



APPLICATION REQUEST FOR A CONGREGATE LIVING HEALTH FACILITY



This letter is to assist you in preparing a Congregate Living Health Facility (CLHF) licensing application package to the California Department of Public Health (CDPH) Licensing and Certification (L&C) Program for:

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

A state license is required to operate a CLHF in California, which is defined as:

CLHF means a residential home with a capacity, of no more than 12 beds, **except** as provided in Sections 1250(i)(4)(A) & (B) of the Health and Safety (H&S) Code. CLHFs provide inpatient care, including the following **basic services**: *medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, and recreational*. Also, CLHFs **shall** provide at least one type of service specified in Sections 1250(i)(2)(A), (B), & (C) of the H&S Code. The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities (SNF).

Please NOTE the following:

1. CLHF standards are found in Section 1267.13 of the H&S Code. In addition to these standards, CLHFs are required to conform to the California Code of Regulations (CCR), Title 22, **SNF regulations**, except for those sections or portions of sections specified in Section 1267.13(n) of the H&S Code. (These requirements in subsection 1267.13(n) are so specific to SNFs; CLHFs were exempted from compliance with these sections.)
2. Any requests for **EXCEPTIONS to the REGULATIONS** pursuant to Section 1267.13 of the H&S must submit the following:
 - a. Identify the standard for which the exception is sought;
 - b. State the rationale for the request, and;
 - c. Submit supportive documentation that demonstrates clearly that health, safety, and quality of care will not be compromised by the exception.



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An application package is required for: (1) a new (initial) CLHF facility and (2) whenever a CHOW occurs. A CHOW is the only “change” requiring a new application to be submitted to L&C District Office (DO) pursuant to Section 72201 of Title 22 of the CCR. All other changes (besides a CHOW) must also be reported to the L&C 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 of a CLHF. 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.**

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 Section 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 CLHF 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.



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PLEASE NOTE: A license will not be issued until the application is approved and, if required, a successful licensing survey is conducted.

If you have any questions, please contact your local DO administrator located on the L&C website listed above.



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Form Number	Item Number on Form	PROVIDER CHECKLIST For CONGREGATE LIVING HEALTH FACILITY	Check List
		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 CONGREGATE LIVING HEALTH FACILITY Includes the forms and information required to be “licensed”			
HS 200	Licensure & Certification Application (Title 22, Sections 72201) NOTE: Please read the instructions on the HS 200 form prior to completion of the form. Also, pay close attention to the following items:		
	A.5	Type of Facility, agency or clinic. Under Subsection (o) enter Congregate Living Health Facility. Also specify which of the following services the applicant will be providing: [H&S Code, Section 1250(i)(4)(A), (B) & (C)]	
	Service A	• CLHF A: Services for individuals, who are mentally alert, physically disabled individuals who may be ventilator dependent.	
	Service B	• CLHF B: Services for individuals who have a diagnosis of terminal illness, a diagnosis of a life-threatening illness; or both.	
	Service C	• CLHF C: Services for individuals who are catastrophically and severely disabled. Services offered to a catastrophically disabled person shall include, but not be limited to speech, physical, and occupational therapy.	
	A.8.	Bed Capacity. Any CLHF of more than 6 beds for persons who are terminally ill AND for persons who are catastrophically and severely disabled SHALL be subject to the “ conditional use permit ” requirements of the city or county in which it is located unless those requirements are waived by the city or county. [H&S Code, Section 1267.16(c)]	
	A.11.	Construction. (H&S Code, Section 1267.19 & Title 22, Section 72205) CLHFs shall NOT be subject to architectural plan review by the Office of Statewide Health Planning and Development. They shall SUBMIT evidence of compliance with local building code requirements whether or not construction occurred.	
	B.1.	Licensee’s name. (Title 22, Section 72509(c)) The licensee’s formal 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:	



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		<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. Answer all aspects of the question.	
	B.5.b.	Revocation, suspension, etc. action. If applicable to the licensee, SUBMIT the information requested.	
	B.6.	Subsidiary (parent company) information. 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. [H&S Code, Section 1265(i)] NOTE: SUBMIT the HS 215A form for each of these individuals. A listing of all facilities the parent company is operating. 	
	C.1.a.	Management Company Agreement. (H&S Code, Sections 1265 and 1267.5) If the facility is operated under a Management Agreement between the licensee and a management company, complete and 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.	N/A
	C.1.b.	"Interim" Management Company Agreement. NOTE if Change of Ownership: If there is an "interim" Management Company Agreement, between the current and the prospective licensee, SUBMIT a signed and dated copy of Agreement.	
	C.2.	Name of "proposed" and "current" facility. Enter both facility names if this is a CHOW.	
	C.6.a.	Administrator. [H&S Code, Section 1267.13 (o)(1)] SUBMIT resume for the Administrator. SUBMIT the HS 215A form for the Administrator of the facility.	
	C.6.b.	Director of Nursing.	N/A
	C.7.	Ownership. [H&S Code, Section 1267.5(a)(1)] <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. 	
	C.8.	Financial resources. This question does <u>not</u> apply to Congregate Living Health Facilities.	N/A



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	C.9. a. & b.	Over-concentration. (H&S Code, Section 1267.9) City or county planning authority approval letter required for proposed location for all "initial" applications. The appropriate DO will handle this letter.	Done by DO
	C.10.	Program Plan.	N/A
	D.1. & 2.	Property ownership. 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.	
	F.1.	Signature. "Original" signature is required and MUST be signed by the LICENSEE (not the Administrator).	
	Attach E-1	Management Company Information. (H&S Code, Sections 1265 and 1267.5)	N/A
HS 215A	Applicant Individual Information (H&S Code, Section 1267.5)		
	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:		
		<ul style="list-style-type: none"> • Administrator of the facility • Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant and parent organization. • Each individual having a beneficial interest of 5% or more in the applicant organization and/or parent organization. [H&S Code, Section 1267.5(a)(1)] 	
	Signature	Signature. Original "signature" is required.	
	Facility Information Sheet	Facility Information Sheet. If applicable, each individual must complete and SUBMIT 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. The following <u>MUST</u> be completed for each facility and/or agency: <ul style="list-style-type: none"> • Facility name • Address of facility • Type of facility • Type of business entity • Individual's <u>nature</u> of involvement • Individual's dates of involvement • This Sheet must also include any facilities licensed by the California Department of Social Services. [H&S Code, Section 1267.5(c)] 	



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HS 309 1 st page	Administrative Organization				
	2.	Administrator of Corporation or LLC – This is usually the CEO/President.			
	3. thru 7.	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 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. </td> <td style="width: 50%; vertical-align: top;"> 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. </td> </tr> </table>	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. 	
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	9.	Governing Board of Directors. Enter the number of members/managers. SUBMIT the HS 215A form for each individual listed under this item.			
	10.	Board Officers and/or LLC Members/Managers. SUBMIT the HS 215A form for each individual listed under this item.			
HS 309 2 nd page	Organizational Structure				
	1.	California Out-of-State Corporations, LLC, etc. SUBMIT a copy of the Certificate of Qualification from the California Secretary of State			
	3. thru 4.	Public Agency. SUBMIT a copy of the Resolution			
	5.	Item 5. Corporations and Partnerships need to complete Item 5. 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 California Secretary of State filing • HS 215A form for each individual listed under this item 			
HS 400	Affidavit Regarding Patient Money (Title 22, Section 72217)				
		Be sure to mark either A or B box. If B is checked, enter the amount of money to be handled and SUBMIT bond required on form HS 402 form.			



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HS 402	Surety Bond Verification (Title 22, Section 72217)		
		<ul style="list-style-type: none"> • Be sure the HS 402 form is a California Department of Public Health form, • Is signed by the Bonding agency, and • Possesses the embossed seal of the Bonding Agency. • SUBMIT an “original” bond or an “embossed” Power of Attorney 	
HS 602	Transfer Agreement Between (Title 22, Section 72519)		
		Please SUBMIT a copy of the Transfer Agreement. The Transfer Agreement needs to be current.	
STD 850	Fire Safety Inspection Request [H&S, Section 1267.13(b)]		
		<ul style="list-style-type: none"> • This is required for “initial” applications. It is NOT required for a change of ownership. • If the fire authority refuses to accept the STD 850 from the applicant, the district offices will send the STD 850 on behalf of the applicant. • The STD 850 form must be submitted or a similar form from the fire authority. If the STD 850 form is NOT submitted, the fire authority form will need to contain equivalent information as the STD 850 form. • To fill out the correct district office information, go to the link on page 3 of this letter to download the list of district offices. 	
CHOW	Change of Ownership (Title 22, Section 72201)		
		<p>SUBMIT all of the forms required for an “initial” application, listed above, plus the following:</p> <ul style="list-style-type: none"> • Copy of “Purchase Agreement” or “Operating Transfer Agreement”. • 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. [Title 22, Sections 72529(a)(10)] • Copy of receipt (with amount) signed by the new licensee in exchange for such monies. [Title 22, Section 72529(a)(10)] • 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, Sections 72543(e)] 	