



APPLICATION REQUEST FOR A PRIMARY CARE CLINIC



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

- Initial application package licensing of a “community” or “free” PCC; or
- Change of ownership (CHOW) application package for a “community” or “free” PCC.

A state license is required to operate a “community” or “free” PCC in California, which are defined as:

- Community clinic means “a clinic operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds or contributions, that may be in the form of money goods, or services. In a community clinic, any charges to the patient shall be based on the patient’s ability to pay, utilizing a sliding scale,” pursuant to Section 1204 (a)(1)(A) of the Health and Safety (H&S) Code.
- Free clinic means “a clinic operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds or contributions, that may be in the form of money goods, or services. In a free clinic there shall be no charges directly to the patient for services rendered or for drugs, medicines, appliances, or apparatuses furnished,” pursuant to Section 1204 (a)(1)(B) of the H&S Code.

An application package is required for: (1) a new (initial) PCC and (2) whenever a CHOW occurs. A CHOW is the only “change” requiring a new application package to be submitted to L&C’s Centralized Applications Unit (CAU) pursuant to Section 75021 of Title 22 of the California Code of Regulations (CCR). All other changes (besides a CHOW) must also be reported to the L&C District Office (DO) in writing within **10 days** of the change, pursuant to Section 75025 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 licensing and Medi-Cal enrollment; and/or certification of the following:

- PCC LICENSURE
- PCC ENROLLMENT in Medi-Cal



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NOTE: CAU does **NOT** process application packages for EXEMPT PCCs (**EXEMPT from licensure**). A clinic exemption list can be found at:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/HealthFacility-PCC.aspx>

EXEMPT PCCs wishing to enroll in the Medi-Cal Program need to contact the Department's Provider Enrollment Division for their Medi-Cal application package at their Branch website at:

<http://medi-cal.ca.gov>

DENTAL CLINICS

Applicants wishing to enroll in the Department of Health Care Services, California Medi-Cal Dental Program, i.e., **Denti-Cal Program**, you may contact them at 1-800-423-0507 or at their website at:

<http://www.denti-cal.ca.gov>

FEDERALLY QUALIFIED HEALTH CENTERS

Federally Qualified Health Centers (FQHC) and FQHC Look-Alikes should submit Medi-Cal certification forms along with the licensing application forms directly to CAU.

The **checklist** provides specific item numbers that applicants typically have encountered problems in submitting incorrect or missing information. Please make sure that all the 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" 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.** Does 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 corrections. 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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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 package will be processed. The licensing fees change annually; therefore please check the current application fee for a PCC 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, pursuant to Section 75023 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 PCC **application packages must be submitted to the L&C, CAU address** (regular **or** overnight mail), listed below. Please note that “overnight” mail may actually take longer for the CAU to receive because of our CDPH in-house mail services.

For regular mail:

California Department of Public Health
Licensing and Certification Program
Centralized Applications Unit
P.O. Box 997377, MS 3402
Sacramento, CA 95899-7377

For overnight (FedEx-UPS)

California Department of Public Health
Licensing and Certification Program
Centralized Applications Unit
1615 Capitol Avenue, MS 3402
Sacramento, CA 95814

The CAU will review the application package for completion and forward it to the appropriate DO once the application package has been given a recommendation of “approved”. 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>



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To apply for National Provider Identifier (NPI), go to the following website. The NPI number is not required for a “licensed” only facility.

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

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 “new” PCC facility applications.
3. The initial **licensing survey** is a scheduled survey conducted by L&C DOs in the facility.

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 facility 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 the CAU, at (916) 552-8630 or by e-mail at CAU@cdph.ca.gov.

Attachment: STD 850 form for Primary Care Clinic License Applications



APPLICATION REQUEST FOR A PRIMARY CARE CLINIC



TO: Fire Authorities in the State of California

FROM: Centralized Applications Unit
Licensing & Certification Program
California Department of Public Health

RE: STD 850 Form for Primary Care Clinic License Applications

The Licensing & Certification (L&C) Program requires the inclusion of a completed Fire Safety Inspection Request form (STD 850) in all "NEW" clinic licensing applications.

- This form is NOT required for a change of ownership.
- The STD 850 form must be submitted or a similar form from the fire authority. If this form is NOT submitted, the fire authority form will need to contain equivalent information.
- The L&C Program will accept forms initiated by the clinic directly. The form does not have to be initiated by L&C. Once completed by the Fire Authority, a copy can be returned to the clinic to include with their application and the original can be sent to:

California Department of Public Health
Licensing and Certification Program
Centralized Applications Unit
P.O. Box 997377, MS 3402
Sacramento, CA 95899-7377

- 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>

If you have any questions regarding this process, please contact the Centralized Applications Unit at (916) 552-8632. Thank you for your assistance.



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Form Number	Item Number on Form	APPLICANT CHECKLIST For a PRIMARY CARE CLINIC	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.	
<p><u>LICENSURE</u></p> <p>PRIMARY CARE CLINICS (Including MOBILE CLINICS)</p> <p>Includes the forms and information required to be “licensed”.</p> <p>All Primary Care Clinics MUST be licensed unless they are EXEMPT from licensure.</p>			
HS 200	<p>Licensure & Certification Application (Title 22, Section 75021)</p> <p>NOTE: Please read the instructions on the HS 200 form prior to completion of the form. Also, pay close attention to the following items:</p>		
	A.6	<p>Medicare. Primary Care Clinics including FQHCs, should check No even if they intend to apply separately for Medicare. Licensing & Certification does not certify Primary Care Clinics for the Medicare program.</p>	
	A.11	<p>Construction. (H&S Code 1217 and Title 22, Section 75060)</p> <p>SUBMIT the following documents for “initial” applications. N/A for CHOWs unless there has been construction and/or remodeling.</p> <p>If this is a newly constructed and/or remodeled building, SUBMIT the following:</p> <ol style="list-style-type: none"> 1. Written certification of Title 24 compliance (OSHPD 3 Standards) from a California licensed architect or a local building authority. The written statement must state that the building meets the following: <ul style="list-style-type: none"> • California Building Code • California Electrical Code • California Fire Code • California Mechanical Code • California Plumbing Code <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • The California licensed architect or local building authority may use the following form, “<u>Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital</u>” to certify that the facility conforms to current applicable Title 24 California Building Standard Codes (OSHPD 3 Standards). 2. Certificate of Occupancy <p>If this is NOT a previously licensed facility SUBMIT the Title 24 requirements (OSHPD 3 Standards) listed under number 1 (above). (H&S Code, Sections 1217 and 1226.3)</p>	N/A for Mobile Clinic



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	B.1.	Licensee's name. [Title 22, Section 75022(a)(3)] The licensee's formal organization name must be consistent throughout all documents.	
	B.3.	Owner type. SUBMIT an organization chart/flow chart for the nonprofit organization. The organization chart needs to display the following: <ul style="list-style-type: none"> • Applicant's directors, board members, and corporate officers. • PARENT company of applicant, if applicable, & all the licensed agencies/facilities they are operating – See "B.6." below. • SUBMIT a copy of Internal Revenue Service letter of determination status acknowledging tax-exempt nonprofit corporation. [H&S 1204 (a)(1)(A)(B)] 	
	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. • Applicant's directors, board members, and corporate officers, of the PARENT company. • A listing of all facilities the PARENT company is operating. 	
	C.1.a.	Management Company. This question does not apply to primary care clinics.	N/A
	C.1.b.	"Interim" Management Company Agreement. <ul style="list-style-type: none"> • NOTE if CHOW: 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" & "current" facility. Enter both facility names if this is a CHOW. If this clinic does NOT have a separate name, they may insert the corporate name.	
	C.6.a.	Administrator. NOTE: Administrator may be responsible for more than one licensed clinic only if the same governing body operates all clinics. Information will have to be noted on the HS 215A form -- number hours spent in each clinic per week. [Title 22, Sections 75022(a)(4) & 75046(c)]	
	C.6.b.	Director of Nursing.	N/A
	C.7.	Ownership.	N/A



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	C.8.	Financial resources. This question only applies to skilled nursing facilities and intermediate care facilities, per the HS 200 form instructions.	N/A
	C.9. & C.10.	Over-concentration and Program Plan. These questions are "N/A" for PPCs.	N/A
	D.1. & D.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.	N/A for Mobile Clinic
	E. & Attach E-1	Management Company Information. Attachment E-1 does not apply to primary care clinics.	N/A
	F.1.	Signature. "Original" signature is required and MUST be signed by the APPLICANT (not the Administrator).	
HS 215A	Applicant Individual Information (Title 22, Sections 75022 and 75025) NOTE: Please read the instructions on the HS 215A form prior to completion of the form.		
		SUBMIT the HS 215A form for the following individuals with "original" signatures: <ul style="list-style-type: none">• Directors, board members, corporate officers, and partners of the applicant organization.• Directors, board members, corporate officers, and partners of the PARENT company.• ADMINISTRATOR. The Administrator shall include the name and number of hours spent in each facility they are employed, per week. [Title 22, Section 75022(a)(4)]	
	Signature	Signature. Original "signature" is required.	
	Facility Info. 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 and address• Type of facility• Type of business entity (include EIN Number)• Individual's <u>nature</u> and <u>dates</u> of involvement• This Sheet must also include any facilities licensed by the California Department of Social Services	
HS 309 1 st page	Administrative Organization [Title 22, Section 75022(a)(2)]		
	2.	Administrator of Corporation or LLC – This is usually the CEO/President.	



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	3. thru 7.	Corporations need to SUBMIT: <ul style="list-style-type: none"> • Copy of 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. 	
	9.	Governing Board of Directors. <ul style="list-style-type: none"> • Enter the number of board members or LLC members/holders. • SUBMIT a list of the Board of Directors or LLC Members/holders. 	
	10.	Board Officers. Enter the names of the board officers or the LLC officers/managers.	
HS 309 2 nd page	Organizational Structure [Title 22, Section 75022(a)(2)]		N/A
HS 602	Transfer Agreement Between (Health & Safety Code, Section 1765.160 and Title 22, Section 75047)		
		SUBMIT a current copy of the Transfer Agreement (within one year of submission of application).	
STD 850	Fire Safety Inspection Request (Title 22, Section 75061)		
		<ul style="list-style-type: none"> • This form is NOT required for a CHOW. • 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. • If the fire authority refuses to accept the STD 850 form from the applicant, CAU or the district offices will send the STD 850 form on behalf of the applicant. • The L&C Program will accept forms initiated by the clinic directly. The form does not have to be initiated by L&C. Once completed by the Fire Authority, a copy can be returned to the clinic to include with their application and the original can be sent to CAU. • To fill out the correct district office information, go to the link cited in this letter to download the list of district offices. 	
DHCS 1051	Civil Rights Compliance Review		
		Send directly to Office of Civil Rights – address is on last page of the form.	
MOBILE CLINIC	MOBILE CLINIC		
		In addition to the above forms, mobile PCC must SUBMIT the following forms:	
		<ul style="list-style-type: none"> • Vehicle registration, including ID, type and manufacturer. [Health & Safety Code, Section 1765.120(a)] • Department of Housing & Community Development (HCD) "Inspection Approval" or copy of the HCD's "insignia". [Health & Safety Code, Section 1765.120(b)] 	



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		<ul style="list-style-type: none"> • 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. Otherwise, the PCC applicant must SUBMIT a letter verifying that the mobile unit is self-contained. [Health & Safety Code, Section 1765.150(b)] • If you don't believe that the Local Planning/Zoning approval is required for a particular MOBILE clinic, SUBMIT a written statement from the Local Planning/Zoning agency. [Health & Safety Code, Sections 1765.150(e) and 1765.155(a)] • If you don't believe that the STD 850 (Fire Safety Inspection Request) is required for a particular MOBILE clinic, SUBMIT written statement from the local fire agency. [Health & Safety Code, Section 1765.155(a)] 	
CHOW	Change of Ownership	[Title 22, Section 75021(3)]	
		<p>SUBMIT all of the forms required for an "initial" application, listed above, plus:</p> <ul style="list-style-type: none"> • Copy of "Purchase Agreement" or "Operating Transfer Agreement". • 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, Section 75055(e)] 	
<p><u>MEDI-CAL CERTIFICATION</u> PRIMARY CARE CLINICS (Including MOBILE CLINICS) Includes the forms and information required for MEDI-CAL certification</p>			
HS 269	Application for Medi-Cal Certification as a Primary Clinic Provider		
		Form requires a National Provider Identifier number in lieu of the Medi-Cal provider number.	
HS 328	Notice – Effective Date of Provider Agreement		
DHCS 9098	Medi-Cal Provider Agreement		
		<ul style="list-style-type: none"> • Do not leave any questions blank. Enter N/A or "or same" if not applicable. • The "mailing address" must be the same as reported on the HS 200 form, page 3, Item 4. • Signature page must be notarized. • SUBMIT the "Acknowledgement" page from the Notary Public, if applicable. 	