

## **APPLICATION FOR INITIAL LICENSURE FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY**

A private nonprofit organization, county, county contracted nonprofit provider, city, public agency, or other governmental entity shall use this application form to apply to the Department of Health Care Services (DHCS) for an initial license to operate a Psychiatric Residential Treatment Facility (PRTF) or to apply for licensure due to a change of ownership.

“PRTF” means a health facility licensed by DHCS that is operated by a public agency or private nonprofit organization that provides inpatient psychiatric services for individuals under age twenty-one (21), as described in Subpart D (commencing with Section 441.150) of Title 42 of the Code of Federal Regulations, in a nonhospital setting.

- 1. An applicant shall include a non-refundable PRTF application fee of \$1,000.00 with this completed form.**
- 2. An applicant for licensure shall include a licensing fee with their application, as prescribed by the DHCS.**

### **INSTRUCTIONS FOR COMPLETION OF THIS FORM**

Please read and follow these instructions carefully and complete each item requested. Submit your application only after it has been properly completed, the required supportive documentation has been prepared, and the entire packet has been properly formatted.

Applications received by DHCS that do not meet the requirements described in these instructions will be returned to the applicant, minus any fees, without having been reviewed. The review process will not begin until the application meets the submission requirements. *An applicant may withdraw their application in writing at any time. The fee for processing the application shall be forfeited upon withdrawal.*

For additional information, please review the PRTF Interim Regulations, which outline the requirements for licensure of a PRTF.

#### **For hard-copy submissions:**

The application and all supportive documentation must be printed single-sided, with 12-point font on 8½” x 11” white paper. Documentation provided by a third party must be submitted unaltered and in the original format (size, font, color) that it was created.

**DO NOT LEAVE** any questions, boxes, lines, or fields blank.

**DO NOT USE** staples on this form or on any attachments.

**DO NOT SUBMIT** doubled-sided or bound documents.

**DO NOT USE** plastic sheets or page protectors, correction tape, white out, highlighter pen or ink of a similar type on this form or any supporting documentation. If you must make corrections, please line through, date, and initial in ink.

You may attach additional documents if your response to a section in this form does not fit in the provided space. Label each additional document with a unique attachment name (for example, “Attachment A”), and identify that attachment in the appropriate section of the form. You must provide a response in all sections that request information. If a section does not apply, enter “N/A.”

**SECTION A – FACILITY INFORMATION****This section must be completed by the applicant.**

- 1. Applicant Name** – Enter the full name of the person or organization legally responsible for the facility applying for licensure.
- 2. Administrator** – Enter the full name of the Administrator.
- 3. Clinical Director** – Enter the full name of the Clinical Director.
- 4. Applicant Mailing Address** – Enter the mailing address and phone number of the person(s) or organization legally responsible for the facility.
- 5. Type of Ownership** – Check the box that describes the facility's tax status, i.e. a government entity or non-profit organization.
- 6. Facility Name, Telephone, and Email Address** – Enter the name, telephone number, and email address (if applicable) of the proposed facility
- 7. Facility Street Address** – Enter the physical location of the facility. If the applicant is applying for licensure for more than one facility, the applicant shall complete a separate application for each facility.
- 8. Facility Mailing Address** – Enter the facility's mailing address, if different from the street address listed in item 7. If the address is different, the Department will send all official mail to this address.
- 9. Total number of beds to be licensed** – Enter the number of beds at the facility that the applicant is seeking to be licensed for.
- 10. Operational Questions** – Check the box that describes the facility's secured status.
- 11. Minimum age to be admitted** – Enter the minimum age that will be admitted to the facility.

**SECTION B – ATTESTATION****This section must be completed by the applicant.**

Read the attestation carefully before signing the application. The application must be signed by the chief executive officer or an authorized representative.

If the applicant is a corporation of any type, submit a board of director's resolution or board minutes granting authorization to the person signing the application.

If the applicant is a public agency, submit authorization from the agency, department administrator, or the County Board of Supervisors, for the person signing the application.

If the applicant is a partnership, the application shall be signed by all partners.

**SUPPORTING DOCUMENTATION AND DESCRIPTIONS**

The supporting documentation as listed below shall be submitted as part of a completed application.

If you are submitting your application electronically, identify each supporting document using the below titles.

If you are submitting a hard-copy application, each supporting document shall be numbered and separated by correspondingly numbered tabbed dividers.

**Application for Initial Licensure**

**Tab 1 – Plan of Operation** – A copy of the facility's plan of operation and attachments, including the documents required in **Section 8**. The plan of operation shall include the documents in the following order. Note: The sections listed for each item below refer to the sections in the Interim PRTF regulations.

- 1) Policies and procedures the facility will utilize to meet the certification and accreditation requirements in **Section 7**.
- 2) Policies and procedures the facility will utilize to meet the safety, zoning and building clearance requirements in **Section 9**.
- 3) Policies and procedures the facility will utilize to meet the renewal of license requirements in **Section 12**.
- 4) Policies and procedures the facility will utilize to meet the posting of license and consumer information requirements in **Section 17**.
- 5) Policies and procedures the facility will utilize to meet the notification requirements in **Section 18**.
- 6) Policies and procedures the facility will utilize to meet the Program flexibility requirements in **Section 19**.
- 7) Policies and procedures the facility will utilize to meet the finance requirements in **Section 21**.
- 8) Policies and procedures the facility will utilize to meet the bond requirements in **Section 23**.
- 9) Policies and procedures the facility will utilize to meet the admission determination and certification of need process requirements in **Section 24**.
- 10) Policies and procedures the facility will utilize to meet the initial comprehensive evaluation requirements in **Section 25**.
- 11) Policies and procedures the facility will utilize to meet the resident plan of care requirements in **Section 26**.
- 12) Policies and procedures the facility will utilize to meet the interdisciplinary team requirements in **Section 27**.
- 13) Policies and procedures the facility will utilize to meet the progress notes requirements in **Section 28**.
- 14) Policies and procedures the facility will utilize to meet the recertification of need requirements in **Section 29**.
- 15) Policies and procedures the facility will utilize to meet the discharge requirements in **Section 30**.
- 16) Policies and procedures the facility will utilize to meet the aftercare service requirements in **Section 31**.
- 17) Policies and procedures the facility will utilize to meet the admission record requirements in **Section 32**.
- 18) Policies and procedures the facility will utilize to meet the residents' record requirements in **Section 33**.
- 19) Policies and procedures the facility will utilize to meet the requirements for using outside resources in **Section 34**.
- 20) Policies and procedures the facility will utilize to meet the basic services requirements in **Section 36**.
- 21) Policies and procedures the facility will utilize to meet the coordination of medical care requirements in **Section 37**.
- 22) Policies and procedures the facility will utilize to meet the physician service requirements in **Section 38**.
- 23) Policies and procedures the facility will utilize to meet the psychiatric nursing services requirements in **Section 39**.

- 24) Policies and procedures the facility will utilize to meet the medication assistance, control, monitoring, and pharmaceutical requirements in **Sections 40-44**.
- 25) Policies and procedures the facility will utilize to meet the transportation requirements in **Section 45**.
- 26) Policies and procedures the facility will utilize to meet the informed consent requirements in **Sections 46-47**.
- 27) Policies and procedures the facility will utilize to meet the temporary resident transfer requirements in **Section 48**.
- 28) Description of the PRTF's behavioral health treatment program and activity program, including policies and procedures, that meet the requirements in **Sections 49-50**.
- 29) Policies and procedures the facility will utilize to meet the buildings and ground requirements in **Sections 51-68**.
- 30) Policies and procedures the facility will utilize to meet the restraint and seclusion requirements in **Sections 69-74**.
- 31) Policies and procedures the facility will utilize to meet the emergency preparedness requirements in **Section 75**.
- 32) Policies and procedures the facility will utilize to meet the dietetic service and therapeutic diet requirements in **Section 76-78**.
- 33) Policies and procedures the facility will utilize to meet the governing body requirements in **Section 79**.
- 34) Policies and procedures the facility will utilize to meet the residents' rights requirements in **Section 80**.
- 35) Policies and procedures the facility will utilize to meet the non-discrimination requirements in **Section 81**.
- 36) Policies and procedures the facility will utilize to meet the interpretation services requirements in **Section 82**.
- 37) Policies and procedures the facility will utilize to meet the resident education requirements in **Section 83**.
- 38) Policies and procedures the facility will utilize to meet the advertising requirements in **Section 84**.
- 39) Policies and procedures the facility will utilize to meet the record and reports requirements in **Section 85**.
- 40) Policies and procedures the facility will utilize to meet the written administrative policy requirements in **Section 86**.
- 41) Policies and procedures the facility will utilize to meet the employees' health examination and health record requirements in **Section 87**.
- 42) Policies and procedures the facility will utilize to meet the personnel records requirements in **Section 88**.
- 43) Policies and procedures the facility will utilize to meet the staff characteristics, qualifications, duties, and adequacy requirements in **Section 89**.
- 44) Policies and procedures the facility will utilize to meet the orientation and in-service education requirements in **Section 98**.
- 45) Policies and procedures the facility will utilize to meet the criminal background check requirements in **Sections 99-109**.
- 46) Policies and procedures the facility will utilize to meet the serious and unusual occurrence requirements in **Sections 111-112**.
- 47) Policies and procedures the facility will utilize to meet the reporting of communicable diseases requirements in **Section 113**.
- 48) A suicide prevention policy, which shall include: suicide risk assessments, safety precautions, visual observation levels, staffing to maintain compliance with visual observation policies, and documentation requirements. The suicide prevention policy shall require constant visual observation of residents with passive suicidal ideation.

- 49) A description of the facility's expected population including age range, gender, demographics, languages, and special needs. The description shall include policies for meeting the cultural and language needs for residents in the facility.
- 50) Policies and procedures the facility will utilize to incorporate trauma-informed principles in its behavioral health treatment and activity programs as required by **Section 8(d)(4)**.
- 51) Policies and procedures the facility will utilize to collaborate with Child Welfare, Probation, County Behavioral Health Department, Child and Family Teams, Tribal Representatives, and outside partners to ensure effective and consistent provision of care and treatment as required by **Section 8(d)(5)**.
- 52) Confidentiality standards and requirements to ensure compliance with federal, state, and local privacy laws as required by **Section 8(d)(6)**.
- 53) A statement identifying whether the licensee will handle residents' money, personal property, and/or valuables as required by **Section 8(d)(7)**.
- 54) Policies and procedures the facility will utilize to involve the resident and their authorized representatives in the resident's treatment and discharge plans as required by **Section 8(d)(8)**.
- 55) A written financial plan as required by **Section 8(d)(9)**.
- 56) Written continuous quality assurance improvement policies and procedures as required by **Section 8(d)(10)**.
- 57) Description of training plan for use and operation of delayed egress devices, if applicable, as required by **Section 8(d)(11)**.

**Tab 1.1 - Job Descriptions and Staffing Patterns** – A narrative description of staff needs (i.e., briefly describe staff composition) for each position at the facility (both paid and volunteer), including for the administrator, clinical director, any licensed mental health professionals, and other PRTF staff who will provide behavioral health treatment program services. Include staff qualifications and lines of supervision for each position.

**Tab 1.2 - Proposed Administrator and Clinical Director** – Documentation that includes the names of the proposed Administrator Clinical Director, and evidence that these individuals are qualified for these positions.

**Tab 1.3 - Staff/Employee Information** – An organizational chart that lists each employee's job description, professional licenses, if known, and shows the staff-to-resident ratios.

**Tab 1.4 - Staff Training/Orientation** – Detailed staff training plan describing staff orientation procedures, in-service education requirements, and required continuing education activities.

**Tab 2 – Sketch of the building(s)** – Submit a sketch, preferably on 8½" x 11" sheet of paper, of the building(s) to be occupied, including a floor plan which describes the intended use, capacity, room dimensions, and rooms designated to be used for nonambulatory residents, if any.

**Tab 3 - Sketch of the grounds** – Submit a sketch, preferably on 8½" x 11" sheet of paper, of the grounds showing buildings, driveways, fences, storage areas, pools, gardens, recreation areas and other space used by residents, including dimensions of all areas which may be used or accessed by a resident.

**Tab 4 - Sample menu and food service schedule for one calendar week** – The total daily diet for residents shall be of the quality and quantity necessary to meet their needs and shall be made so that each resident has available at least three (3) meals per day and no more than fourteen (14) hours shall elapse between the first and last meal. The written menu(s) shall include times of food service, food provided for breakfast, lunch, and dinner for one week, including the type and availability of snacks.

**SECTION A – FACILITY INFORMATION**

1. Applicant Name:		2. Administrator:	
		3. Clinical Director:	
4. Applicant Mailing Address:	City:	Zip Code:	Telephone:
5. Type of Ownership: <input type="checkbox"/> Government Entity <input type="checkbox"/> Non-Profit Organization			
6. Facility Name:		Telephone:	
		Email Address (If applicable):	
7. Facility Street Address:	City:	Zip Code:	County:
8. Facility Mailing Address: (if different from above)	City:	Zip Code:	County:
9. Total number of beds to be licensed:			
10. Operational Questions Will the PRTF operate as a locked or unlocked ( <i>staff-secured with delayed egress</i> ) facility? <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked ( <i>staff-secured with delayed egress</i> ) <input type="checkbox"/> Both			
11. Minimum age to be admitted:_____			

**SECTION B – ATTESTATION**

I declare, under penalty of perjury under the laws of the State of California, that the foregoing information and any attachment is true, accurate and complete to the best of my knowledge and belief. I hereby further declare that I have read, understand, and will comply with the statutes, regulations and standards that govern the operation of the facility for which I am applying, including Subpart D of Part 441 and Subpart G of Part 483 of the Code of Federal Regulations. All program policies and procedures required by the regulations and/or standards that govern the operation of this facility have been developed and comply with the appropriate regulations and standards.

I HEREBY CERTIFY that I have read and understand all statutes, regulations, and interim regulations applicable to PRTFs. I FURTHER CERTIFY that the PRTF shall comply with all applicable laws and regulations, as well as the submitted Plan of Operation.

I declare that I am authorized to sign this application on behalf of the applicant.

Print Name:	Title:
Signature:	Date:

**Please submit your completed  
application to:**

Department of Health Care Services  
Licensing and Certification Division  
ATTN: Mental Health Licensing and Certification Branch  
P.O. Box 997413, MS 2800  
Sacramento, CA 95899-7413  
Main Line: (916) 323-1864  
Fax: (916) 324-0993  
Email: [PRTF@dhcs.ca.gov](mailto:PRTF@dhcs.ca.gov)

**PRIVACY NOTICE ON COLLECTION**

The purpose of this form is to collect information for licensure of PRTFs. The information collected in this form is required by the Department of Health Care Services (Department), Licensing and Certification Division, Mental Health Licensing and Certification Branch by the authority of Health and Safety Code sections 1250.10 and 1254, Welfare and Institutions Code sections 4081 and 4082, and the PRTF Interim Regulations. The personal information collected in this form is confidential and protected by the Information Practices Act (California Civil Code section 1798 et seq.), Department policy, and state policy.

All information requested in this form is mandatory. The consequence of not supplying the mandatory information requested or supplying incomplete information is that review of the application shall be terminated. The Department may share provided information with other state agencies to perform its constitutional or statutory duties where the use is compatible with a purpose for which the information was collected. The Department may also share information with local, state, or federal government entities if required by state or federal law. Please do not provide any personal information other than the information that is specifically requested in this form.

In most cases, individuals have a right to access information about them that is in federal and state records. For more information or access to records containing your personal information maintained by the Department, contact the following:

Licensing and Certification Division  
Section Officer of the Day  
1501 Capitol Avenue, MS 2601  
Sacramento, CA 95814  
Tel: (916) 322-2911

The Department of Health Care Services' policies regarding personal information are available online in the Department's Notice of Privacy Practices (<https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx>) and the Privacy Policy Statement (<https://www.dhcs.ca.gov/pages/privacy.aspx>).