of our L&C DOs.
5. Once you have had your initial licensing survey, you need to notify the L&C DO that you are ready and prepared to have an initial certification survey.
  6. In addition, you must be in compliance with state licensing laws and federal conditions of participation.

**The DO will notify you when the application has been approved and will schedule an initial licensing survey. NOTE: YOU MUST BE READY FOR THE INITIAL LICENSING SURVEY UPON NOTIFICATION. It is L&C's policy that, except for very unusual circumstances, only one inspection visit will be made. Failure of the facility to be in substantial compliance, at the time of the visit, will result in the "denial" of the application package. Any further activity regarding your request, after such denial, will require a new application and license fee.**

**PLEASE NOTE: A license will not be issued until the application is approved and, if required, a successful licensing survey is conducted.**

If you have any questions, please contact the CAU, at (916) 552-8630 or by e-mail at [CAU@cdph.ca.gov](mailto:CAU@cdph.ca.gov).

Attachment: Notice – Quality Assurance Fee Program



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## Notice – Quality Assurance Fee Program

The Department of Health Care Services recommends to facilities that apply for a Change of Ownership with California Department of Public Health (CDPH) to further review the information on the QAF program and the collection process available on-line at:

<http://www.dhcs.ca.gov/provgovpart/Pages/QualityAssuranceFee.aspx>.

Unpaid QAF shall become the liability of the purchaser. For information regarding a specific facility, the current owner must provide to the Department of Health Care Services authorization to release information before the facility will be discussed with the purchaser. Any questions should be addressed to Jamie Carroll at (916) 650-0530.

Health and Safety Code Section 1324.20 through 1324.30 authorize the Department of Health Care Services (DHCS) to implement a Quality Assurance Fee (QAF) program for Freestanding and Skilled Nursing Facility Level-B (FS/NF-B) and Freestanding Skilled Adult Subacute Nursing Facilities (FSSA/NF-B). The QAF is imposed on all FS/NF-B and FSSA/NF-B, except those that are exempt pursuant to Health and Safety Code Section 1324.20(b).

Sections 1324 through 1324.14 of the Health and Safety Code govern the QAF imposed on Intermediate Care Facilities for the Developmentally Disabled (ICF-DD), Habilitative (ICF/DD-H) and Nursing (ICF/DD-N).

The purpose of the QAF program is to provide additional reimbursement for, and to support quality improvement efforts in, the above listed facilities. The QAF is assessed on each facility on an annual basis irrespective of any changes in ownership, interest or control, or the transfer of any portion of the assets of a facility to another.



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Form Number	Item Number on Form	<b>PROVIDER CHECKLIST</b> for an ICF/DD, ICF/DD-H, and ICF/DD-N facility	Check List
		The following is a quick reference of <b>SOME</b> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <b>SPECIFIC</b> requirements and/or attachments needed for specific forms. This is <b>NOT</b> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.	
<b>LICENSURE</b> <b>ICF/DD, ICF/DD-H, and ICF/DD-N</b> Includes the forms and information required to be “licensed”			
<b>HS 200</b>	<b>Licensure &amp; Certification Application (Title 22, Sections 76201, 76203, 76205 and 76844)</b>		
	<b>NOTE:</b> Please read the instructions on the HS 200 form prior to completion of the form. Also, pay close attention to the following items:		
	A.1.	<b>Type of Application.</b> If changing from an ICF/DD-H to an ICF/DD-N (or visa versa) the application package will be treated as an “initial” application.	
	A.11.	<b>Construction.</b> This is “N/A” for an ICF/DD, ICF/DD-H, and ICF/DD-N facilities.	N/A
	B.1.	<b>Licensee’s name.</b> The licensee’s formal organization name must be consistent throughout all documents.	
	B.3.	<b>Owner type. (Title 22, Sections 76205(a)(10), 76225 and 76851)</b> <b>SUBMIT an organization chart/flow chart</b> if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership. The organization chart needs to display the following: <ul style="list-style-type: none"><li>• Applicant’s owners and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners.</li></ul> <b>NOTE: SUBMIT the HS 215A form</b> for each of these individuals. <ul style="list-style-type: none"><li>• Parent company of applicant, if applicable, &amp; all the licensed agencies/facilities they are operating – See B.6.</li></ul>	
	B.5.a.	<b>Licensee’s “other” Facility Involvement.</b> Answer all aspects of the question.	
	B.5.b.	<b>Revocation, suspension, etc. action.</b> If applicable to the licensee, <b>SUBMIT</b> the information requested.	
	B.6.	<b>Subsidiary (parent company) information.</b> If there is a “subsidiary” (parent company) <b>SUBMIT:</b> <ul style="list-style-type: none"><li>• An <b>organization chart</b> with the parent company name.</li><li>• A listing of all owners and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners of the parent company.</li></ul> <b>NOTE: SUBMIT the HS 215A form</b> for each of these individuals. <ul style="list-style-type: none"><li>• A listing of all facilities the parent company is operating.</li></ul>	



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Form Number	Item Number on Form	<h3 style="text-align: center;">PROVIDER CHECKLIST</h3> <p style="text-align: center;">for an ICF/DD, ICF/DD-H, and ICF/DD-N facility</p> <p style="text-align: center;">The following is a quick reference of <b>SOME</b> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <b>SPECIFIC</b> requirements and/or attachments needed for specific forms. This is <b>NOT</b> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.</p>	Check List
	C.1.a.	<b>Management Company.</b> This question <b>does not</b> apply to ICF/DD facilities.	N/A
	C.1.b.	<b>“Interim” Management Company Agreement.</b> <b>NOTE if Change of Ownership:</b> If there is an “interim” Management Company Agreement, between the current and the prospective licensee, <b>SUBMIT</b> a signed and dated copy of Agreement.	
	C.2.	<b>Name of “proposed” and “current” facility.</b> Enter both facility names if this is a CHOW.	
	C.6.a.	<b>Administrator.</b> <ul style="list-style-type: none"> <li>• Administrator is required to be a licensed <b>Nursing Home Administrator</b> or <b>QMRP</b>. [Title 22, Section 76513(a) and H&amp;S Code, Sections 1276.5(d) &amp; 1276,5(d)(1)]</li> <li>• <b>SUBMIT</b> the <b>HS 215A</b> form for the Administrator.</li> <li>• Administrator must obtain fingerprint clearance. (Title 22, Sections 76209(a) &amp; 76513(b) &amp; 76845 and H&amp;S Code, Section 1265.5)</li> </ul> <b>Administrator’s DESIGNEE for ICF/DD “only” facility:</b> <ul style="list-style-type: none"> <li>• <b>ICF/DD</b> DESIGNEE is required to be a licensed Nursing Home Administrator or QMRP if Administrator responsible for more than <b>ONE</b> facility. [Title 22, Section 76513(a) and H&amp;S Code 1276.5(d)(1)]</li> <li>• <b>ICF/DD</b> DESIGNEE must obtain fingerprint clearance if Administrator responsible for more than <b>ONE</b> facility. (Title 22, Sections 76513(a) and H&amp;S Code, Section 1265.5)</li> </ul>	
	C.6.b.	<b>Director of Nursing.</b>	N/A
	C.7.	<b>Ownership.</b> [Title 22, Sections 76205(a)(6) and (7)] <ul style="list-style-type: none"> <li>• List all individuals having <b>5% or more</b> ownership, unless “nonprofit”.</li> <li>• <b>SUBMIT</b> the <b>HS 215A</b> form for each of these individuals.</li> </ul>	
	C.8.	<b>Financial resources.</b> This is “N/A” for an ICF/DD, ICF/DD-H, and ICF/DD-N facilities.	N/A
	C.9.	<b>Over-concentration.</b> Zoning approval letter that is required for all “initial” applications. The appropriate district office (DO) will handle this letter.	Done by DO
	C.10.	<b>Program Plan.</b> (Title 22, Sections 76305 and 76856) <ul style="list-style-type: none"> <li>• <b>SUBMIT</b> a copy of the Program Plan <u>approval</u> letter.</li> </ul>	



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Form Number	Item Number on Form	<b>PROVIDER CHECKLIST</b> for an ICF/DD, ICF/DD-H, and ICF/DD-N facility	Check List
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		<ul style="list-style-type: none"> <li>• <b>SUBMIT</b> a letter to CDPH from the “current” licensee, if this is a change of ownership, that the “proposed” licensee has their permission to use the current licensee’s Program Plan for up to 6 months.</li> <li>• <b>NOTE if Change of Ownership:</b> If you are using the current licensee’s Program Plan, <b>SUBMIT</b> proof that you have submitted <u>your</u> Program Plan to the Department of Developmental Services. <b>Their website is:</b> <a href="http://www.dds.ca.gov/icf">http://www.dds.ca.gov/icf</a></li> </ul>	
	D.1. & 2.	<p><b>Property ownership.</b> <b>SUBMIT</b> a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee.</p>	
	E. and Attach E-1	<p><b>Management Company Information.</b> Attachment E-1 <b>does not</b> apply to ICF/DD facilities.</p>	N/A
	F.1.	<p><b>Signature. [Title 22, Section 76205(a)(1)]</b> “Original” signature is required and <b>MUST</b> be signed by the <b>APPLICANT</b> (not the Administrator).</p>	
<b>HS 215A</b>	<p><b>Applicant Individual Information (Title 22, Sections 76205(a)(6) &amp; (a)(7) &amp; 76225)</b> <b>NOTE:</b> Please read the instructions on the HS 215A form prior to completion of the form. <b>This form must be completed for the following individuals with ORIGINAL signatures:</b></p>		
		<ul style="list-style-type: none"> <li>• Administrator of the facility. <b>(Title 22, Sections 76205(a)(5), 76513 and 76913)</b></li> <li>• Owners, directors, board members, corporate officers, LLC members/managers, and partners of the <b>applicant</b> organization, and/or <b>parent</b> organization.</li> <li>• Each individual having a beneficial interest of <b>5% or more</b> in the <b>applicant</b> organization and/or <b>parent</b> organization.</li> </ul>	
	Signature	<p><b>Signature.</b> Original “signature” is required.</p>	
	Facility Information Sheet	<p><b>Facility Information Sheet.</b> If applicable, each individual must complete and <b>SUBMIT</b> the “Facility Information Sheet” for each facility and/or agency with which they have a <u>current</u> or <u>past</u> relationship within the last 3 years. <b>The following <u>MUST</u> be completed for each facility and/or agency:</b></p> <ul style="list-style-type: none"> <li>• Facility name</li> <li>• Address of facility</li> <li>• Type of facility</li> <li>• Type of business entity and EIN #</li> <li>• Individual’s <u>nature</u> of involvement</li> <li>• Individual’s dates of involvement</li> </ul>	



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Form Number	Item Number on Form	<h2 style="text-align: center;">PROVIDER CHECKLIST</h2> <p style="text-align: center;">for an ICF/DD, ICF/DD-H, and ICF/DD-N facility</p> <p style="text-align: center;">The following is a quick reference of <b>SOME</b> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <b>SPECIFIC</b> requirements and/or attachments needed for specific forms. This is <b>NOT</b> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.</p>	Check List		
		<ul style="list-style-type: none"> <li>This Sheet must also include any facilities licensed by the California Department of Social Services. <b>[Title 22, Section, 76205(a)(6)]</b></li> </ul>			
<b>HS 309</b> 1 <sup>st</sup> page	<b>Administrative Organization [Title 22, Section 76205(a)(2)]</b>				
	2.	<b>Administrator</b> of Corporation or LLC – This is usually the CEO/President.			
	3. thru 7.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Corporations need to SUBMIT:</b> <ul style="list-style-type: none"> <li>Copy of Filing Statement from CA Secretary of State (only required if Articles of Incorporation are NOT endorsed by the CA Secretary of State).</li> <li>Copy of “all” Articles of Incorporation (endorsed by CA Secretary of State).</li> <li>Copy of By-Laws.</li> <li>List of board of directors -- <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <b>LLCs need to SUBMIT:</b> <ul style="list-style-type: none"> <li>Copy of Filing Statement from CA Secretary of State (only required if Articles of Organization are NOT endorsed by the CA Secretary of State).</li> <li>Copy of Articles of Organization (endorsed by CA Secretary of State).</li> <li>Copy of Operating Agreement.</li> <li>List of Members / Holders / Officers / Managers – <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul> </td> </tr> </table>	<b>Corporations need to SUBMIT:</b> <ul style="list-style-type: none"> <li>Copy of Filing Statement from CA Secretary of State (only required if Articles of Incorporation are NOT endorsed by the CA Secretary of State).</li> <li>Copy of “all” Articles of Incorporation (endorsed by CA Secretary of State).</li> <li>Copy of By-Laws.</li> <li>List of board of directors -- <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul>	<b>LLCs need to SUBMIT:</b> <ul style="list-style-type: none"> <li>Copy of Filing Statement from CA Secretary of State (only required if Articles of Organization are NOT endorsed by the CA Secretary of State).</li> <li>Copy of Articles of Organization (endorsed by CA Secretary of State).</li> <li>Copy of Operating Agreement.</li> <li>List of Members / Holders / Officers / Managers – <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul>	
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	9.	<b>Governing Board of Directors.</b> Enter the number of members/managers. <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.			
	10.	<b>Board Officers and/or LLC Members/Managers.</b> <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item			
<b>Organizational Structure (Title 22, Section 76205)</b>					
<b>HS 309</b> 2 <sup>nd</sup> page	1.	<b>California Out-of-State Corporations, LLC, etc.</b> <b>SUBMIT</b> a copy of the Certificate of Qualification from the California Secretary of State.			
	3. thru 4.	<b>Public Agency.</b> <b>SUBMIT</b> a copy of the signed Resolution			
	5.	<b>Item 5.</b> Corporations, LLCs and Partnerships need to complete Item 5. N/A for nonprofit.			
	Bottom of page	<b>Partnerships need to SUBMIT:</b> <ul style="list-style-type: none"> <li>A copy of the Partnership Agreement.</li> <li>Copy of the California Secretary of State filing.</li> <li><b>HS 215A</b> form for each individual listed under this item.</li> </ul>			



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<b>HS 322</b>		<p><b>Transmittal Application for Criminal Background Investigation</b></p> <ul style="list-style-type: none"> <li>• <b>SUBMIT</b> for the administrator; manager; licensee (applicant); and all personnel of the facility including employees and direct care staff. <b>(Title 22, Section 76209(a) &amp; 76513(b) &amp; 75845 and H&amp;S Code, Section 1265.5)</b></li> <li>• <b>SUBMIT</b> for owners, board officers, directors and partners, if this is an <b>ICF/DD “only”</b> facility. <b>(Title 22, Section 76209)</b></li> <li>• <b>SUBMIT</b> for Administrator’s <b>DESIGNEE</b> if this is an <b>ICF/DD “only”</b> facility and the Administrator is responsible for <b>more than ONE</b> facility. <b>[Title 22, Section 76513(a) and H&amp;S Code, Section 1276.5(d)(1)]</b></li> <li>• <b>SUBMIT</b> this form to the address indicated on the form – this form is <b>NOT</b> returned to CAU.</li> </ul>	
<b>CDPH 325</b>		<p><b>Criminal Record Clearance Submissions (H&amp;S, Section 1265.5)</b></p> <ul style="list-style-type: none"> <li>• Refer to the instructions on the form.</li> <li>• <b>SUBMIT</b> for the Administrator, manager; licensee (applicant); and all personnel of the facility including employees and direct care staff. <b>(Title 22, Section 76209(a) &amp; 76513(b) &amp; 75845 and H&amp;S Code, Section 1265.5)</b></li> <li>• <b>SUBMIT</b> for owners, board officers, directors and partners, if this is an <b>ICF/DD “only”</b> facility. <b>(Title 22, Section 76209)</b></li> <li>• <b>SUBMIT</b> for Administrator’s <b>DESIGNEE</b> if this is an <b>ICF/DD “only”</b> facility and the Administrator is responsible for <b>more than ONE</b> facility. <b>[Title 22, Section 76513(a) and H&amp;S Code, Section 1276.5(d)(1)]</b></li> </ul>	
<b>BCIA 8016</b>		<p><b>Request for Live Scan Service</b></p> <ul style="list-style-type: none"> <li>• <b>NOTE:</b> For out-of-state fingerprint clearance, contact the Centralized Applications Unit at (916) 552-8630 or by e-mail at: <a href="mailto:CAU@cdph.ca.gov">CAU@cdph.ca.gov</a></li> <li>• Instructions for completion of the <b>BCIA 8016</b> form are available on the <b>Attorney General’s</b> website at: <a href="http://ag.ca.gov/fingerprints/index.php">http://ag.ca.gov/fingerprints/index.php</a></li> </ul> <p>Refer to the “<b>SAMPLE</b>” <b>BCIA 8016</b> form on the L&amp;C website “Applications for Licensing and/or Certification of a Health Facility” at: <a href="http://www.cdph.ca.gov/pubsforms/forms/Pages/IntermediateCareFacilityDD.aspx">http://www.cdph.ca.gov/pubsforms/forms/Pages/IntermediateCareFacilityDD.aspx</a></p> <ul style="list-style-type: none"> <li>• The “OR#” must be <b>A1226</b>.</li> <li>• <b>SUBMIT</b> for the administrator; manager; licensee (applicant); and all personnel of the facility including employees and direct care staff. <b>(Title 22, Section 76209(a) &amp; 76513(b) &amp; 75845 and H&amp;S Code, Section 1265.5)</b></li> <li>• <b>SUBMIT</b> for owners, board officers, directors and partners, if this is an <b>ICF/DD “only”</b> facility. <b>(Title 22, Section 76209)</b></li> <li>• <b>SUBMIT</b> for Administrator’s <b>DESIGNEE</b> if this is an <b>ICF/DD “only”</b> facility and the Administrator is responsible for <b>more than ONE</b> facility. <b>[Title 22, Section 76513(a) and H&amp;S Code, Section 1276.5(d)(1)]</b></li> </ul>	



## APPLICATION REQUEST FOR AN INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED, INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED-HABILITATIVE, & INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED-NURSING

Form Number	Item Number on Form	<b>PROVIDER CHECKLIST</b> for an ICF/DD, ICF/DD-H, and ICF/DD-N facility	Check List
		<p>The following is a quick reference of <b>SOME</b> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <b>SPECIFIC</b> requirements and/or attachments needed for specific forms. This is <b>NOT</b> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.</p>	
		<ul style="list-style-type: none"> <li>This form is <b>NOT</b> returned to CAU.</li> </ul>	
Consultant Letter	<b>Consultant Letter</b> [H&S Code, Section 1265.5(h)]	<p>If a consultant requests to be exempt from having to obtain multiple background checks, a letter signed by the licensee owners or officers must be <b>SUBMITTED</b> stating that the following criteria have been met:</p> <ul style="list-style-type: none"> <li>Is employed as a consultant and acts as direct care staff</li> <li>Is a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or speech-language pathologist</li> <li>Has obtained a criminal record clearance as a prerequisite to holding a license or certificate to provide direct care services</li> <li>Has a license or certificate to provide direct care services that is in good standing with the appropriate licensing or certification board</li> <li>Is providing time-limited specialized clinical care or services</li> <li>Is not left alone with a client</li> </ul>	
HS 400	<b>Affidavit Regarding Patient Money</b> (Title 22, Section 76241 and 76852.2)	<p>Be sure to mark either A or B box. If B is checked, enter the amount of money to be handled and <b>SUBMIT</b> the bond required on form <b>HS 402</b>.</p>	
HS 402	<b>Surety Bond Verification</b> (Title 22, Section 76241 and 76852.2)	<ul style="list-style-type: none"> <li>Be sure the <b>HS 402</b> form is a California Department of Public Health form</li> <li>Is signed by the Bonding agency</li> <li>Possesses the embossed seal of the Bonding Agency</li> <li><b>SUBMIT</b> an "original" bond or an "embossed" Power of Attorney.</li> </ul>	
HS 602	<b>Transfer Agreement Between</b> (Title 22, Sections 76505 and 76909)	<p>The Transfer Agreement needs to be current (within one year). Please <b>SUBMIT</b> a copy of the Transfer Agreement.</p>	
DHCS 1051	<b>Civil Rights Compliance Review</b>	<p>Send directly to Office of Civil Rights – address is on last page of the form.</p>	
CHOW	<b>Change of Ownership</b> [Title 22, Sections 76203(a)(3) and 76844(a)(2)]	<ul style="list-style-type: none"> <li><b>SUBMIT</b> all of the forms required for an "initial" application, listed above, plus the following:</li> <li>Copy of "Purchase Agreement" or "Operating Transfer Agreement".</li> <li>Written verification (with amount) by a public accountant, accounting for all patient monies being transferred to the custody of the new licensee. If none, need statement from current licensee that they didn't handle resident monies. [Title 22, Section 76569(a)(10)]</li> </ul>	



**APPLICATION REQUEST FOR AN  
INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED,  
INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED-HABILITATIVE, &  
INTERMEDIATE CARE FACILITY/DEVELOPMENTALLY DISABLED-NURSING**

Form Number	Item Number on Form	<p align="center"><b>PROVIDER CHECKLIST</b> for an ICF/DD, ICF/DD-H, and ICF/DD-N facility</p>	Check List
		<p>The following is a quick reference of <b>SOME</b> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <b>SPECIFIC</b> requirements and/or attachments needed for specific forms. This is <b>NOT</b> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.</p>	
		<ul style="list-style-type: none"> <li>• Copy of receipt (with amount) signed by the new licensee in exchange for such monies. <b>[Title 22, Section 76569(a)(11)]</b></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. <b>[Title 22, Section 76557(f)]</b></li> </ul>	
<p align="center"><b><u>MEDI-CAL CERTIFICATION</u></b> <b>ICF/DD, ICF/DD-H, and ICF/DD-N</b> Includes the forms and information required for MEDI-CAL certification</p>			
HS 328	<b>Notice – Effective Date of Provider Agreement</b>		
DHCS 9098	<b>Medi-Cal Provider Agreement</b>		
		<ul style="list-style-type: none"> <li>• Do not leave any questions blank. Enter N/A or “same” if not applicable.</li> <li>• The “mailing address” must be the same as reported on the <b>HS 200</b> form, page 3, Item 4.</li> <li>• Signature page (page 9) <b>must be notarized</b>.</li> <li>• <b>SUBMIT</b> the “Acknowledgement” page from the Notary Public, if applicable.</li> </ul>	
CMS 3070G	<b>Intermediate Care Facility for Persons With Mental Retardation Survey</b>		
		This is a “survey” report. It will be completed during the licensing survey. The applicant only needs to complete the top portion of the form – the remainder will be completed during the survey.	