General Acute Care Hospital and Acute Psychiatric Hospital 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 with all the identified supporting documents. The Centralized Applications Branch (CAB) will not process incomplete or partially complete applications. Refer to the **sample application packet** to assist in completing a Change of Bed (CHOB) application.

These instructions assist in preparing a General Acute Care Hospital (GACH) or Acute Psychiatric Hospital (APH) report of change application packet for a CHOB (add, remove, reactivate, and/or suspend bed(s)).

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

Pursuant to California Health and Safety Code (HSC) Section 1272, within 100-calendar days of receipt, the Department must evaluate and approve or deny the application. Failure to provide requested documents within the timeline will result in denial of the application by the Department.

The district office must, within 30- business days from the date of approved written application, complete an on-site survey and submit its findings to the Department. The Department shall issue a new or revised license on or before the 31st business day following approval of the application.

Payments

Application fees are due when CAB confirms all required application forms and supporting documents are complete. Only a business check, cashier's check, or money order, made payable to the "California Department of Public Health" will be accepted. Payment in full is due before the written application is processed.

Application fees change annually. Check current application fee on the Licensing and Certification website.

Pursuant to Title 22 California Code of Regulations Section 70110, no fee shall be refunded to the applicant if the application is withdrawn or denied.

Payment of outstanding license fees is required prior to issuance of a license.

Submission of Applications

Submit all completed application packages and payments:

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 the CAB, at (916) 552-8632 or by e-mail at CABHospitals@cdph.ca.gov.