



# APPLICATION REQUEST FOR A SKILLED NURSING or INTERMEDIATE CARE FACILITY MANAGEMENT COMPANY



This letter is to assist you in preparing a management company application package to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program for:

- Initial application package for managing a licensed skilled nursing facility (SNF) or intermediate care facility (ICF).

If a SNF or ICF is proposed to be operated (in whole or part) under a management contract (between the licensee and a management company), the management company is required to submit an “initial” application package to L&C’s Centralized Applications Unit (CAU), pursuant to Sections 1265 and 1267.5(a)(3)(A) of the Health and Safety (H&S) Code, to obtain the department’s approval prior to managing a SNF or ICF.

Any changes in the “initial” management company information submitted shall be provided (in writing) to CAU within **30 calendar days** of the change, pursuant to Section 1267.5(a)(5) of the H&S Code.

For your convenience, the [attached checklist](#) has instructions to complete the forms required for approval of a SNF or ICF management company. 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 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.

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



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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 management company **application packages must be submitted to the L&C's, 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 management company application package for completion and will notify the management company of approval or denial of the application to manage a SNF or ICF. The CAU will retain the "original" application package. If a management company application package is submitted in conjunction with a SNF or ICF "initial" or change of ownership application package, a copy of the management agreement will be sent to the appropriate DO with the licensure application package. A list of DOs and appropriate contacts are located on the L&C website at:

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

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).



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Form Number	Item Number on Form	<b>PROVIDER CHECKLIST</b> For a SNF or ICF MANAGEMENT COMPANY	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>HS 200</b>	<b>Licensure &amp; Certification Application (H&amp;S Code, Sections 1265 and 1267.5)</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.11.	<b>Construction.</b> This question is "N/A" for a management company application.	N/A
	B.1.	<b>Licensee's name.</b> The management company organization name must be consistent throughout all documents.	
	B.3.	<b>Owner type.</b> <b>SUBMIT</b> an <b>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 (i.e., management company) owners and their percentages, directors, board members, corporate officers, LLC members/managers, and partners</li> </ul> <b>NOTE: SUBMIT</b> the <b>HS 215A</b> form for each of these individuals.	
		<ul style="list-style-type: none"> <li>• Parent company of applicant, if applicable, and all the licensed agencies/facilities they are operating – see B.6.9</li> </ul>	
	B.5.a.	<b>Licensee's "other" Facility Involvement.</b> Make sure provider answers all aspects of the question.	
	B.5.b.	<b>Revocation, suspension, etc. action.</b> If applicable to the management company, <b>SUBMIT</b> the information requested.	
	B.6.	<b>Subsidiary (parent company) information.</b> <b>[H&amp;S Code, Section 1267.5(a)(3)]</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 with their percentages, directors, board members, corporate officers, LLC members/managers, and partners of the parent company.</li> </ul> <b>NOTE: SUBMIT</b> the <b>HS 215A</b> form for each of these individuals. <b>[H&amp;S Code, Section 1265(i)]</b> <ul style="list-style-type: none"> <li>• A listing of all facilities the parent company is operating.</li> </ul>	
	C.1.a.	<b>Management Company.</b> Complete C.1.a. and <b>SUBMIT</b> ATTACHMENT E-1	See Attach E-1
	C.1.b.	<b>"Interim" Management Company Agreement.</b> This question is "N/A" for a management company application.	N/A
C.2.	<b>Name of "proposed" and "current" facility.</b> This question is "N/A" for a management company application.	N/A	



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	C.6.a. & C.6.b.	<b>Administrator and Director of Nursing.</b> These questions are "N/A" for a management company application.	N/A
	C.7.	<b>Ownership. [H&amp;S Code, Section 1267.5(a)(3)]</b> <ul style="list-style-type: none"> <li>List all individuals having 5% or more ownership, unless "nonprofit".</li> <li><b>SUBMIT</b> the <b>HS 215A</b> form for all of these individuals.</li> </ul>	
	C.8. thru C.10.	<b>Financial resources, over concentration and Program Plan approval.</b> These questions are "N/A" for a management company application.	N/A
	D.1. & D.2	<b>Property ownership and Owner of Record of the property.</b> These questions are "N/A" for a management company application.	N/A
	E. and Attach E-1	<b>Management Company Information.</b> Skilled nursing facility, intermediate care facility, general acute care hospital, and adult day health care management company applicants must complete this Attachment.	
	F.1.	<b>Signature.</b> "Original" signature is required and <b>MUST</b> be signed by the <b>Management Company representative</b> (not the facility Administrator).	
	<b>HS 215A</b>	<b>Applicant Individual Information (H&amp;S Code, Section 1267.5)</b> <b>NOTE: Please read the instructions on the HS 215A form prior to completion of the form. This form must be completed for the following individuals with ORIGINAL signatures:</b>	
		<ul style="list-style-type: none"> <li>Owners, directors, board members, corporate officers, LLC members/managers, and partners of the <b>applicant</b> organization, <b>parent</b> organization, and <b>management</b> company.</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		<b>Signature.</b> Original "signature" is required.	
Facility Information Sheet		<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> <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</li> </ul>	



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		<ul style="list-style-type: none"> <li>Individual's <u>nature</u> of involvement</li> <li>Individual's dates of involvement</li> <li>This Sheet must also include any facilities licensed by the California Department of Social Services.</li> </ul>	
<b>HS 309</b> 1 <sup>st</sup> page	<b>Administrative Organization</b>		
	2.	<b>Administrator</b> of Corporation or LLC – This is usually the CEO/President.	
	3. thru 7.	<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 “all” Articles of Incorporation (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>
	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</b>		
	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 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>		