



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



Governor

September 1, 2006

**APPLICATION REQUEST for:
Intermediate Care Facility/Developmentally Disabled,
Intermediate Care Facility/Developmentally Disabled-Habilitative, &
Intermediate Care Facility/Developmentally Disabled-Nursing**

This letter is to assist you in preparing a intermediate care facility/developmentally disabled (ICF/DD), intermediate care facility/developmentally disabled-habilitative (ICF/DD-H), or intermediate care facility/developmentally disabled-nursing (ICF/DD-N) licensing and/or certification (for Medi-Cal Title 19) application package to the California Department of Health Services (CDHS) Licensing and Certification (L&C) Program for:

- Initial application package for an ICF/DD, ICF/DD-H, or ICF/DD-N facility; or
- Change of ownership (CHOW) application package for an ICF/DD, ICF/DD-H, or ICF/DD-N facility.

A license is required to operate an ICF/DD, ICF/DD-H, or ICF/DD-N facility in California, which are defined as:

- ICF/DD means “a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services,” pursuant to Section 1250(g) of the Health and Safety (H&A) Code.
- ICF/DD-H means “a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care,” pursuant to Section 1250(e) of the H&S Code.

- ICF/DD-N means “a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated,” pursuant to Section 1250(h) of the H&S Code.

An application package is required for: (1) a new (initial) ICF/DD, ICF/DD-H, or ICF/DD-N facility; and (2) within **20 days** whenever a CHOW occurs. A CHOW is the only “change” requiring a new application package to be submitted to L&C pursuant to Sections 76203 and 76844 of Title 22 of the California Code of Regulations (CCR). All other changes (besides a CHOW) must be reported to L&C (in writing) as follows. These changes do not require submittal of a new application package.

- Within **10 days** of the change for ICF/DD-H facilities, pursuant to Section 76851 of Title 22 of the CCR; and
- Within **20 days** of the change for ICF/DD and ICF/DD-N facilities, pursuant to Section 76203 of Title 22 of the CCR.

For your convenience, the [enclosed checklist](#) has instructions to complete the forms needed for licensing and/or licensing and certification of an ICF/DD, ICF-DD-H, or ICF/DD-N facility. The [checklist](#) outlines specific items 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 name must be consistently filled in the same throughout the documents in the application package; or (2) in some instances, a specific attachment may need to be submitted with a specific form.

Please NOTE the following:

1. There are some differences between documents required for a CHOW, and “initial” application packages that are noted on the [checklist](#).
2. An initial survey is part of the application process for “initial” or “new” ICF/DD, ICF/DD-H, or ICF/DD-N facility applications.
3. The initial survey is a scheduled survey conducted by L&C district offices and your office.
4. If your agency wants to provide services to **Medi-Cal beneficiaries** (under Title 19) you will need an additional **certification survey** that is unannounced and conducted by one of our L&C district offices.

5. Once you have had your initial licensing survey, you need to notify the L&C district office that you are ready and prepared to be certified.
6. In addition, you must be in compliance with state licensing laws and federal conditions of participation.

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.** 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.

In addition, a check or money order, made payable to the "**California Department of Health Services**" for the licensing fee, determined pursuant to Sections 1266 and 1275.3(c) of the H&S Code, must accompany the required forms before your application package will be processed. Because the fees change annually, the current application fee for an ICF/DD, ICF/DD-H, and ICF/DD-N facility is posted on the L&C Centralized Applications Unit (CAU) website at:

<http://www.dhs.ca.gov/lnc/centapps/licfees.htm>

The application fee will **NOT** be returned if the application package is withdrawn or denied, pursuant to Sections 76211(a)(2) and 76846(a)(2) of Title 22 of the CCR.

The application package review process will consider the licensee's and board members' prior compliance history of all facilities 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 historically may result in the denial of your application package. You will be notified in writing of L&C intent to deny the application.

All completed ICF/DD, ICF/DD-H, or ICF/DD-N facility **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 CDHS in-house mail services.

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For overnight (FedEx-UPS):
Department of Health Services
Licensing and Certification Program
Centralized Applications Unit
1615 Capitol Avenue, MS 3402
Sacramento, CA 95814

For regular mail:
Department of Health Services
Licensing and Certification Program
Centralized Applications Unit
MS 3402
P.O. Box 997413
Sacramento, CA 95899-7413

The CAU will review the application package for completion and forward it to the appropriate district office once the application package has been given a recommendation of "approved". A list of district offices and appropriate contacts are located on the L&C website at:

<http://www.dhs.ca.gov/lnc/org/default.htm>

The district office 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 AT THIS TIME. It is L&C's policy that, except in 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 package and license fee.

PLEASE NOTE: Due to State of California budget constraints and lack of resources, application package processing and required licensing and certification surveys for all facility types may be significantly delayed. Approval of an application package will not guarantee that a district office will be conducting the initial licensing and/or certification survey immediately. Initial licensing and certification surveys will be conducted by district offices as workload permits. **A license will not be issued until both the application package is approved and, if required, a successful licensing survey is conducted.** At this point in time, initial licensing and certification surveys are being delayed indefinitely because of federally mandated workload priorities.

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If you have any questions, please contact Lisa Hall, Chief of the CAU, at
(916) 552-8630 or by e-mail at CAU@dhs.ca.gov.

Sincerely,

ORIGINAL to be SIGNED BY:

Anna Ramirez, Chief
Field Operations Branch—Coastal

Enclosure

ICF / DEVELOPMENTALLY DISABLED (ICF/DD)
ICF / DEVELOPMENTALLY DISABLED-NURSING (ICF/DD-N)
ICF / DEVELOPMENTALLY DISABLED-HABILITATIVE (ICF/DD-H)

“Provider” Checklist

Form Number	Item Number on Form	Name of Form, Form Number, and Explanation of Specific Requirements and/or Attachments Needed (This checklist identifies specific items that CAU staff has encountered Problems with, while reviewing an application package.)	Check List
<u>LICENSURE</u>: Includes the forms and information required to obtain a license to operate an ICF/DD, ICF/DD-H or ICF/DD-N facility. All ICF/DD, ICF/DD-H or ICF/DD-N facilities must be licensed.			
HS 200		Application For Facility License (HS 200) NOTE: Please read the instructions on the HS 200 form prior to completion of the form.	
HS 215A		Applicant Information (HS 215A) NOTE: Please read the instructions on the HS 215A form prior to completion of the form.	
HS 309		Administrative Organization (HS 309)	
	Page 1 Item 5	Corporations need to submit: Copy of the Filing Statement from the California Secretary of State Copy of “all” Articles of Incorporation (signed) Copy of By-Laws (signed)	
	Page 2 Middle	California Out-of-State Corporations, LLC, etc. – Submit copy of the Certificate of Qualification from the California Secretary of State.	
	Page 2 Middle	Public Agency -- Submit copy of Resolution. Item 5, under Public Agency, must be completed for profit Corporations & Partnerships.	
	Page 2 Bottom	Partnership Submit copy of signed Partnership Agreement Submit copy of Secretary of State “filing”	
	Page 2 Bottom	If LLC will need to submit: Copy of Filing Statement from the California Secretary of State Copy of Articles of Organization (signed) Copy of Operating Agreement (signed) List of Members, Managers, Officers	
HS 325		Criminal Record Clearance Submissions Need for all personnel of the facility including owners, employees, and administrator. Refer to the instructions on the form. (Health & Safety Code 1265.5)	
HS 400		Affidavit Regarding Patient Money (HS 400) Be sure to look at the “chart” regarding the “Bond” amounts.	
HS 402		Surety Bond Verification (HS 402) Be sure the form is a Department of Health Services form Signed by the Bonding Agency Possess the embossed seal of the Bonding Agency Contains the original signature of the Bonding Agency Attach an “original” bond or an embossed Power of Attorney	

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HS 602		Transfer Agreement (HS 602)	
HS 609	Top Portion	Bed or Service Request (HS 609) Under "Requested Beds" category, "Approved Capacity" should be left blank.	
	Bottom Portion	Leave blank.	
DHS 1051		Civil Rights Compliance Review (DHS 1051) Return to address on the form.	
No Form #		Program Plan Approval "Letter" from Department of Developmental Services – Proposed licensee must obtain Program Plan approval from DDS. In the interim, the current licensee can grant permission to use their program Plan for 6-months if they submit a letter giving their permission. If you are using the current licensee's Program Plan, please submit proof that you have submitted your Program Plan to DDS for approval.	
No Form #		Letter – stating that consultants are considered independent contractors and do not require fingerprint clearance. List names & titles.	
No Form #		For a Change of Ownership (CHOW), submit all of the forms required for an "Initial" application, listed above, plus the following:	
		Signed and dated copy of any "interim" Management Agreement, if applicable, between current and prospective licensee. The Agreement must state the current licensee still has responsibility for the facility.	
		Written verification (with amount) by a public accountant, accounting for all patient monies being transferred to the custody of the new licensee; and	
		Copy of receipt (with amount) signed by the new licensee in exchange for such monies.	
	A letter from the prospective licensee to DHS stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee.		
<u>CERTIFICATION:</u> Includes the forms and information required for an ICF/DD-N, ICF/DD-H, or ICF/DD facility to be certified to provide and bill for services under the Medi-Cal Program. Only ICF/DD, ICF/DD-H or ICF/DD-N facilities intending to bill Medi-Cal need to be certified. (This section is "n/a" if this a "licensed-only" facility.)			
HS 328		Notice -- Effective Date of Provider Agreement (HS 328)	
MC 803	Page 1 Top	Medi-Cal Provider Data Form (MC 803) Insert the "facility" name and address.	
	Page 2 Top	If a Corporation, items (a) and (c) require the same answer.	
	Page 2 Middle	If the "No Interest" box is checked, this portion of the form must be signed in two different places.	

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CMS 3070G		Intermediate Care Facility for Persons with Mental Retardation Survey Report (CMS 3070G) This is a “survey” report. It will be completed during the Licensing survey. The provider only needs to complete portions of the forms they know – the remainder will be completed during the survey.	