



APPLICATION REQUEST FOR A GENERAL ACUTE CARE HOSPITAL, ACUTE PSYCHIATRIC HOSPITAL or SPECIAL HOSPITAL 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 general acute care hospital (GACH), acute psychiatric hospital (APH), or special hospital (SP).

If a GACH, APH or SP 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 the appropriate L&C district office (DO), pursuant to Sections 1265 of the Health and Safety (H&S) Code, to obtain the department’s approval prior to managing a GACH, APH, or SP.

Any changes in the “initial” management company information submitted shall be reported to the appropriate L&C DO in writing within **30 calendar days** of the change.

For your convenience, the [attached checklist](#) has instructions to complete the forms required for approval of a GACH, APH or SH 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.

The department will review the application in accordance with Section 1265.3 of the H&S Code. 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



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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 management company **application packages must be submitted to the applicable L&C DO.** 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>

The DO will review the application package for completion and will notify the management company of approval or denial of the application to manage a GACH, APH, or SH.

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



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Form Number	Item Number on Form	PROVIDER CHECKLIST For a Hospital MANAGEMENT COMPANY		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.		
HS 200	Licensure & Certification Application (H&S Code, Sections 1265 and 1265.3)			
	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.11.	Construction. This question is "N/A" for a management company application.		N/A
	B.1.	Licensee's name. 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 (i.e., management company) owners and their percentages, directors, board members, corporate officers, LLC members/managers, and partners. NOTE: SUBMIT the HS 215A form for each of these individuals. <ul style="list-style-type: none"> • Parent company of applicant, if applicable, and all the licensed agencies/facilities they are operating – see B.6. 		
	B.5.a.	Licensee's "other" Facility Involvement. Make sure provider answers all aspects of the question.		
	B.5.b.	Revocation, suspension, etc. action. If applicable to the management company, 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 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)] <ul style="list-style-type: none"> • A listing of all facilities the parent company is operating. 		
	C.1.a.	Management Company. Complete C.1.a. and SUBMIT ATTACHMENT E-1		See Attach E-1
	C.1.b.	"Interim" Management Company Agreement. This question is "N/A" for a management company application.		N/A



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	C.2.	Name of “proposed” and “current” facility. This question is “N/A” for a management company application.		N/A
	C.6.a. & C.6.b.	Administrator and Director of Nursing. These questions are “N/A” for a management company application.		N/A
	C.7.	Ownership. <ul style="list-style-type: none"> • List all individuals having 5% or more ownership, unless “nonprofit”. • SUBMIT the HS 215A form for all of these individuals. 		
	C.8. thru C.10.	Financial resources, over concentration and Program Plan approval. These questions are “N/A” for a management company application.		N/A
	D.1. & D.2	Property ownership and Owner of Record of the property. These questions are “N/A” for a management company application.		N/A
	E. and Attach E-1	Management Company Information. Skilled nursing facility, intermediate care facility, general acute care hospital, and adult day health care management company applicants must complete this Attachment.		
	F.1.	Signature. “Original” signature is required and MUST be signed by the Management Company representative (not the facility Administrator).		
HS 215A	Applicant Individual Information			
	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"> • Owners, directors, board members, corporate officers, LLC members/managers, and partners of the applicant organization, parent organization, and management company. • Each individual having a beneficial interest of 5% or more in the applicant organization, and/or parent organization. 		
	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 current or past 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 		



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		<ul style="list-style-type: none"> 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. 		
HS 309 1 st page	Administrative Organization			
	2.	Administrator of Corporation or LLC – This is usually the CEO/President.		
	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 -- SUBMIT the HS 215A form for each individual listed under this item. 	LLCs need to SUBMIT: <ul style="list-style-type: none"> Copy of 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 Incorporation (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.	Governing Board of Directors. Enter the number of members/manages. 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.		
	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, LLCs 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 			