



Application Request for an Adult Day Health Center



This letter is to assist you in preparing an adult day health center (ADHC) licensing application package to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program for:

- Initial application package for an ADHC; and
- Change of ownership (CHOW) application package for an ADHC.

A state license is required to operate an ADHC in California, which is defined as:

ADHC means “a licensed facility that provides adult day health care”, pursuant to Section 1570.7(b) of the Health & Safety (H&S) Code.

An application package is required for: (1) a new (initial) ADHC facility and (2) whenever a CHOW occurs. Any other changes must also be reported to the L&C Centralized Applications Unit (CAU) in writing within 14 days of the change, pursuant to Section 1575.1 of the H&S and Section 78401(c)(4) of Title 22 of the California Code of Regulations. These other changes do not require submittal of a new application package. The CAU 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 of an ADHC. The checklist outlines specific items that applicants typically have encountered problems. 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.



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Submission of Applications.

All completed application packages must be submitted to the L&C CAU address (regular mail), listed below.

California Department of Public Health
Licensing and Certification Program
Centralized Applications Unit
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377

The CAU will review the application package for completion. Once the application package has been given a recommendation of “approved” by the CAU, and all required surveys have been performed, the CAU will issue the license accordingly.

In addition, a check or money order, made payable to the “California Department of Public Health” for the licensing fee, determined pursuant to Section 1266 of the H&S Code, must accompany the required forms before your application package will be processed. The licensing fees change annually; therefore please check the current licensing fee for an ADHC which is posted on the [L&C Facility Fee website](#):

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LC-Health-Care-Facility-Licensing-Fees.aspx>

The application fee will not be returned if the application package is withdrawn or denied.

The application package review process will consider the applicant's and associates' (i.e., board members, LLC members, managers, etc.) past compliance history pursuant to Section 1575.7 of the H&S. 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.

To apply for National Provider Identifier (NPI), go to the [National Plan and Provider Enumeration System website](#):

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



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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" ADHC facility applications.
3. The initial licensing survey is a scheduled survey conducted by L&C district offices.
4. If you are requesting initial certification as an ADHC provider, please note that as of March 1, 2012, ADHC services reimbursed as an optional benefit in the Medi-Cal Program, are eliminated pursuant to the Governor's Budget Bill. Therefore, licensed ADHC centers may no longer receive certification as ADHC providers effective March 1, 2012. More information about the elimination of the ADHC Medi-Cal benefit can be found on the [California Department of Aging \(CDA\) website](http://www.cda.ca.gov):

<http://www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/>

Please direct questions regarding the new Community Based Adult Services (CBAS) program to CDA at (916) 419-7545.

Except for the Los Angeles (LA) facilities, the DO will notify you (via letter) when the application has been approved by CAU and will schedule an "initial" licensing survey. For the LA facilities, the CAU will notify you (via letter) 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: An "initial" license will not be issued until the application package is approved and, if required, a successful licensing survey is conducted.

If you have any questions, please contact the CAU, at (916) 552-8632 or by e-mail at CAU@cdph.ca.gov.



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Applicant Checklist

The following is a quick reference of **some** of the questions found on the required forms. It includes the form number, name of form, and an explanation of specific requirements and/or attachments needed for specific forms. This is **not** an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.

Licensure

| Form # | Item # | Description | Check List |
|--|--------|--|------------|
| HS 200 | | Licensure & Certification Application [Title 22, Section 78205] Note: Please read the instructions on the HS 200 form prior to completion of the form. Also, pay close attention to the following items: | |
| | B.1. | Licensee's name. <ul style="list-style-type: none"> • The licensee's formal organization (i.e., corporate) name must be consistent throughout all documents. | |
| | B.3. | Owner type. | |
| | | <ul style="list-style-type: none"> • If a corporation, SUBMIT a statement giving a brief history and general description of the new owner, including their functions, philosophy and objectives. [Title 22, Section 78205(a)(5)] | |
| | | <ul style="list-style-type: none"> • Submit 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: <ul style="list-style-type: none"> • Applicant's owners and their percentages, directors, board members, corporate officers, LLC members/managers, and partners. • Note: Submit the HS 215A form for each of these individuals. | |
| <ul style="list-style-type: none"> • Management company of applicant, if applicable, & all their facilities. [H&S Code, Section 1575.1(a)(3)(A)] • Parent company of applicant, if applicable, and all their facilities – See B.6, below | | | |



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| Form # | Item # | Description | Check List |
|----------------------|--------|--|------------|
| HS 200 (cont.) | B.5.a. | Licensee's "other" Facility Involvement. <ul style="list-style-type: none"> • Answer all aspects of the question. | |
| | B.5.b. | Revocation, suspension, etc. action. <ul style="list-style-type: none"> • If applicable to the licensee, submit the information requested. | |
| | B.6. | Subsidiary (parent company) information. [H&S Code, Section 1575.1(a)(4)] If there is a "subsidiary" (parent company) submit: <ul style="list-style-type: none"> • An organization chart with the parent company name. • A listing of all owners, directors, board members, corporate officers, LLC members/managers, and partners of the parent company. • A listing of all facilities the parent company is operating. | |
| | C.1.a. | Management Company. [H&S Code, Section 1575.1(a)(3)(A)] If the facility is operated under a Management Agreement between the licensee and a management company, complete and <ul style="list-style-type: none"> • Submit Attachment E-1 (Management Company Information) • A copy of the Management Agreement. The Agreement must state the current licensee still has responsibility for the facility. | |
| | C.1.b. | "Interim" Management Agreement. Note if CHOW: If there is an "interim" Management Agreement, between the current and the prospective licensee <ul style="list-style-type: none"> • Submit a signed and dated copy of Agreement. | |
| | C.2. | Name of "proposed" and "current" facility. <ul style="list-style-type: none"> • Enter both facility names if this is a CHOW | |



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| Form # | Item # | Description | Check List |
|----------------------------|---|---|------------|
| HS 200 (cont.) | C.6.a. | Administrator | |
| | | <ul style="list-style-type: none"> • Submit the HS 215A form for the Administrator. [Title 22, Section 78415(b)] | |
| | | <ul style="list-style-type: none"> • Submit resume for the Administrator. | |
| | | <ul style="list-style-type: none"> • Also, refer to the CDA 278 form. | |
| | C.7. | Ownership. | |
| | | <ul style="list-style-type: none"> • List all individuals having 5% or more ownership, unless “nonprofit”. | |
| D.1. D.2. | Property ownership. | | |
| | <ul style="list-style-type: none"> • Submit 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 | Management Company Information. [H&S Code, Section 1575.1(a)(3)(A)] | | |
| | <p>If the facility is operated under a Management Agreement between the licensee and a management company, complete and</p> <ul style="list-style-type: none"> • Submit 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. | | |
| F.1. | Signature | | |
| | <ul style="list-style-type: none"> • Original “signature” is required and must be signed by the applicant (not the Administrator unless the owner is the Administrator). | | |



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| Form # | Item # | Description | Check List |
|-----------------|----------------|---|------------|
| HS 215A (cont.) | | <p>Applicant Individual Information [H&S Code, Sections 1748(b), 1749(a)(1), and 1755(a)]</p> <p>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. Include any other required documents requested.</p> | |
| | | <ul style="list-style-type: none"> • Administrator of the facility. | |
| | | <ul style="list-style-type: none"> • Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization, parent organization, and/or management company. | |
| | | <ul style="list-style-type: none"> • Each individual having a beneficial interest of 5% or more in the applicant organization, and/or parent organization. | |
| | Sign | <p>Signature.</p> <ul style="list-style-type: none"> • Original “signature” is required on all the HS 215A forms. | |
| | Fac Info Sheet | <p>Facility Information Sheet</p> <p>If applicable, each individual must complete and submit the “Facility Information Sheet” for each facility and/or hospice with which they have a current or past relationship within the last 3 years. The following must be completed for each facility and/or agency:</p> <ul style="list-style-type: none"> • Facility name • Address of facility • Type of facility • Type of business entity (include EIN #) • Individual’s nature • Individual’s dates of involvement <p>This sheet must also include any facilities licensed by the California Department of Social Services.</p> | |



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| Form # | Item # | Description | Check List |
|--------------------------------------|---------|---|------------|
| HS 309 1 st page | | Administrative Organization | |
| | 2. | Administrator of Corporation or LLC <ul style="list-style-type: none"> • This is usually the CEO/President. Note: This form is N/A for sole proprietor. | |
| | 3. – 7. | Corporations need to submit: <ul style="list-style-type: none"> • Copy of the Filing Statement from CA Secretary of State (only required if Articles of Incorporation are not endorsed by the CA Secretary of State). • Copy of all Articles of Incorporation (endorsed by CA Secretary of State). • Copy of By-Laws. • List of board of directors – submit the HS 215A form for each individual listed under this item. | |
| | | LLCs need to submit: <ul style="list-style-type: none"> • Copy of the Filing Statement from CA Secretary of State (only required if Articles of Organization are not endorsed by the CA Secretary of State). • Copy of all Articles of Organization (endorsed by CA Secretary of State). • Copy of Operating Agreement. • List of Members / Holders / Officers / Managers – submit the HS 215A form for each individual listed under this item. | |
| | 9. | Governing Board of Directors. <ul style="list-style-type: none"> • Enter the number of board members or LLC members/holders • Submit a list of the board of directors or the LLC members/holders. | |
| | 10. | Board Officers and/or LLC Members/Managers. <ul style="list-style-type: none"> • Enter the names of the board officers or the LLC officers/managers. | |
| HS 309 2 nd page | | Organizational Structure | |
| | 1. | California Out-of-State Corporations, LLC, etc. <ul style="list-style-type: none"> • Submit a copy of the Certificate of Qualification from the California Secretary of State | |
| | 3.–4. | Public Agency. <ul style="list-style-type: none"> • Submit a copy of the signed Resolution | |
| | 5. | Corporations and Partnerships need to complete. N/A for nonprofit. | |
| Bottom of page | | Partnerships need to submit: <ul style="list-style-type: none"> • A copy of the Partnership Agreement • Copy of the CA Secretary of State filing if applicable | |



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| Form # | Item # | Description | Check List |
|-----------|----------------|--|------------|
| CDPH 322 | | Transmittal Application for Criminal Background Investigation [H&S Code, Sections 1575.7(a)(1) and (2)] | |
| | | <ul style="list-style-type: none"> Submit for the administrator, program director, and fiscal officer. | |
| | | <ul style="list-style-type: none"> Submit a copy of the “clearance letter” for the administrator, program director, and fiscal officer. Submit this form to the address indicated on the form – this form is not returned to the CAU. | |
| BCII 8016 | | Request for Live Scan Service [H&S Code, Sections 1575.7(a)(1) and (2)] | |
| | | <ul style="list-style-type: none"> Note: For out-of-state fingerprint clearance, contact the Centralized Applications Unit at (916) 552-8630 or by e-mail: CAU@cdph.ca.gov | |
| | | <ul style="list-style-type: none"> Instructions for completion of the BCIA 8016 form are available on the Attorney General’s website: https://oag.ca.gov/fingerprints Refer to the “SAMPLE” BCIA 8016 form on the L&C “Applications for Licensing and/or Certification of a Health Facility” website: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/HealthFacility-ADHC.aspx | |
| | | <ul style="list-style-type: none"> The ORI# must be “A1226”. Submit for the administrator, program director and fiscal officer. This form is not returned to the DO. | |
| HS 602 | | Transfer Agreement Between | |
| | | <ul style="list-style-type: none"> Submit a copy of the Transfer Agreement. The Transfer Agreement needs to be current. | |
| CDPH 609 | Top of page | <ul style="list-style-type: none"> Under “Requested Beds’ category, the “Approved Capacity” should be left blank. | |
| | Bottom of page | <ul style="list-style-type: none"> Check the types of services on this portion of the form. | |
| DHCS 1051 | | Civil Rights Compliance Review | |
| | | <ul style="list-style-type: none"> Send directly to Office of Civil Rights – address is on last page of the form. | |
| ADH 0006 | | Staffing/Services Arrangement | |
| | | <ul style="list-style-type: none"> This is a staffing plan by position title, name, and hours per month and, if applicable, professional license, registration, or certification number and expiration date. (Title 22, Section 78403) | |



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| Form # | Item # | Description | Check List |
|--------------|--------|---|------------|
| CDPH 5000 | | Program Flexibility Request [Title 22, Section 78217] | |
| | | <ul style="list-style-type: none"> • Submit a CHOW | |
| CDA 278 | | Administrator and Program Director Information [Title 22, Sections 78205, 78415, and 78417] | |
| | | <ul style="list-style-type: none"> • Submit this form and a “resume” for both the administrator and the program director. | |
| STD 850 | | Fire Safety Inspection Request [Title 22, Sections 78409 and 78501] | |
| | | <ul style="list-style-type: none"> • Not required for CHOW | |
| IMS 33 | | Balance Sheet | |
| | | <ul style="list-style-type: none"> • The balance sheet should list all assets, liabilities, and equities of the legal entity submitting an application as certified by the entity’s independent public or certified public accountant. It must be current within 90 days of the date of application. If that is not available, an unaudited balance sheet is to be submitted for the last calendar quarter preceding the date of application. • If available, also SUBMIT the most recent certified public accountant audited financial statements of the applicant. Monetary and nonmonetary donations (e.g., equipment, staff time) to the center from any source would be considered “Other Current Assets” of the licensee. | |



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| Form # | Item # | Description | Check List |
|--------|--------|---|------------|
| IMS 35 | | Cash Flow Forecast [Title 22, Section 78205(a)(7)] | |
| | | <ul style="list-style-type: none"> The cash flow forecast should project on a monthly basis the center's actual cash revenues and expenditures for one year starting from the first month of service provision. It should accurately reflect when and how much money would be received and spent. This is cash only – do not include nonmonetary donations or in-kind service donations. Use the IMS 37 form (below) for the breakdown of the expenditure cost centers categories before proceeding with the Cash Flow Forecast. | |
| | | <ul style="list-style-type: none"> The written assumptions supporting revenues and expenditures cash flow projections should include the following: <ol style="list-style-type: none"> Projected number of private pay participants, Projected number of assessment and regular days of attendance, Regular days of attendance for each month and combined positions, and Projection of growth each month for the year shown on the cash flow forecast. | |
| | | <ul style="list-style-type: none"> Fee schedule for participants. | |
| | | | |
| | | | |
| | | | |
| IMS 37 | | Operating Budget (2 pages) [Title 22, Section 78205(a)(7)] | |
| | | <ul style="list-style-type: none"> The operating budget should indicate the center's projected total revenues and expenditures for the total year and for an average month. | |



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| Form # | Item # | Description | Check List |
|---------------------|--------|---|------------|
| MAP and Floor Plans | | MAP and Floor Plans | |
| | | <ul style="list-style-type: none"> • The application package must contain a MAP identifying the ADHC service area. [Title 22, Section 78205(a)(8)] <p>The physical plant accommodations, general building requirements and space requirements are located in Title 22, Sections 78501, 78503 and 78505.</p> <ul style="list-style-type: none"> • Submit a detailed and legible floor plan of the “existing” or “proposed” ADHC indicating square footage of each of the areas to be used, and noting where basic services will be provided so it can be determined if these requirements have been met. The floor plan should indicate: <ol style="list-style-type: none"> 1. Office space, 2. Bathrooms (e.g., number of toilets in each bathroom), and 3. Entrances and emergency exits, and outdoor areas. <p>Refer to the “Standards and Guidelines for Adult Day Services”. The National Council of Aging.</p> | |
| CHOW | | Change of Ownership | |
| | | <ul style="list-style-type: none"> • Submit all of the forms required for an “initial” application, listed above plus | |
| | | <ul style="list-style-type: none"> • 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. [Title 22, Section 78435] | |
| | | <ul style="list-style-type: none"> • Copy of “Purchase Agreement” or “Operating Transfer Agreement”. | |
| | | <ul style="list-style-type: none"> • Submit the CDPH 5000 form, Program Flexibility Request, if applicable. | |