

## Rehabilitation Clinics and Outpatient Physical Therapy / Speech-Language Pathology Providers (OPT/SP) 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 the forms and documents will delay processing.

### CHECKLIST AND INSTRUCTIONS - *Please submit your documents in this order*

#### REQUIRED DOCUMENTS FOR A CHANGE OF SERVICE

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions (Each form listed also has instructions on the form)</b>
	Cover Letter	<p><b>COVER LETTER</b></p> <p>Letter on company letterhead with the following information:</p> <ul style="list-style-type: none"> <li>• License number</li> <li>• Facility name and ID number (if known)</li> <li>• Brief description of request</li> <li>• Contact information (name, title, phone number, and e-mail address)</li> <li>• 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 on a 24/7/365 basis for distribution of health alerts. For additional information: <a href="https://www.calhospitalprepare.org/cahan">CAHAN</a> (<a href="https://www.calhospitalprepare.org/cahan">https://www.calhospitalprepare.org/cahan</a>)</li> <li>• Signature</li> </ul>

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	HS 200	<p><b>LICENSURE &amp; CERTIFICATION APPLICATION</b> [Health and Safety Code (HSC) section 1212]</p> <p><b>Tips</b></p> <ul style="list-style-type: none"> <li>• Page 2, section B, item 6 — An organization must own 100 percent of the licensee to be considered a parent company. This parent company will have its own Employer Identification Number (EIN)</li> <li>• Page 3, section C, item 7 — When listing the names of individuals with direct or indirect ownership of the facility in section C, provide the EIN (do not enter a Social Security number in this field)</li> </ul>
	Supporting Documents	<p><b>A.11 – OFFICE OF STATEWIDE HEALTH PLANNING &amp; DEVELOPMENT (OSHPD) [California Building Code section 1226 and HSC section 1226] AND/OR CERTIFICATE OF OCCUPANCY</b></p> <p><b>For a newly constructed or a remodeled building, or if a change in function of the space has occurred, one of the three documents is required:</b></p> <ul style="list-style-type: none"> <li>• <b>Written certification:</b> The local building authority must provide written certification of Title 24 compliance (OSHPD 3 Standards) stating the building meets the current applicable codes and the following building requirements: <ul style="list-style-type: none"> <li>○ California Building Code (CBC)</li> <li>○ California Fire Code (CFC)</li> <li>○ California Electrical Code (CEC)</li> <li>○ California Mechanical Code (CMC)</li> <li>○ California Plumbing Code (CPC)</li> <li>○ California Administrative Code (CAC)</li> </ul> </li> <li>• <b>CDPH 270:</b> Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital, to certify the facility conforms to current applicable Title 24 (OSHPD 3 Standards). This form must be signed by the local building authority</li> </ul>

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		<p><b>If the facility is newly constructed or a remodeled building, or if this is not a previously licensed facility, submit the following:</b></p> <ul style="list-style-type: none"> <li>• Submit a <b>Certificate of Occupancy</b></li> <li>• This is not applicable if there were alterations or repairs to existing buildings performed or conversion of space</li> </ul>
	Supporting Documents	<p><b>FLOOR PLAN</b></p> <p>Submit a floor plan that describes the requested change of service including a schematic of each room</p>
	STD 850	<p><b>FIRE SAFETY INSPECTION REQUEST</b> [HSC 1225(c)(3)] [Title 42 Code of Federal Regulations (CFR) sections 485.62(a)(1), 485.723(a)(1)]</p> <p>The STD 850 form is required. The OSHPD Fire Life &amp; Safety (FLS) Inspection approval does not replace this form.</p> <ul style="list-style-type: none"> <li>• This form is not required for a CHOW</li> <li>• The STD 850 form must be submitted or a similar form from the fire authority that contains equivalent information as the STD 850 form. The OSHPD Fire Life &amp; Safety (FLS) Inspection approval does not replace this form.</li> <li>• If the STD 850 form is NOT required for a particular MOBILE clinic, a written statement from the local fire authority agency must be submitted</li> </ul>

**REQUIRED DOCUMENTS FOR ADDITION OF MOBILE UNIT**

<i>Use this space to check if included</i>	<b>Forms and supporting documents</b>	<b>Additional Instructions (Each form listed also has instructions on the form)</b>
	Housing & Community Development (HCD) Insignia	<p><b>DEPARTMENT OF HOUSING &amp; COMMUNITY DEVELOPMENT (HCD) INSIGNIA</b> [HSC sections 1765.120 through 1765.155]</p> <ul style="list-style-type: none"> <li>• Department of Housing and Community Development (HCD) Approval               <ul style="list-style-type: none"> <li>○ Copy of HCD Inspection Approval, or</li> <li>○ Copy of HCD Insignia</li> </ul> </li> </ul>
	Vehicle Registration	<p><b>COPY OF VEHICLE REGISTRATION</b> [HSC sections 1765.120 through 1765.155]</p> <p>Submit copy of DMV registration documents, indicating:</p> <ul style="list-style-type: none"> <li>• Vehicle Identification Number (VIN)</li> <li>• Type of vehicle</li> <li>• Manufacturer</li> </ul>
	Self-Contained Letter	<p><b>SELF-CONTAINED LETTER</b> [HSC sections 1765.120 through 1765.155]</p> <ul style="list-style-type: none"> <li>• Submit a letter or statement on cover letter verifying the mobile unit is self-contained</li> <li>• If the mobile unit is not self-contained, OSHPD approval is only required if the utility hookups originate or pass through any general acute care hospital building</li> </ul>
	Local Planning/ Zoning Approval	<p><b>LOCAL PLANNING / ZONING APPROVAL</b> [HSC sections 1765.120 through 1765.155]</p> <ul style="list-style-type: none"> <li>• Submit a copy of the Local Planning/Zoning approval</li> <li>• If the Local Planning/Zoning approval is not required for a particular mobile clinic, CAB needs a written statement from the Local Planning/Zoning agency</li> </ul>

**MEDICARE CERTIFICATION DOCUMENTS REQUIRED FOR OPT/SP ONLY**

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	CMS 1856	<p><b>REQUEST FOR CERTIFICATION IN THE MEDICARE AND/OR MEDICAID PROGRAM TO PROVIDE OUTPATIENT PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY SERVICES</b></p> <p>Submit a copy of the CMS 1856</p>