



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



This letter is to assist you in preparing a skilled nursing facility (SNF) or intermediate care facility (ICF) licensing and/or certification (for Medi-Cal Title 19 and/or Medicare Title 18 reimbursement) application package to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program for:

- Initial application package for a SNF or ICF; or
- Change of ownership (CHOW) application package for a SNF or ICF.

A state license is required to operate a SNF or ICF in California, which are defined as:

- SNF means “a health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis,” pursuant to Section 1250(c) of the Health and Safety (H&S) Code.
- ICF means “a health facility that provides inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care,” pursuant to Section 1250(d) of the H&S Code.

An application package is required for: (1) a new (initial) SNF or ICF 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 Section 72201 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 72211 and 73225 of Title 22 of the CCR. These other 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 SNF or ICF. 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.**



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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 a SNF or ICF 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 package is withdrawn or denied, pursuant to Sections 72203(a)(2) and 73208(a)(2) of Title 22 of the CCR.**

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 SNF and ICF **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 CAU to receive because of our CDPH in-house mail services



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## 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 DOs 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" SNF or ICF applications.
3. The initial **licensing survey** is a scheduled survey conducted by L&C DOs in the facility.
4. If your facility wants to provide services to **Medicare beneficiaries** (under Title 18) or **Medi-Cal beneficiaries** (under Title 19) you will need an additional **certification survey** that is unannounced and conducted by one of our L&C DOs. Submit justification to the DO for Medicare participation and the DO will submit it to Centers for Medicare & Medicaid Services (CMS) for approval. This only applies to an "initial" certification survey.
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, if you received approval from CMS.
6. In addition, you must be in compliance with state licensing laws and federal conditions of participation.





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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 SKILLED NURSING or INTERMEDIATE CARE 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>SNF or ICF</b> Includes the forms and information required to be “licensed”				
HS 200	<b>Licensure &amp; Certification Application (Title 22, Sections 72201 and 73203)</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. (Title 22, Section 72205)</b> N/A for CHOWS, unless there has been construction and/or remodeling.  If this <b>IS</b> a newly constructed and/or remodeled building, <b>OR</b> if this is <b>NOT</b> a previously licensed facility (i.e., existing building with no construction or remodeling required) provider needs to contact the Office of Statewide Health Planning & Development (OSHDP) at the following website for Title 24 clearance: <a href="http://www.oshpd.ca.gov">www.oshpd.ca.gov</a> (Title 22, Section 72601 & 73601)	OSHDP sends directly to District Office	
	B.1.	<b>Licensee’s name. [(Title 22, Sections 72509(c) and 73205(a)(1))]</b> The licensee’s formal organization name must be consistent throughout all documents.		
	B.3.	<b>Owner type.</b> <b>SUBMIT</b> an organization chart/flow chart if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership. The organization chart needs to display the following: <b>[(Title 22, Section 73205(a)(9))]</b> <ul style="list-style-type: none"> <li>• Applicant’s owners with 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>• Management company of applicant, if applicable, and all of their facilities.</li> <li>• Parent company of applicant, if applicable, and 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.		



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	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 percentages, directors, board members, corporate officers, LLC members/managers, and partners of the parent company.</li> </ul> <b>NOTE: SUBMIT the HS 215A form for each of these individuals. [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. (H&amp;S Code, Sections 1265 and 1267.5)</b> If the facility is operated under a Management Agreement between the licensee and a management company approved by the Department, complete and <b>SUBMIT ATTACHMENT E-1 (Management Company Information)</b> along with a copy of the Management Agreement. The Agreement must state the current licensee still has responsibility for the facility.	See Attach E-1 below
	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> <ul style="list-style-type: none"> <li>• Enter both facility names if this is a CHOW.</li> <li>• For a CHOW, the name of the “proposed” facility can <b>NOT</b> have <b>REHABILITATION</b> in the facility name unless the facility has previously had rehabilitation services which were separately approved by the Department. If not, you must apply for a separate survey for the rehabilitation services to be approved <b>after the</b> CHOW application package has been processed.</li> <li>• For an “initial” application, you must apply for a separate survey for the rehabilitation services to be approved <b>after the</b> “initial” application package has been processed. <b>[Title 22, Section 72509(c)]</b></li> </ul>	
	C.6.a.	<b>ADMINISTRATOR.</b> <b>SNF &amp; ICF:</b> <ul style="list-style-type: none"> <li>• Administrator is required to be a licensed <b>Nursing Home Administrator. (Title 22 Sections 73205(a)(4) &amp; 73511(a) &amp; Title 42, CFR, Section 483.75)</b></li> <li>• <b>SUBMIT the HS 215A form for the Administrator of the facility. [Title 22, Sections 72211(b) &amp; 73205(a)(4)]</b></li> </ul>	



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	C.6.b.	<b>DIRECTOR OF NURSING:</b> <b><u>SNF “only”</u></b> • Insert DON name. • <b>SUBMIT</b> copy of professional License, if new individual. • <b>SUBMIT RESUME</b> , if new individual.		
	C.7.	<b>Ownership.</b> <b>(Title 22, Section 73205 for ICF and H&amp;S Code 1267.5(a)(1) for SNF)</b> • List all individuals having <b>5% or more</b> ownership, unless “nonprofit”. • <b>SUBMIT</b> the <b>HS 215A</b> form for each of these individuals.		
	C.8.	<b>Financial resources.</b> <b>SUBMIT</b> evidence that the licensee has sufficient financial resources to operate the facility for at least <b>45 days</b> . <b>[H&amp;S Code, Section 1265(g)]</b> The evidence should be in the form of a bank statement, certificate of deposit, etc. in the name of the licensee. <b>The amount is determined by multiplying 45 days x number of beds x Medi-Cal rate.</b>		
	C.9. & C.10.	<b>Over-concentration and Program Plan.</b> These questions are “N/A” for SNFs and ICFs.		N/A
	D.1. & 2.	<b>Property ownership. [H&amp;S Code, Section 1265(h)]</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.		
	E. and Attach E-1	<b>Management Company Information. (H&amp;S Code, Sections 1265 and 1267.5)</b> If the facility is operated under a Management Agreement between the licensee and a management company approved by the Department, <b>SUBMIT</b> ATTACHMENT E-1 (Management Company Information) along with a copy of the Management Agreement. The Agreement must state the current licensee still has responsibility for the facility.  <b>NOTE: If the management company has not been approved by the Department, please download forms for Management Company from the L&amp;C website.</b>		
	F.1.	<b>Signature.</b> “Original” signature is required and <b>MUST</b> be signed by the <b>APPLICANT</b> (not the Administrator).		



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HS 215A	<b>Applicant Individual Information (H&amp;S Code, Section 1267.5)</b>			
	<b>NOTE:</b> 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 <b>ORIGINAL</b> signatures:			
		<ul style="list-style-type: none"> <li>• Administrator of the facility. <b>(Title 22, Sections 72513 and 73205)</b></li> <li>• Owners, directors, board members, corporate officers, LLC members/managers, and partners of the <b>applicant</b> organization, <b>parent</b> organization, and/or <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> <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. <b>[H&amp;S Code, Section 1267.5(c)]</b></li> </ul>			
HS 309 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> </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 CA Secretary of State).</li> </ul>	
		<ul style="list-style-type: none"> <li>• Copy of "all" Articles of Incorporation (endorsed by CA Secretary of State).</li> <li>• Copy of By-Laws.</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of Articles of Organization (endorsed by CA Secretary of State).</li> <li>• Copy of Operating Agreement.</li> </ul>	



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		<ul style="list-style-type: none"> <li>List of board of directors -- <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</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	
HS 309 2 <sup>nd</sup> page	<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 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>	
HS 400	<b>Affidavit Regarding Patient Money (Title 22, Sections 72217 and 73241)</b>		
		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> bond required on form <b>HS 402</b> form.	
HS 402	<b>Surety Bond Verification (Title 22, Sections 72217 and 73241)</b>		
		<ul style="list-style-type: none"> <li>Be sure the HS 402 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 (Title 22, Sections 72519 and 73503)</b>		
		The Transfer Agreement needs to be current. Please <b>SUBMIT</b> a copy of the Transfer Agreement.	
CDPH 609	<b>Bed or Service Request (Title 22, Sections 72201, 72401 and 73445)</b>		
	Top of page	Under “Requested Beds” category, the “Approved Capacity” should be left blank.	
	Bottom of page	Check the types of beds on this portion of the form.	



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DHCS 1051	<b>Civil Rights Compliance Review</b>		
		Send directly to Office of Civil Rights – address is on last page of the form.	
CHOW	<b>Change of Ownership (Title 22, Sections 72201 and 73203)</b>		
		<b>SUBMIT</b> all of the forms required for an “initial” application, listed above, plus the following: <ul style="list-style-type: none"> <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. <b>[Title 22, Sections 72529(a)(10) and 73557(a)(8)]</b></li> <li>• Copy of receipt (with amount) signed by the new licensee in exchange for such monies. <b>[Title 22, Section 72529(a)(10) and 73557(a)(8)]</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, Sections 72543(e) and 73543(e)]</b></li> </ul>	
<b><u>MEDI-CAL CERTIFICATION</u></b> <b>SNF or ICF</b> Includes the forms and information required for MEDI-CAL certification			
HS 328	<b>Notice – Effective Date of Provider Agreement</b>		
		If applying for both Medi-Cal & Medicare certification, only need one copy of this form.	
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>	



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<b>MEDICARE CERTIFICATION</b> Only applies to <b>SNFs</b> Includes the forms and information required for <b>MEDICARE</b> certification			
HS 328	<b>Notice – Effective Date of Provider Agreement</b>		
		If applying for both Medi-Cal & Medicare certification, only need one copy of this form.	
CMS 671	<b>Long Term Care Facility Application for Medicare and Medicaid</b>		
	1 <sup>st</sup> page	<ul style="list-style-type: none"> <li>Item A.F9 is “03” if you want both Medi-Cal and Medicare.</li> <li>If Item F12 is an “LLC”, insert “03”, which is for corporations and LLCs.</li> <li>Items F28 &amp; F30 and F29 &amp; F31 are required to be completed. Enter N/A, if not applicable.</li> </ul>	
	2 <sup>nd</sup> page	<b>Facility Staffing Form:</b> <ul style="list-style-type: none"> <li>Enter staff hours worked in the most recent complete pay period.</li> <li>Enter either a “Y” (for yes) or “N” (for no) under Column A, sub-columns 1, 2 and 3 in the “unshaded” areas. If you have entered “Y”, enter hours in the appropriate “unshaded” areas.</li> <li>Original signature required along with the time and date form was completed.</li> </ul>	
CMS 855A	<b>Medicare General Enrollment Health Care Provider/Supplier Application</b>		
		<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>	
CMS 1561	<b>Health Insurance Benefit Agreement</b>		
		<b>SUBMIT</b> two (2) signed copies with “original” signatures. <ul style="list-style-type: none"> <li><b>Initial Application:</b> Sign the top signature block entitled “Accepted for the Provider of Services By.”</li> <li><b>Change of Ownership:</b> Sign the bottom signature block entitled “Accepted For The Successor Provider of Services By.”</li> </ul>	
OMB No. 0990-0243	<b>Civil Rights Information Request for Medicare Certification</b>		
		<ul style="list-style-type: none"> <li><b>Complete</b> and “sign” form (original signature).</li> <li><b>SUBMIT</b> copy of all items required on the form. All 11 items need to be “identified” and accounted for. If less than 15 employees, don’t need to submit items 9 and 10.</li> </ul>	



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Form Number	Item Number on Form	<b>PROVIDER CHECKLIST</b> for SKILLED NURSING or INTERMEDIATE CARE 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.		
HHS 690	<b>Assurance of Compliance</b>			
		SUBMIT 2 copies.		