

BHCIP Eligible Facilities: CDPH Licensing Webinar










**Behavioral Health Continuum
Infrastructure Program**

November 2024

BHCIP Overview

- » In 2021 [legislation](#), the California Department of Health Care Services (DHCS) was authorized to establish BHCIP and award \$2.2 billion to eligible entities to construct, acquire, and expand properties and invest in mobile crisis infrastructure to improve the quality of and access to behavioral health care across the state.
- » In March 2024, California voters passed [Proposition 1](#), a two-bill package including the Behavioral Health Services Act (BHSA) ([Senate Bill 326](#)) and the Behavioral Health Infrastructure Bond Act of 2024 (BHIBA) ([Assembly Bill 531](#)).
 - The BHIBA portion is a \$6.38 billion general obligation bond to develop an array of behavioral health treatment, residential care settings, and supportive housing to help provide appropriate care facilities for Californians experiencing mental health conditions and substance use disorders.
 - DHCS was authorized to award up to \$4.4 billion in BHIBA funds for BHCIP competitive grants for behavioral health treatment.
 - In addition, DHCS will enact changes resulting from Proposition 1 through the Behavioral Health Transformation (BHT) project, which aims to modernize the behavioral health delivery system, improve accountability, increase transparency, and expand capacity of behavioral health care facilities for California residents.

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Agenda

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- » CDPH's mission is optimizing the health and well-being of the people in California. This mission is achieved, in part, through the issuance of certificates, licenses, permits, and registrations. These authorizations assist in the regulatory oversight of professionals, facilities, and equipment.
- » They ensure compliance with state licensing laws and federal certification regulations in their role as the state survey agency for the Centers for Medicare and Medicaid Services for which we certify facilities to receive Medicare and Medi-Cal reimbursements.



BHCIP-Eligible Facility Types

- » Acute Psychiatric Hospital (APH)
- » Chemical Dependency Recovery Hospital (CDRH)
- » Community Mental Health Center (CMHC)
- » General Acute Care Hospital (GACH) for behavioral health services only
- » Skilled Nursing Facility with Special Treatment Program (SNF/STP)



Centralized Applications Branch (CAB)

- » The Centralized Applications Branch (CAB) provides standardization and consistency of state licensing and federal certification through the application process.
- » CAB processes applications for initial (new) facilities or agencies seeking initial licensure/certification, and Report of Changes that require an updated license such as:
 - Change of Ownership
 - Change of Location
 - Change of Beds
 - Change of Service
 - Change of Name
 - Other Report of Changes that do not impact the license but are required to be reported



Centralized Applications Branch (CAB)

- » Health care facilities and providers must submit a complete application to CAB. Applications submitted with missing forms and/or supporting documents will be deemed incomplete. Application fees are not accepted until a CAB analyst validates that all required forms and supporting documents are received.
- » Once all required fees are received, a full comprehensive review will commence. CAB will determine whether to approve or deny the application based on the information contained in the application and its compliance with state and federal requirements.
- » An approved application for an Initial or a Report of Change that requires an updated license will be forwarded to the local district office for survey. An applicant may present a written petition for a hearing to the Department, if an application is denied or if the survey results deny issuance of a license.
- » To submit an application to CAB click on the link below for a paper application packet or an online application for GACH/APH (General Acute Care Hospitals/Acute Psychiatric Hospitals) only.

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ApplyForLicensure.aspx>



Application

Acute Psychiatric Hospital (APH) and General Acute Care Hospital (GACH)

» Where to Apply:

- <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/ApplyForLicensure-Electronic.aspx>

» How to Apply:

- An applicant must be an authorized user to submit a completed online application to the CAB.
- Prior to using the GACH/APH Online Application providers must first create an online account.
- Once your account has been created, you may start an online application.

» Additional Information:

- The Department must complete its evaluation and approve or deny a GACH or APH application within 100 days of receipt, pursuant to HSC 1272



Initial Application Checklist

» For more details regarding these application checklists for APHs and GACHs, please see the application checklist below

- <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/GACH-APH-Initial-Provider-Checklist.aspx>

Application Packet Forms	Acute Psychiatric Hospital (APH)	General Acute Care Hospital (GACH)
Online Application PDF Form	Required	Required
STD 850 (PDF) form - Fire Safety Inspection Request	Required	Required
CDPH 270 (PDF) form - Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital	Only applicable for addition of offsite services	Only applicable for addition of offsite services
HS 402 (PDF) form - Surety Bond Verification	Only required when applicable	Only required when applicable
HS 400 (PDF) form - Affidavit Regarding Patient Money	Only required when applicable	Only required when applicable
CMS 1561 (PDF) form - Health Insurance Benefit Agreement	For Medicare Provider	For Medicare Provider
HS 328 (PDF) form - Notice-Effective Date of Provider Agreement	For Medicare Provider	For Medicare Provider
HHS 690 (PDF) form - Assurance of Compliance	For Medicare Provider	For Medicare Provider
DHCS 9098 (PDF) form - Medi-Cal Provider Agreement	For Medi-Cal Provider	For Medi-Cal Provider
DHCS 6207 (PDF) form - Notice-Effective Date of Provider Agreement	For Medi-Cal Provider	For Medi-Cal Provider
HS 328 (PDF) form - Notice-Effective Date of Provider Agreement	For Medi-Cal Provider	For Medi-Cal Provider

Additional Supporting Documents	Acute Psychiatric Hospital (APH)	General Acute Care Hospital (GACH)
Organizational chart	Required	Required
Certificate of Qualifications	Required	Required
Secretary of State- Filing Statement	Required	Required
Corporation - Supporting Documents	Required	Required
Limited Liability Company (LLC) - Supporting Documents	Required	Required
Public Agency - Copy of signed Resolution	Required	Required
Partnership - Copy of signed Partnership Agreement	Required	Required
List of Board of Directors	Required	Required
Resume- Director of Nursing	Required	Required
Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement	Required	Required
Department of Health Care Access and Information (HCAI)- Certificate of Occupancy (CO), Construction Final (CF), or Substantial Completion (SC)	Required	Required
Floor Plan	Required	Required
Internal Revenue Service (IRS) Documentation	Required	Required

Change of Services Application Checklist Onsite

- » For sponsors/facilities that are already licensed by CDPH and looking to expand their service provision, a “Change of Services” application will need to be filed.
- » For more details on required application documents, please see the application checklists below:
 - [APH and GACH “Change of Services” Checklist](#)

Addition, Expansion, Reactivation, Relocation (Onsite) of Services	Acute Psychiatric Hospital (APH)	General Acute Care Hospital (GACH)
Online Application PDF Form	Required	Required
HCAI Approval (Cert of Occupancy, Cert of Substantial Compliance or Construction Final)	Required	Required
Floor Plan	Required	Required
STD 850 - Fire Safety Inspection Request (PDF)	Required	Required



Change of Services Application Checklist Offsite

- » For sponsors/facilities that are already licensed by CDPH and looking to expand their service provision offsite, a “Change of Services” application will need to be filed.
- » For more details on required application documents, please see the application checklists below:
 - [APH and GACH “Change of Services” Checklist](#)

Addition, Expansion, Reactivation, Relocation (Offsite) of Services	Acute Psychiatric Hospital (APH)	General Acute Care Hospital (GACH)
Online Application PDF Form	Required	Required
Copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee	Required	Required
Certificate of Occupancy from the local building authority	Required	Required
CDPH 270 (PDF) form - Certification Form for Clinics and Freestanding Outpatient Clinic Services of a Hospital	Required	Required
STD 850 - Fire Safety Inspection Request (PDF)	Required	Required
Floor Plan	Required	Required

Relocation of Services – Offsite to an Onsite Location	Acute Psychiatric Hospital (APH)	General Acute Care Hospital (GACH)
Online Application PDF Form	Required	Required
HCAI Approval (Cert of Occupancy, Cert of Substantial Compliance or Construction Final)	Required	Required
Floor Plan	Required	Required
STD 850 - Fire Safety Inspection Request (PDF)	Required	Required
Upon approval of the onsite services addition, submit a change of offsite services application to remove supplemental services from an offsite location	Required	Required

Application

Chemical Dependency Recovery Hospital

» Where to Apply:

- <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AppPacket/CDRH-Initial.aspx>

» How to Apply:

- Submit completed application packets to the CAB at the address listed below. Do not send any completed application packets, forms, or supporting documents to the local CDPH, District Office.
 - California Department of Public Health
Licensing and Certification Program
Centralized Applications Branch
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377



Application

Skilled Nursing Facility with Special Treatment Program (SNF/STP)

» Where to Apply:

- <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AppPacket/SNF-Initial.aspx>

» How to Apply:

- Submit completed application packets to the CAB at the address listed below. Do not send any completed application packets, forms, or supporting documents to the local CDPH, District Office.
 - California Department of Public Health
Licensing and Certification Program
Centralized Applications Branch
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377



Initial Application Checklist

» For more details on required application documents, please see the application checklists below:

- [Chemical Dependency Recovery Hospital Checklist](#)
- [Skilled Nursing Facility Checklist](#)

Application Packet Forms	Chemical Dependency Recovery Hospital (CDRH)	Skilled Nursing Facility (SNF)
HS 200 - Licensure and Certification Application (PDF)	Required	Required
CDPH 609 - Bed or Service Request (PDF)	Required	Required
CDPH 709 - Client Accomodation Analysis (PDF)	Required	
HS 215A - Applicant Individual Information (PDF)	Required	Required
HS 309 - Administrative Organization and Organizational Structure (PDF)	Required	Required
HS 400 - Affidavit Regarding Patient Money (PDF)	Required	Required
HS 402 - Surety Bond Verification (PDF)	Required	Required
HS 602 - Transfer Agreement (PDF)	Required	Required
STD 850 - Fire Safety Inspection Request (PDF)	Required	Required
HS 328 - Notice of Effective Date of Provider Agreement (PDF)		For Medi-Cal Provider
DHCS 9098 - Medi-cal Provider Agreement (PDF)		For Medi-Cal Provider
CMS 671 - Long Term Care Facility Application for Medicare & Medicaid (PDF)		For Medicare Provider
CMS 1561 - Health Insurance Benefits Agreement (PDF)		For Medicare Provider
HHS 690 - Assurance of Compliance (PDF)		For Medicare Provider
CMS 855A - Medicare General Enrollment Health Care Provider/Supplier Application (PDF)		For Medicare Provider

Additional Supporting Documents	Chemical Dependency Recovery Hospital (CDRH)	Skilled Nursing Facility (SNF)
Cover Letter	Required	Required
HCAI Construction Approval and/or Certificate of Occupancy		Required
Construction Compliance with Local Building Code Requirements	Required	
Internal Revenue Service (IRS) Documentation		Required
Organizational Chart	Required	Required
Control of Property	Required	Required
Management Company Agreement	Required	Required
Written Listing of Services	Required	
Floor Plan	Required	Required
Facility Information Sheet	Required	
Resume- Medical Director and Administrator (Dir. of Nursing required for SNF)	Required	Required
Corporation - Supporting Documents	Required	Required
Limited Liability Company (LLC) - Supporting Documents	Required	Required
Public Agency - Copy of signed Resolution	Required	Required
Partnership - Copy of signed Partnership Agreement	Required	Required
Certificate (Medical Director)		Required
Application for Supplemental Services SNF		16 Required

Change of Services Application Checklist

- » For sponsors/facilities that are already licensed by CDPH and looking to expand their service provision, a “Change of Services” application will need to be filed.
- » For more details on required application documents, please see the application checklists below:
 - [Chemical Dependency Recovery Hospital Checklist](#)
 - [Skilled Nursing Facility Checklist](#)

Application Packet Forms	Chemical Dependency Recovery Hospital (CDRH)	Skilled Nursing Facility (SNF)
Cover Letter	Required	Required
HS 200 - Licensure and Certification Application (PDF)	Required	Required
HCAI Approval (Cert of Occupancy, Cert of Substantial Compliance or Construction Final)		Required
A.10 - Construction	Required	Required
Fully Executed Provider Agreement		Required
Supplemental Policy	Required	
CDPH 709 - Client Accommodation Analysis (PDF)	Required	
Floor Plan	Required	
STD 850 - Fire Safety Inspection Request (PDF)	Required	Required
CDPH 609 - Bed or Service Request (PDF)		Required
Application for Supplemental Services		Required



Application

Community Mental Health Clinic (CMHC) (Certification)

» Where to Apply:

- <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AppPacket/CMHC-Initial.aspx>

» How to Apply:

- Submit completed application packets to the CAB at the address listed below. Do not send any completed application packets, forms, or supporting documents to the local CDPH, District Office.

California Department of Public Health
Licensing and Certification Program
Centralized Applications Branch
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377



Initial Application Checklist

» For more details on required application documents, please see the application checklists below:

- [Community Mental Health Clinic Checklist](#)

Application Packet Forms	Community Mental Health Clinic (CMHC)
Cover Letter	Required
HS 200 - Licensure and Certification Application (PDF)	Required
B.3 – Non-Profit Status – Owner Type	Required
B.4.b – License Revocation (if applicable)	Required
B.6 – Organizational Chart	Required
D.1 – Control of Property	Required
HS 215A - Applicant Individual Information	Required
Facility Information Sheet	Required
Administrator Resume	Required
HS 309 1st Page - Administrative Organization	Required
Corporation - Supporting Documents	Required
HS 309 2nd Page - Organizational Structure	Required

Medicare Certification Documents	Community Mental Health Clinic (CMHC)
Exhibit 131 - Community Mental Health Center Crucial Data Extract	Required
Exhibit 275 - Attestation Statement	Required
Exhibit 282 - Model Letter Participation In Medicare As A CMHC Providing Partial Hospitalizing Services	Required
CMS 1561 - Health Insurance Benefits Agreement	Required
Noridian Healthcare Solutions Recommendation of Approval Letter	Required
HHS 690 - Assurance of Compliance	Required
HS 328 - Notice- Effective Date of Provider Agreement	Required



Fees

» Link to [Fees Table](#)

- Electronic payment through the online application is not available at this time.
- A check will need to be sent to:

California Department of Public Health
Center for Health Care Quality
Licensing and Certification Program
PO Box 997377 MS 3207
Sacramento CA 95899-7377

Facility Type	Fee Per Facility/ Bed	Number of Licensed Facilities/ Beds ²	2024–25 Statewide License Fee	2024–25 Los Angeles County Supplemental License Fee
Acute Psychiatric Hospitals	Bed	6,580	\$796	\$140
Chemical Dependency Recovery Hospitals	Bed	543	\$313	\$123
General Acute Care Hospitals	Bed	74,125	\$796	\$140
Skilled Nursing Facilities ¹	Bed	115,882	\$1,061	\$281

¹ SNF license fee includes the statewide fee of \$1,057 and the California Department of Aging SNF LTC Ombudsman program fee of \$4



Department of Health Care Access and Information (HCAI) Construction Approval

- » Required for Acute Psychiatric Hospitals, General Acute Care Hospitals, and Skilled Nursing Facilities.
- » Required for all types of construction (e.g., New Construction, Renovation, Expansion).
- » Application processing times vary, for potential process completion estimations for you project, please visit the [Plan Approval Date Estimator](#).
- » All applications and submissions are housed through HCAI's [eServices Portal](#).
- » For plan submission requirements, visit <https://hcai.ca.gov/wp-content/uploads/2020/10/ePR-Electronic-Plan-Review-Submittal-Requirements-1.pdf>



Centers for Medicare and Medicaid Services (CMS) Certification (Voluntary)

- » Providers interested in Medicaid (Medi-Cal) certification (Acute Psychiatric Hospitals & Psychiatric Health Facilities only) will [submit an application](#) to the Centralized Applications Branch (CAB).
- » CAB application unit analyst will review the application/documentation.
- » If approved, the application is forwarded to the provider's local district office (DO).
- » The DO will complete their review and conduct an on-site survey, if necessary.
- » If approved, the DO will complete a CMS 1539 (Medicare/Medicaid Certification and Transmittal Form) and send over to CDPH CAB's Provider Certification Unit (PCU).
- » A CAB PCU analyst will review and compile documents to send to DHCS's PED.
- » DHCS' PED will add to Medi-Cal's billing system.
- » For more detailed information, see [CMS certification process](#).



Other Certifications

Acute Psychiatric Hospital

- » Voluntary PED/Medi-Cal Certification with DHCS

Chemical Dependency Recovery Hospital

- » Substance Use Disorder (SUD) Certification with DHCS

General Acute Care Hospital (GACH) for behavioral health services only

- » Voluntary PED/Medi-Cal Certification with DHCS

Skilled Nursing Facility with Special Treatment Program (SNF/STP)

- » Voluntary PED/Medi-Cal Certification with DHCS



Links to Facility Type Health & Safety Codes

- » [Acute Psychiatric Hospital](#)
- » [Chemical Dependency Recovery Hospital](#)
- » [General Acute Care Hospital](#)
- » [Skilled Nursing Facility](#)



Links to Facility Type State or Federal Regulations

- » [Acute Psychiatric Hospital](#)
- » [Chemical Dependency Recovery Hospital](#)
- » [Community Mental Health Centers](#)
- » [General Acute Care Hospital](#)
- » [Skilled Nursing Facility](#)



Contact Info

Acute Psychiatric Hospital:

- Phone: (916) 552-8632
- Email: CABHospitals@cdph.ca.gov

Chemical Dependency Recovery Hospital:

- Phone: (916) 552-8632
- Email: CABHospitals@cdph.ca.gov

Community Mental Health Centers:

- Phone: (916) 552-8632
- Email: CAB@cdph.ca.gov

General Acute Care Hospital (GACH) for behavioral health services only:

- Phone: (916) 552-8632
- Email: CABHospitals@cdph.ca.gov

Skilled Nursing Facility with Special Treatment Program (SNF/STP):

- Phone: (916) 552-8632
- Email: CABLTC@cdph.ca.gov

Questions?