



# APPLICATION REQUEST FOR A GENERAL ACUTE CARE HOSPITAL



This letter is to assist you in preparing a general acute care hospital (GACH) licensing and/or certification (for Medi-Cal Title 19 and/or Medicare Title 18 reimbursement) application package to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program for:

- Initial application package for a GACH;
- Change of ownership (CHOW) application package for a GACH; or
- Adding a Hospital Outpatient Clinic

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

GACH means “a hospital, licensed by the Department, having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services”, pursuant to Section 70005(a) of Title 22 of the California Code of Regulations (CCR).

An application package is required for: (1) a new (initial) GACH facility; and (2) whenever a CHOW occurs. A CHOW is the only “change” requiring a new application package to be submitted to L&C. All other changes (besides a CHOW) must also be reported to the L&C District Office (DO) pursuant to Sections 70105 and 70127 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 and/or certification of a GACH. The **checklist** provides specific item numbers that applicants typically have encountered problems with which may result in submission of 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 entered exactly 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



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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 Health and Safety Code, must accompany the required forms before your application is processed. The licensing fees change annually; therefore please check the current licensing fee for a GACH which is posted on the L&C Centralized Applications Unit (CAU) 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, pursuant to Section 70111(d) of Title 22 of the CCR.**

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.

All completed GACH **application packages must be submitted to the local L&C DO**. The DO will review the application package for completion. A list of DOs and appropriate contacts are located on the L&C website at:

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

To apply for National Provider Identifier (NPI), go to the following 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 “initial” or “new” GACH applications.
3. The initial **licensing survey** is a scheduled survey conducted by L&C district offices. You are **required** to be licensed prior to seeking certification status.
4. **Certification**:  
Certification status will allow the GACH to provide services to **Medicare beneficiaries** (under Title 18). Once the GACH has become **Medicare certified**, they may also provide services to **Medi-Cal beneficiaries** (Title 19), if requested. The GACH is **required** to be licensed prior to seeking **certification status**.

Many applicants, including GACHs, have the option of becoming **certified** on the basis of accreditation by the Centers for Medicare & Medicaid Services’ (CMS) approved accreditation organizations (listed below) instead of a survey by L&C.

- Joint Commission on Accreditation of Healthcare Organizations, 630-792-5000, ([www.jointcommission.org](http://www.jointcommission.org)),
- American Osteopathic Association, 800-621-1773, ([www.do-online.osteotech.org](http://www.do-online.osteotech.org)),
- Det Norske Veritas Healthcare, Inc., 925-361-0235, ([www.DNV.Corporate@dnv.com](mailto:www.DNV.Corporate@dnv.com)).

Once approved by the accreditation organization, submit the approval letter from the accreditation organization to the appropriate DO. Since the Medicare certification forms listed on the attached **checklist** are submitted with your “initial” application package, if there are any changes to the forms, the DO will request amended forms after they receive the approval letter from the accreditation organization.

If you **DO NOT** choose to go through one of these accreditation organizations it will be several **YEARS** before L&C will be able to perform a certification survey since “initial” certification surveys for GACHs have been categorized as a **LOW priority**. However, if you still want the L&C DO to consider conducting the “initial” certification survey, you will need to submit justification to the DO for CMS approval. The burden will be on the GACH to provide data and other evidence that effectively establishes the probability of serious,



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adverse beneficiary health care access consequences if the GACH is **NOT** enrolled to participate in Medicare.

5. In addition, you must be in compliance with state licensing laws and federal laws and conditions of participation pertaining to healthcare facilities.

**The DO will notify you 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 hospital 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: 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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		<p>The following is a quick reference of <b>SOME</b> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <b>SPECIFIC</b> requirements and/or attachments needed for specific forms. This is <b>NOT</b> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.</p>		
<p><b>LICENSURE</b> <b>GENERAL ACUTE CARE HOSPITAL</b> Includes the forms and information required to be “licensed”</p>				
<b>HS 200</b>	<p><b>Licensure &amp; Certification Application (Title 22, Section 70107)</b> <b>NOTE:</b> Please read the instructions on the <b>HS 200</b> form prior to completion of the form. <b>Also, pay close attention to the following items:</b></p>			
	A.11.	<p><b>Construction. (Title 22, Sections 70109, 70115, 70801 &amp; 70803)</b> N/A for CHOWS, unless there has been construction and/or remodeling.</p> <p><b>If this IS a newly constructed and/or remodeled building OR if this is NOT a previously licensed facility (i.e., existing building with no construction or remodeling required) contact the Office of Statewide Health Planning &amp; Development (OSHPD) at the following website for Title 24 clearance:</b> <a href="http://www.oshpd.ca.gov">www.oshpd.ca.gov</a></p>	OSHPD sends directly to District Office	
	B.1.	<p><b>Licensee’s name.</b> The licensee’s formal organization name must be consistent throughout all documents.</p>		
	B.3.	<p><b>Owner type.</b> <b>SUBMIT</b> an <b>organization chart/flow chart</b> if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership. The organization chart needs to display the following:</p> <ul style="list-style-type: none"> <li>• Applicant’s owners and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners.</li> </ul> <p><b>NOTE: SUBMIT the HS 215A form for each of these individuals.</b></p> <ul style="list-style-type: none"> <li>• Management company of applicant, if applicable, and all of their facilities.</li> <li>• Parent company of applicant, if applicable, and all of the licensed agencies/facilities they are operating – see B.6.</li> </ul>		
	B.5.a.	<p><b>Licensee’s “other” Facility Involvement.</b> Answer all aspects of the question.</p>		
	B.5.b.	<p><b>Revocation, suspension, etc. action.</b> If applicable to the applicant, <b>SUBMIT</b> the information requested.</p>		
	B.6.	<p><b>Subsidiary (parent company) information.</b> If there is a “subsidiary” (parent company) <b>SUBMIT:</b></p> <ul style="list-style-type: none"> <li>• An <b>organization chart</b> with the parent company name.</li> </ul>		



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		<ul style="list-style-type: none"> <li>• A listing of all owners and their ownership percentages, directors, board members, corporate officers, LLC members/managers, and partners of the parent company. <b>NOTE: SUBMIT the HS 215A form for each of these individuals.</b> <b>[H&amp;S Code, Section 1265(i)]</b></li> <li>• A listing of all facilities the parent company is operating.</li> </ul>	
	C.1.a.	<p><b>Management Company. (H&amp;S Code, Section 1265)</b></p> <p>If the facility is operated under a Management Agreement between the licensee and a management company, complete and <b>SUBMIT ATTACHMENT E-1</b> (Management Company Information) along with a copy of the Management Agreement. The Agreement must state the current licensee still has responsibility for the hospital.</p>	See Attach E-1 below
	C.1.b.	<p><b>“Interim” Management Company Agreement.</b></p> <p><b>NOTE: If Change of Ownership:</b> If there is an “interim” Management Company Agreement, between the current and the prospective licensee, <b>SUBMIT</b> a signed and dated copy of Agreement.</p>	
	C.2.	<p><b>Name of “proposed” and “current” facility.</b></p> <p>Enter both facility names if this is a CHOW.</p>	
	C.6.a.	<p><b>Administrator.</b></p> <ul style="list-style-type: none"> <li>• Will need <b>HS 215A</b> form for the Administrator.</li> <li>• <b>SUBMIT RESUME</b> for the Administrator.</li> </ul>	
	C.6.b.	<p><b>Director or Nursing.</b></p> <ul style="list-style-type: none"> <li>• Insert <b>DON</b> name.</li> </ul>	
	C.7.	<p><b>Ownership.</b></p> <ul style="list-style-type: none"> <li>• List all individuals having <b>10% or more</b> ownership, unless “nonprofit”.</li> <li>• <b>SUBMIT the HS 215A form for each of these individuals.</b> <b>[Title 22, section 70107(a)(9)]</b></li> </ul>	
	C.8.	<p><b>Financial resources.</b></p> <p>This question <b>only</b> applies to skilled nursing facilities and intermediate care facilities, per the <b>HS 200</b> form instructions.</p>	N/A
	C.9. & C.10.	<p><b>Over-concentration and Program Plan.</b></p> <p>These questions are “N/A” for GACHs.</p>	N/A
	D.1. & 2.	<p><b>Property ownership.</b></p> <p><b>SUBMIT</b> a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee.</p>	



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	E. and Attach E-1	<p><b>Management Company Information. (H&amp;S Code, Section 1265)</b> If the facility is operated under a Management Agreement between the licensee and a management company, complete and <b>SUBMIT ATTACHMENT E-1</b> (Management Company Information) along with a copy of the Management Agreement. The Agreement must state the current licensee still has responsibility for the facility.</p>	
	F.1.	<p><b>Signature.</b> "Original" signature is required and <b>MUST</b> be signed by the <b>APPLICANT</b> (not the Administrator).</p>	
<b>HS 215A</b>	<p><b>Applicant Individual Information (Title 22, Section 70107)</b> <b>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:</b></p>		
		<ul style="list-style-type: none"> <li>• Administrator of the facility plus their RESUME.</li> <li>• Owners, directors, board members, corporate officers, LLC members/managers, and partners of the <b>applicant</b> organization, <b>parent</b> organization, and/or <b>management</b> company.</li> <li>• Each individual having a beneficial interest of <b>10% or more</b> in the <b>applicant</b> organization and/or <b>parent</b> organization. <b>[H&amp;S Code, Section 1265.1(b)]</b></li> </ul>	
	Signature	<p><b>Signature.</b> Original "signature" is required.</p>	
	Facility Information Sheet	<p><b>Facility Information Sheet.</b> If applicable, each individual must complete and <b>SUBMIT</b> 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. <b>The following <u>MUST</u> be completed for each facility and/or agency:</b></p> <ul style="list-style-type: none"> <li>• Facility name</li> <li>• Address of facility</li> <li>• Type of facility</li> <li>• Type of business entity and EIN #</li> <li>• Individual's <u>nature</u> of involvement</li> <li>• Individual's dates of involvement</li> <li>• This sheet must also include any facilities licensed by the California Department of Social Services.</li> </ul>	
<b>HS 309</b> 1 <sup>st</sup> page	<b>Administrative Organization</b>		
	2.	<b>Administrator</b> of Corporation or LLC – This is usually the CEO/President.	



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	3. thru 7.	<b>Corporations need to SUBMIT:</b>	<b>LLCs need to SUBMIT:</b>	
		<ul style="list-style-type: none"> <li>• Copy of Filing Statement from CA Secretary of State (only required if Articles of Incorporation are NOT endorsed by the CA Sec. of State).</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of Filing Statement from CA Secretary of State (only required if Articles of Organization are NOT endorsed by the CA Secretary of State).</li> </ul>	
		<ul style="list-style-type: none"> <li>• Copy of "all" Articles of Incorporation (endorsed by CA Secretary of State).</li> <li>• Copy of By-Laws.</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of Articles of Organization (endorsed by CA Secretary of State).</li> <li>• Copy of Operating Agreement.</li> </ul>	
		<ul style="list-style-type: none"> <li>• List of board of directors -- <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul>	<ul style="list-style-type: none"> <li>• List of Members / Holders / Officers / Managers – <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item.</li> </ul>	
	9.	<b>Governing Board of Directors.</b> Enter the number of Members/Managers, etc. <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item		
	10.	<b>Board Officers and/or LLC Members/Managers</b> <b>SUBMIT</b> the <b>HS 215A</b> form for each individual listed under this item		
<b>HS 309</b> 2 <sup>nd</sup> page	<b>Organizational Structure</b>			
	1.	<b>California Out-of-State Corporations, LLC, etc.</b> <b>SUBMIT</b> a copy of the Certificate of Qualification from the California Secretary of State		
	3. thru 4.	<b>Public Agency.</b> <b>SUBMIT</b> a copy of the signed Resolution		
	5.	<b>Item 5.</b> Corporations, LLCs and Partnerships need to complete Item 5. N/A for nonprofit.		
	Bottom of page	<b>Partnerships need to SUBMIT:</b> <ul style="list-style-type: none"> <li>• A copy of the Partnership Agreement</li> <li>• Copy of the California Secretary of State filing</li> <li>• <b>HS 215A</b> form for each partner.</li> </ul>		
<b>HS 400</b>	<b>Affidavit Regarding Patient Money (Title 22, Section 70137)</b>			
		<b>HS 400 form is only required when applicable.</b> Be sure to mark either A or B box. If B is checked, enter the amount of money to be handled and <b>SUBMIT</b> the bond required on form <b>HS 402</b> form.		
<b>HS 402</b>	<b>Surety Bond Verification (Title 22, Section 70137)</b>			
		<b>HS 402 form is only required when applicable.</b> <ul style="list-style-type: none"> <li>• Be sure the <b>HS 402</b> form is a California Department of Public Health form</li> <li>• Is signed by the Bonding agency</li> <li>• Possesses the embossed seal of the Bonding Agency</li> <li>• <b>SUBMIT</b> an "original" bond or an "embossed" Power of Attorney</li> </ul>		



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<b>CDPH 609</b>	<b>Bed or Service Request</b>		
	Top of page	Under "Requested Beds" category, the "Approved Capacity" should be left blank.	
	Bottom of page	Check the types of services on this portion of the form.	
<b>BASIC Services</b>	<b>Basic Services (Title 22, Section 70011)</b>		
		Must have the following services:	
		• Anesthetic Service (Title 22, Sections 70231 through 70239)	
		• Clinical Laboratory Service (Title 22, Sections 70241 through 70249)	
		• Dietetic Service (Title 22, Sections 70271 through 70279)	
		• Medical Service (Title 22, Sections 70201 through 70209)	
		• Nursing Service (Title 22, Sections 70211 through 70219)	
	• Pharmaceutical Service (including pharmacy license) (Title 22, Sections 70261 through 70269)		
	• Radiological Service (Title 22, Sections 70251 through 70259)		
	• Surgical Service (Title 22, Sections 70221 through 70229)		
<b>Applications for Supplemental Services</b>			
CDPH 241	Cardiovascular Surgery Service (Title 22, Sections 70431 through 70439)		
CDPH 242	Chronic Dialysis Service (Title 22, Sections 70441 through 70449)		
CDPH 243	Dental Service (Title 22, Sections 70471 through 70479)		
CDPH 245	Nuclear Medicine Service (Title 22, Sections 70505 through 70513)		
CDPH 246	Outpatient Service (Title 22, Sections 70525 through 70533)		
CDPH 247	Pediatric Service (Title 22, Sections 70535 through 70543)		
CDPH 248	Perinatal Unit (Title 22, Sections 70545 through 70553)		
CDPH 249	Podiatric Service (Title 22, Sections 70565 through 70573)		
CDPH 250	Psychiatric Unit (Title 22, Sections 70575 through 70583)		
CDPH 251	Radiation Therapy Service (Title 22, Sections 70585 through 70593)		
CDPH 252	Renal Transplant Center (Title 22, Sections 70605 through 70613)		
CDPH 253	Respiratory Care Service (Title 22, Sections 70615 through 70623)		
CDPH 255	Social Service (Title 22, Sections 70629 through 70637)		
CDPH 256	Standby Emergency Medical Service, Physician on Call (Title 22, Sections 70649 through 70657)		
CDPH 257	Basic Emergency Medical Service, Physician on Duty (Title 22, Sections 70411 through 70419)		
CDPH 258	Comprehensive Emergency Medical Service (Title 22, Sections 70451 through 70459)		
CDPH 259	Rehabilitation Center (Title 22, Sections 70595 through 70603)		
CDPH 260	Occupational Therapy Service (Title 22, Sections 70515 through 70523)		
CDPH 261	Physical Therapy Service (Title 22, Sections 70555 through 70563)		
CDPH 262	Speech Pathology and/or Audiology Service (Title 22, Sections 70639 through 70647)		
CDPH 263	Acute Respiratory Care Service (Title 22, Sections 70401 through 70409)		



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CDPH 264		<b>Burn Center (Title 22, Sections 70421 through 70429)</b>	
CDPH 265		<b>Coronary Care Service (Title 22, Sections 70461 through 70469)</b>	
CDPH 266		<b>Intensive Care Newborn Nursery Service (Title 22, Sections 70481 through 70489)</b>	
CDPH 267		<b>Intensive Care Service (Title 22, Sections 70491 through 70499)</b>	
CDPH 268		<b>Application for Supplemental Services Approval (Title 22, Section 70301)</b>	
<b>CDPH 709</b>	<b>Client Accommodation Analysis</b>		
		<ul style="list-style-type: none"> <li>• Need by floor, by room, activity in rooms (may need floor plans).</li> <li>• Form needs to be signed.</li> </ul>	
<b>STD 850</b>	<b>Fire Safety Inspection Request (Title 22, Section 70745)</b>		
		<ul style="list-style-type: none"> <li>• This is <b>NOT</b> required for a change of ownership.</li> <li>• 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.</li> </ul>	
<b>DHCS 1051</b>	<b>Civil Rights Compliance Review</b>		
		Send directly to Office of Civil Rights – address is on last page of the form.	
<b>CHOW</b>	<b>Change of Ownership</b>		
		<ul style="list-style-type: none"> <li>• <b>SUBMIT</b> all of the forms required for an “initial” application, listed above, plus the following:</li> <li>• Copy of “Purchase Agreement” or “Operating Transfer Agreement”.</li> <li>• When applicable, 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. <b>[Title 22, Section 70755(g)]</b></li> <li>• When applicable, copy of receipt (with amount) signed by the new licensee in exchange for such monies.</li> <li>• 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. <b>[Title 22, Section 70751(e)]</b></li> </ul>	



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<p><b><u>MEDI-CAL CERTIFICATION</u></b> <b>GENERAL ACUTE CARE HOSPITAL</b> Includes the forms and information required for MEDI-CAL certification</p>			
HS 328	<b>Notice – Effective Date of Provider Agreement</b>		
		If applying for both Medi-Cal and Medicare certification, only need one copy of this form.	
DHCS 9098	<b>Medi-Cal Provider Agreement</b>		
		<ul style="list-style-type: none"> <li>• Do not leave any questions blank. Enter N/A or “same” if not applicable.</li> <li>• The “mailing address” must be the same as reported on the <b>HS 200</b> form, page 3, Item 4.</li> <li>• Signature page (page 9) <b>must be notarized</b>.</li> <li>• <b>SUBMIT</b> the “Acknowledgement” page from the Notary Public, if applicable.</li> </ul>	
<p><b><u>MEDICARE CERTIFICATION</u></b> <b>GENERAL ACUTE CARE HOSPITAL</b> Includes the forms and information required for MEDICARE certification</p>			
MEDI-CAL CERTIFICATION	<b>MEDICARE Certification of a GACH</b>		
		<p>If you answered “<b>YES</b>” to Item A.6.a. on the <b>HS 200</b> form (<b>Do You Wish to Apply for the Medicare Program?</b>) and your GACH wants to provide services to MEDICARE beneficiaries (under Title 18) <b>SUBMIT</b> the following forms with your “initial” application package.</p> <p>The GACH has the two choices for MEDICARE certification, which are discussed on pages 3 &amp; 4 of this letter.</p> <p><b>NOTE:</b> The agency is required to be licensed prior to seeking certification status.</p>	
HS 328	<b>Notice – Effective Date of Provider Agreement</b>		
		If applying for both Medi-Cal and Medicare certification, only need one copy of this form.	
CMS 855A	<b>Medicare General Enrollment Health Care Provider/Supplier Application</b>		
		<ul style="list-style-type: none"> <li>• This application is available from the Federal Department of Health and Human Services.</li> <li>• The completed application should be mailed directly to the appropriate <b>FISCAL INTERMEDIARY</b>.</li> </ul>	



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Form Number	Item Number on Form	<b>PROVIDER CHECKLIST</b> for GENERAL ACUTE CARE HOSPITAL	Check List
		The following is a quick reference of <b>SOME</b> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <b>SPECIFIC</b> requirements and/or attachments needed for specific forms. This is <b>NOT</b> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.	
<b>CMS 1561</b>	<b>Health Insurance Benefit Agreement</b>		
		<ul style="list-style-type: none"> <li>• <b>SUBMIT</b> two (2) signed copies with "original" signatures.</li> <li>• <b>Initial Application:</b> Sign the top signature block entitled "Accepted for the Provider of Services By."</li> <li>• <b>Change of Ownership:</b> Sign the bottom signature block entitled "Accepted For The Successor Provider of Services By."</li> </ul>	
<b>OMB No. 0900-0243</b>	<b>Civil Rights Information Request for Medicare Certification</b>		
		<ul style="list-style-type: none"> <li>• <b>Complete</b> and "sign" form (original signature).</li> <li>• <b>SUBMIT</b> copy of all items required on the form. All <b>9 items</b> need to be "identified" and accounted for. However, if less than 15 employees, Item #6 does not apply. DO will not review these items since they are to be approved by OCR.</li> </ul>	
<b>HHS 690</b>	<b>Assurance of Compliance</b>		
		<b>SUBMIT</b> 1 copy. Actually, this is Item #1 of the <b>OMB No. 0900-0243</b> form.	
<p><b><u>ADDING A HOSPITAL OUTPATIENT CLINIC to a GACH</u></b>  <b>GENERAL ACUTE CARE HOSPITAL</b>            Includes the forms and information required to add a Hospital Outpatient Clinic</p>			
<b>HS 200</b>	<b>Licensure &amp; Certification Application (Title 22, Section 70107)</b>		
	General Info.	<ul style="list-style-type: none"> <li>• Refer to the instructions for completion of the <b>HS 200</b> form on the previous pages.</li> <li>• <b>Only need to complete A1, A4, A11, B1 thru B4, B6, C2 thru C6, and all of D and F of the HS 200 form.</b></li> <li>• See below for instructions for Item <b>A11 of the HS 200</b> form.</li> </ul> <p><b>HS 200, Item A.11.: Construction.</b> N/A for CHOWS, unless there has been construction and/or remodeling.</p> <p><b>If this IS a newly constructed and/or remodeled building OR if this is NOT a previously licensed facility (i.e., existing building with no construction or remodeling required) contact the Office of Statewide Health Planning &amp; Development (OSHPD) at the following website for Title 24 clearance:</b>  <a href="http://www.oshpd.ca.gov">www.oshpd.ca.gov</a></p>	OSHPD sends directly to District Office
<b>STD 850</b>	<b>Fire Safety Inspection Request (Title 22, Section 70745)</b>		
		<ul style="list-style-type: none"> <li>• This is <b>NOT</b> required for a change of ownership.</li> <li>• The <b>STD 850</b> form must be submitted or a similar form from the fire authority. If the <b>STD 850</b> form is NOT submitted, the fire authority form will need to contain equivalent information as the <b>STD 850</b> form.</li> </ul>	



# APPLICATION REQUEST FOR A GENERAL ACUTE CARE HOSPITAL



Form Number	Item Number on Form	<b>PROVIDER CHECKLIST</b> for GENERAL ACUTE CARE HOSPITAL	Check List
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CDPH 246	Application for Outpatient Service		
CDPH 268	Application for Supplemental Services Approval (Title 22, Section 70301)		
CDPH 609	Bed or Service Request		
		Refer to the instructions for completion of the <u>CDPH 609</u> form on the previous pages.	
<b><u>MEDI-CAL CERTIFICATION</u></b> <b>ADDING A HOSPITAL OUTPATIENT RURAL HEALTH CLINIC (Non-Urbanized Area)</b> Includes the forms and information required for MEDI-CAL certification			
HS 200	Licensure & Certification Application		
	General Info.	<ul style="list-style-type: none"> <li>• Only complete the <b>HS 200</b> form if this RHC is <b>NOT</b> licensed as a PCC.</li> <li>• If applying for both Medi-Cal &amp; Medicare certification, only need one copy of this form.</li> <li>• Read the instructions on the <b>HS 200</b> form prior to completion of the form.</li> <li style="background-color: yellow;">• <b>Only need to complete A1, A4, A11, B1 thru B4, B6, C2 thru C6, and all of D and F of the HS 200 form.</b></li> <li>• See below for instructions for Item <b>A.11 of the HS 200</b> form.</li> </ul>	
	Item A.11	<b>HS 200, Item A.11.: Construction.</b> N/A for CHOWS, unless there has been construction and/or remodeling.  If this <b>IS</b> a newly constructed and/or remodeled building <b>OR</b> if this is <b>NOT</b> a previously licensed facility (i.e., existing building with no construction or remodeling required) contact the Office of Statewide Health Planning & Development (OSHPD) at the following website for Title 24 clearance: <a href="http://www.oshpd.ca.gov">www.oshpd.ca.gov</a>	OSHPD sends directly to District Office
HS 328	Notice – Effective Date of Provider Agreement		
		If applying for both Medi-Cal & Medicare certification, only need one copy of this form.	
HS 610	Medically Underserved or Health Professional Shortage Areas		
		<ul style="list-style-type: none"> <li>• This form is to see if you qualify as a RHC – census tract number.</li> <li>• This form does NOT need to be submitted for a change of ownership (CHOW).</li> <li>• If applying for both Medi-Cal &amp; Medicare certification, only need one copy of this form.</li> </ul>	



# APPLICATION REQUEST FOR A GENERAL ACUTE CARE HOSPITAL



Form Number	Item Number on Form	<b>PROVIDER CHECKLIST</b> for GENERAL ACUTE CARE HOSPITAL	Check List
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<b>STD 850</b>	<b>Fire Safety Inspection Request (Title 22, Section 70745)</b>		
		<ul style="list-style-type: none"> <li>This is <b>NOT</b> required for a change of ownership.</li> <li>The <b>STD 850</b> form must be submitted or a similar form from the fire authority. If the <b>STD 850</b> form is NOT submitted, the fire authority form will need to contain equivalent information as the <b>STD 850</b> form.</li> </ul>	
<b>CMS 29</b>	<b>Request to Establish Eligibility</b>		
		<ul style="list-style-type: none"> <li>This form is <b>required</b> for both "initial" and CHOW application.</li> <li>If applying for both Medi-Cal &amp; Medicare certification, only need one copy of this form.</li> </ul>	
<b>DHCS 9098</b>	<b>Medi-Cal Provider Agreement</b>		
		<ul style="list-style-type: none"> <li>Do not leave any questions blank. Enter N/A or "same" if not applicable.</li> <li>The "mailing address" must be the same as reported on the <b>HS 200</b> form, page 3, Item 4.</li> <li>Signature page (page 9) must be notarized.</li> <li><b>SUBMIT</b> the "Acknowledgement" page from the Notary Public, if applicable.</li> </ul>	
<p><b><u>MEDICARE CERTIFICATION</u></b></p> <p><b>ADDING A HOSPITAL OUTPATIENT RURAL HEALTH CLINIC (Non-Urbanized Area)</b> Includes the forms and information required for <b>MEDICARE</b> certification</p>			
<b>HS 200</b>	<b>Licensure &amp; Certification Application</b>		
	General Info.	<ul style="list-style-type: none"> <li>Only complete the <b>HS 200</b> form if this RHC is <b>NOT</b> licensed as a PCC.</li> <li>If applying for both Medi-Cal &amp; Medicare certification, only need one copy of this form.</li> <li>Read the instructions on the <b>HS 200</b> form prior to completion of the form.</li> <li><b>Only need to complete A1, A4, A11, B1 thru B4, B6, C2 thru C6, and all of D and F.</b></li> <li>See below for the instructions to complete item <u>A.11.</u> of the <b>HS 200</b> form.</li> </ul>	
		<p><b>HS 200, Item A.11.: Construction.</b></p> <p>N/A for CHOWS, unless there has been construction and/or remodeling.</p> <p><b>If this IS a newly constructed and/or remodeled building OR if this is NOT a previously licensed facility (i.e., existing building with no construction or remodeling required) contact the Office of Statewide Health Planning &amp; Development (OSHDP) at the following website for Title 24 clearance:</b> <a href="http://www.oshpd.ca.gov">www.oshpd.ca.gov</a></p>	OSHDP sends directly to District Office



# APPLICATION REQUEST FOR A GENERAL ACUTE CARE HOSPITAL



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HS 328	<b>Notice – Effective Date of Provider Agreement</b>		
		If applying for both Medi-Cal & Medicare certification, only need one copy of this form.	
HS 610	<b>Medically Underserved or Health Professional Shortage Areas</b>		
		<ul style="list-style-type: none"> <li>• This form is to see if you qualify as a RHC – census tract number.</li> <li>• This form does NOT need to be submitted for a change of ownership (CHOW).</li> <li>• If applying for both Medi-Cal &amp; Medicare certification, only need one copy of this form.</li> </ul>	
STD 850	<b>Fire Safety Inspection Request (Title 22, Section 70745)</b>		
		<ul style="list-style-type: none"> <li>• This is <b>NOT</b> required for a change of ownership.</li> <li>• The <b>STD 850</b> form must be submitted or a similar form from the fire authority. If the <b>STD 850</b> form is NOT submitted, the fire authority form will need to contain equivalent information as the <b>STD 850</b> form.</li> </ul>	
CMS 29	<b>Request to Establish Eligibility</b>		
		<ul style="list-style-type: none"> <li>• This form is <b>required</b> for both “initial” and CHOW applications.</li> <li>• If applying for both Medi-Cal &amp; Medicare certification, only need one copy of this form.</li> </ul>	
CMS 855A	<b>Medicare General Enrollment Health Care Provider/Supplier Application</b>		
		<ul style="list-style-type: none"> <li>• This application is from the Federal Department of Health and Human Services.</li> <li>• The completed application should be mailed directly to the appropriate <b>FISCAL INTERMEDIARY</b>.</li> </ul>	
CMS 1561A	<b>Health Insurance Benefits Agreement</b>		
		<b>SUBMIT</b> two (2) signed copies with “original” signatures.	
OMB No. 0990-0243	<b>Civil Rights Information Request for Medicare Certification</b>		
		<ul style="list-style-type: none"> <li>• <b>Complete</b> and “sign” form (original signature).</li> <li>• <b>SUBMIT</b> copy of all items required on the form.</li> </ul> <p>All <b>9 items</b> need to be “identified” and accounted for. However, if less than 15 employees, Item #6 does not apply. DO will not review these items since they are to be approved by OCR.</p>	
HHS 690	<b>Assurance of Compliance</b>		
		<b>SUBMIT</b> 1 copy. Actually, this is Item #1 of the <b>OMB No. 0990-0243</b> form.	