

**Intermediate Care Facility/Developmentally Disabled-Nursing (ICF/DD-N)
ICF/DD-Continuous Nursing (ICF/DD-CN)
Report of Change Application Instructions for
Change of Bed**

To request and submit changes to a licensed facility in California, complete the required application forms and submit them with all of the identified supporting documents. The Centralized Applications Branch (CAB) will not process incomplete applications. Refer to the [sample application packet](#) to assist in completing a Change of Bed (CHOB) application.

These instructions assist in preparing an ICF/DD-N or ICF/DD-CN report of change application packet for a CHOB.

Please read each required application form carefully and:

- Provide all requested supporting documents
- Retain a copy of the completed application forms and supporting documents – CAB may contact the applicant and will refer to the information provided

Review Process

CAB receives an application packet and assigns an application ID number in the Electronic Licensing Management System. A CAB analyst conducts a preliminary review of the application packet to validate receipt of all required forms and supporting documents. The application packet fee is not due until a CAB analyst validates the application packet is complete and the license is not expired. To prevent a health facility license from expiring submit a license renewal application and license renewal fee(s).

Application packets missing forms and/or supporting documents are incomplete. CAB will only process complete applications.

Once validation is complete, a CAB analyst will determine if an application fee is required based on the application request and facility type. If an application fee is required, a CAB analyst notifies the provider to submit the payment needed to process the application and will conduct a more extensive review to ensure compliance with state and federal requirements.

The CAB analyst completes the review process and approves the application packet, then sends the application packet to the district office to conduct all required surveys.

Payments

Payment is due when CAB confirms the application packet is complete. The Department accepts business checks, cashier's checks, or money orders, made



Center for Health Care Quality
Licensing and Certification Program
Centralized Applications Branch

payable to "California Department of Public Health". Payment in full is due before the application is processed.

Application fees change annually. Check the current [application fee](#) on the Licensing and Certification website.

Submission of Applications

Submit all completed application packets and payments to:

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

If you have any questions, please contact CAB at (916) 552-8632 or by e-mail at CAB@cdph.ca.gov.