



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.



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All completed management company application packages must be submitted to the L&C's, 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 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.

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 District Office website](#):

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

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.

Form #	Item #	Description	Check List
HS 200		Licensure & Certification Application. (H&S Code, Sections 1265 and 1267.5) <ul style="list-style-type: none"> • Note: Please read the instructions on the HS 200 form prior to completion of the form. • The items listed below are the most common items that are not completed correctly – however, these are not all of the items listed on each form. 	
	B.1.	Licensee’s name. <ul style="list-style-type: none"> • The management company organization name must be consistent throughout all documents. 	
	B.3.	Owner type. 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, directors, board members, corporate officers, LLC members/managers, and partners. Note: Submit the HS 215A form for each of these individuals. • Parent company of applicant, if applicable, and all of the licensed agencies/facilities they are operating – see B.6. 	
	B.5.a	Licensee’s “other” Facility Involvement. <ul style="list-style-type: none"> • Make sure provider answers 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. 	



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Form #	Item #	Description	Check List
HS 200 (cont.)	B.6.	<p>Subsidiary (parent company) information. [H&S Code Section 1267.5(a)(3)]</p> <p>If there is a “subsidiary” (parent company) submit:</p> <ul style="list-style-type: none"> • An organization chart with the parent company name. • A listing of all owners with their percentages, directors, board members, corporate officers, LLC members/managers, and partners of the parent company. • Note: submit the HS 215A form for each of these individuals. [H&S Code, Section 1265(i)] • A listing of all facilities the parent company is operating. 	
	C.1.a	<p>Management Company.</p> <ul style="list-style-type: none"> • Complete C.1.a. and submit Attachment E-1 	
	C.1.b	<p>“Interim” Management Company Agreement. This question is “N/A” for a management company application.</p>	FYI
	C.7.	<p>Ownership. [H&S Code, Section 1267.5(a)(3)]</p> <ul style="list-style-type: none"> • List all individuals having 5% or more ownership, unless “nonprofit”. • Submit the HS 215A form for each of these individuals. 	
	E. & Attach E.1.	<p>Management Company Information.</p> <ul style="list-style-type: none"> • Skilled nursing facility, intermediate care facility, general acute care hospital, and adult day health care management company applicants must complete this Attachment. 	
	F.1.	<p>Signature.</p> <ul style="list-style-type: none"> • “Original” signature is required and must be signed by the Management Company representative (not the facility Administrator). 	



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Form #	Item #	Description	Check List
HS 215A		<p>Applicant Individual Information.</p> <ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> 1. Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant and parent organization. 2. 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. 	
	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 agency 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 • Individual's nature of involvement • Individual's dates of involvement • This Sheet must also include any facilities licensed by the California Department of Social Services. 	
HS 309 1 st page		Administrative Organization.	
	2.	Administrator of Corporation or LLC – This is usually the CEO/President.	
	3. Thru 7.	<p>Corporations need to submit:</p> <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). 	



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Form #	Item #	Description	Check List
HS 309 1 st page (cont.)		<ul style="list-style-type: none"> • Copy of By-Laws. • List of board of directors – submit the HS 215A form for each individual listed under this item. <p>LLCs need to submit:</p> <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.	<p>Governing Board of Directors.</p> <ul style="list-style-type: none"> • Enter the number of members/managers. • Submit the HS 215A form for each individual listed under this item. 	
	10.	<p>Board Officers and/or LLC Members/Managers.</p> <ul style="list-style-type: none"> • Submit the HS 215A form for each individual listed under this item. 	
HS 309 22 nd page		Organizational Structure.	
	1.	<p>California Out-of-State Corporations, LLC, etc.</p> <ul style="list-style-type: none"> • Submit a copy of the Certificate of Qualification from the California Secretary of State. 	
	3. & 4.	<p>Public Agency.</p> <ul style="list-style-type: none"> • Submit a copy of the signed Resolution 	
	5.	<p>Item 5.</p> <ul style="list-style-type: none"> • Corporations and Partnerships need to complete. N/A for nonprofit. 	
	Bottom of page	<p>Partnerships need to submit:</p> <ul style="list-style-type: none"> • A copy of the Partnership Agreement • Copy of the California Secretary of State filing • HS 215A form for each individual listed under this item 	