California Department of PublicHealth

Center for Health Care Quality
Licensing and Certification Program
Centralized Applications Branch

General Acute Care Hospital and Acute Psychiatric Hospital Report of Change Application Checklist for Change of Service

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

Check all that apply: ☐**Add service/Equipment change/Mobile unit** ☐**Close/Remove**

CHECKLIST AND INTRUCTIONS- *Please submit your documents in this order*

REQUIRED DOCUMENTS TO ADD A SERVICE/ EQUIPMENT CHANGE/ MOBLIE UNIT

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form has instructions on the form)**
	Cover Letter	**COVER LETTER** Letter on company letterhead with the following information: • License number • Facility name and ID number (if known) • Brief description of request • Requested service type • Contact information (name, title, phone number, and e-mail address) • Emergency Contact Information (name, email, alternate email, phone, fax, and phone number that will receive text messages). The Department will use this information to contact the provider in the event of an emergency using the California Health Alert Network (CAHAN). All information provided must allow CAHAN to contact the provider 24/7/365 basis for distribution of health alerts. For additional information: California Health Alert Network (CAHAN) (https://www.calhospitalprepare.org/cahan) • Signature

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form has instructions on the form)**
	HS 200	**LICENSING & CERTIFICATION APPLICATION** (Title 22 California Code of Regulations (CCR) Section 70107)

	Supporting Documents	**A.11-OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT (OSHPD) AND/ OR CERTIFICATE OF OCCUPANCY**
		(Title 22 CCR Sections 70109, 70115, 70801, & 70803) (Health and Safety Code (HSC) 1765.150(b))
		
		If the facility is newly constructed or a remodeled building, or if this is not a previously licensed facility contact OSHPD or the local building authority for Title 24 clearance.
		
		• For on-site location
		  ○ Submit OSHPD Certificate of Occupancy (CO), Construction Final (CF) or Substantial Completion (SC)
		• For off-site location
		  ○ Submit CO from local building authority
		  ○ Submit CDPH 270 for both Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital
		  ▪ Signed by OSHPD or local building official
		• For adding a mobile unit not self-contained and utility hookups originate or pass through any GACH building or adding a mobile unit providing inpatient services
		  ○ Submit OSHPD CO, CF, or CS
		• For adding a self-contained mobile unit
		  ○ Submit a letter verifying the mobile unit is self-contained

	Supporting Documents	**D.1 - CONTROL OF PROPERTY (only required for new property and mobile unit)** 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.

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form has instructions on the form)**

	CDPH 609	**SERVICE REQUEST (not required for equipment change)**
		
		Bottom page:
		• Under the "Existing Services" category:
		  ○ Place a checkmark next to the applicable service types
		• Under the "Requested Services" category:
		  ○ Place a checkmark next to all applicable service types, adding a checkmark to an additional service or omitting a checkmark next to the service you are requesting to remove
		  ○ For outpatient services, specify the requested service type (i.e., if the request is to add a mobile unit, then include "Mobile unit")

	CDPH 241 – 267	**APPLICATIONS FOR SUPPLEMENTAL SERVICES** Include the forms corresponding with the type of service the facility is requesting to add to the license. • CDPH 241: Cardiovascular Surgery Service (Title 22 CCR Sections 70431 through 70439) • CDPH 242: Chronic Dialysis Service (Title 22 CCR Sections 70441 through 70449) • CDPH 243: Dental Service (Title 22 CCR Sections 70471 through 70479) • CDPH 245: Nuclear Medicine Service (Title 22 CCR Sections 70505 through 70513) • CDPH 246: Outpatient Service (Title 22 CCR Sections 70525 through 70533) • CDPH 247: Pediatric Service (Title 22 CCR Sections 70535 through 70543) • CDPH 248: Perinatal Unit (Title 22 CCR Sections 70545 through 70553) • CDPH 249: Podiatric Service (Title 22 CCR Sections 70565 through 70573) • CDPH 250: Psychiatric Unit (Title 22 CCR Sections 70575 through 70583) • CDPH 251: Radiation Therapy Service (Title 22 CCR Sections 70585 through 70593)

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form has instructions on the form)**
		• CDPH 252: Renal Transplant Center (Title 22 CCR Sections 70605 through 70513) • CDPH 253: Respiratory Care Service (Title 22 CCR Sections 70615 through 70623) • CDPH 255: Social Service (Title 22 CCR Sections 70629 through 70637) • CDPH 256: Standby Emergency Medical Service, Physician on Call (Title 22 CCR Sections 70649 through 70657) • CDPH 257: Basic Emergency Medical Service, Physician on Duty (Title 22 CCR Sections 70411 through 70419) • CDPH 258: Comprehensive Emergency Medical Service (Title 22 CCR Sections 70451 through 70459) • CDPH 259: Rehabilitation Center (Title 22 CCR Sections 70595 through 70603) • CDPH 260: Occupational Therapy Service (Title 22 CCR Sections 70515 through 70523) • CDPH 261: Physical Therapy Service (Title 22 CCR Sections 70555 through 70563) • CDPH 262: Speech Pathology and/or Audiology Service (Title 22 CCR Sections 70639 through 70647) • CDPH 263: Acute Respiratory Care Service (Title 22 CCR Sections 70401 through 70409) • CDPH 264: Burn Center (Title 22 CCR Sections 70421 through 70429) • CDPH 265: Coronary Care Service (Title 22 CCR Sections 70461 through 70469) • CDPH 266: Intensive Care Newborn Nursery Service (Title 22 CCR Sections 70481 through 70489) • CDPH 267: Intensive Care Service (Title 22 CCR Sections 70491 through 70499)
	CDPH 709	**CLIENT ACCOMMODATION ANALYSIS (only required for on-site location)** • Complete this form in its entirety • Must be signed

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form has instructions on the form)**
	Supporting Documents	**FLOOR PLAN** Submit a floor plan that describes the requested change of service including a schematic of each room.
	STD 850	**FIRE SAFETY INSPECTION REQUEST (not required for swing beds)** (Title 22 CCR Section 70745) The STD 850 form is required. The OSHPD Fire Life & Safety (FLS) Inspection approval does not replace this form. When the fire authority uses a different form, it will need to contain equivalent information as the STD 850 form.
	Planning / Zoning Approval	**PLANNING / ZONING APPROVAL (only required for mobile unit)** (Health and Safety Code (HSC) 1765.150 (e) & 1765.155) Submit documentation/letter of approval from the local planning / zoning agency.
	HCD INSIGNIA	**DEPARTMENT OF HOUSING & COUMMUNITY DEVELOPMENT (HCD) INSIGNIA (only required for mobile unit)** (HSC (1765.120(b)) Submit “Inspection Approval” or copy of HCD insignia.
	Vehicle Registration	**COPY OF VEHICLE REGISTRATION (only required for mobile unit)** (HSC 1765.120 (a)) Vehicle registration, including ID, type and manufacturer.

REQUIRED DOCUMENTS TO CLOSE A FACILITY OR REMOVE A SERVICE

Use this space to check if included	**Forms and supporting documents**	**Additional Instructions (Each form has instructions on the form)**
	Cover Letter	**COVER LETTER** Letter on company letterhead with the following information: • License number, Licensee name, and Licensee address • Facility name and ID number (if known) • Brief description of request • Indicate the facility or service being closed • Contact information (name, title, phone number, and e-mail address) • Emergency Contact Information (name, email, phone, alternate email, alternative phone, and fax) • Signature
	HS 200	**LICENSING & CERTIFICATION APPLICATION** (Title 22 CCR Section 70107) No supporting documentation is required.

	CDPH 609	**SERVICE REQUEST (not required for equipment change)**
		
		Bottom page:
		• Under the “Existing Services” category:
		  ○ Place a checkmark next to the applicable service types
		• Under the “Requested Services” category:
		  ○ Place a checkmark next to the service types that you are removing
		  ○ For outpatient services, specify the requested service type (i.e., if the request is to remove a mobile unit, then include “Mobile unit”)

	Notice of Closure	**CLOSURE & ELIMINATION OF SUPPLEMENTAL SERVICES** • Letter to local county Board of Supervisors indicating a 30-day advance notice of closure • Submit a copy of the public posting that indicates notice of closure