

## **Skilled Nursing Facility (SNF) and Intermediate Care Facility (ICF) Report of Change Application Instructions for Change of Management Company**

To receive approval in California, an applicant must fully 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. CAB provided a [sample application packet](#) to assist in completing a Change of Management Company (CHMC) application.

These instructions assist in preparing a SNF and ICF report of change application package for a CHMC.

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 reviews the application packet to validate receipt of all of the required forms and supporting documents. Application packets missing forms and/or supporting documents are incomplete and may result in a delay in processing. If an “approval” is recommended by CAB, an approval letter will be issued to the management company.

### **Submission of Applications**

Submit all completed application packets 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 questions, please contact the CAB, at (916) 552-8632 or by e-mail at [CAB@cdph.ca.gov](mailto:CAB@cdph.ca.gov).