

Client Success Story: ICF/DD-N Startup

From Award-Winning Experts



C L I E N T S U C C E S S S T O R Y

Built for the Most Vulnerable: **How Bright Days Developmental Care** **Launched California’s Most Demanding** **Healthcare License—and Opened Deficiency-Free**

ICF-DDN • Intermediate Care Facility for Individuals with Developmental Disabilities – Nursing

Assisted in preparing by

HealthBridge US

ICF-DDN Licensing, DDS Compliance & IDD Facility Development Specialists

California | myhbconsulting.com | 2024–2025

EXECUTIVE SUMMARY

Care Without Compromise

When Teresa M. first walked into a state-run developmental center as a young social worker in 1998, she made a silent promise to herself: one day, she would build something better. Something where the hallways smelled like home, where residents had real choices, and where nurses and program staff worked side by side because they genuinely believed the individuals in their care deserved both medical excellence and meaningful daily lives.

Twenty-five years later, that promise became Bright Days Developmental Care—a 24-bed Intermediate Care Facility for Individuals with Developmental Disabilities – Nursing (ICF-DDN) in the Inland Empire region of Southern California. With HealthBridge’s guidance, Bright Days completed one of the most complex healthcare licensure processes in California in just 22 months, passed its initial CDPH survey with zero deficiencies, achieved Medi-Cal enrollment and Regional Center vendorization, and reached full licensed capacity within six months of opening—generating \$3.1 million in annualized revenue while maintaining an unwavering commitment to person-centered care.

“I didn’t get into this to run a business. I got into it because I know what it feels like to watch a family member sit in a facility that wasn’t designed for them. HealthBridge helped me turn a calling into a reality.”

— Teresa M., Founder & Executive Director, Bright Days Developmental Care

WHAT IS AN ICF-DDN?

An Intermediate Care Facility for Individuals with Developmental Disabilities – Nursing (ICF-DDN) is a specialized residential facility licensed and certified under both California Department of Public Health (CDPH) and the Department of Developmental Services (DDS). ICF-DDNs provide 24-hour skilled nursing care combined with active treatment programs for individuals with intellectual and developmental disabilities (IDD) who have significant medical needs.

These facilities serve some of California’s most vulnerable residents—individuals with conditions such as cerebral palsy, Down syndrome, traumatic brain injury, autism with complex medical needs, and co-occurring psychiatric diagnoses. Launching and operating an ICF-DDN requires dual-agency compliance, active treatment programming, intensive staffing ratios, and a culture of person-centered care that meets both federal ICF and California Medicaid (Medi-Cal) standards.

THE CHALLENGE

California’s Most Complex Healthcare License

Among all the healthcare facility licenses issued in California, the ICF-DDN stands apart for its extraordinary complexity. Unlike a standard skilled nursing facility or residential care home, an ICF-DDN must simultaneously satisfy two separate state licensing bodies—CDPH and DDS—while navigating federal Medicaid certification requirements, Regional Center vendorization, and the

deeply specialized demands of serving individuals with both significant medical needs and intellectual or developmental disabilities.

Teresa M. came to HealthBridge with deep clinical insight and genuine passion, but she had spent her career on the program side of care—not in licensing, regulatory compliance, or facility development. She had already spent eight months attempting to navigate the process independently, and had reached a wall.

What Teresa Faced Before Engaging HealthBridge

- Dual-agency confusion: CDPH and DDS each had separate pre-application processes, facility standards, and documentation requirements that seemed to contradict each other
- Physical plant requirements: Title 22 mandates specific room dimensions, bathroom configurations, nurse call systems, and safety features that her chosen facility did not yet meet
- Active Treatment programming: DDS requires a comprehensive, individualized Active Treatment curriculum—not just care plans—that Teresa had not yet designed or documented
- Staffing complexity: ICF-DDN staffing ratios, qualifications, and supervision requirements differ from standard nursing facilities and are not well-known outside the IDD specialty
- Regional Center relationship: Medi-Cal reimbursement for ICF-DDN residents flows partly through Regional Centers—a system Teresa understood from a social work perspective but had never navigated as a provider
- Timeline pressure: Teresa had signed a 36-month facility lease and was losing approximately \$22,000 per month in carrying costs with no clear path to opening

“I had read every regulation I could find. I had called CDPH. I had called DDS. I had talked to attorneys. Everyone kept telling me different things, and the clock on my lease was running. I was terrified I had made a terrible mistake.”

— Teresa M., on the state of her project before engaging HealthBridge

REGULATORY LANDSCAPE

Navigating Two Agencies—Simultaneously

One of the most common reasons ICF-DDN startup projects fail is the misunderstanding that CDPH and DDS operate sequentially. In reality, both processes must be managed in parallel—and a misstep with one agency can create cascading delays with the other. The table below illustrates the dual-compliance landscape that HealthBridge navigated for Bright Days:

Compliance Area	CDPH Requirements	DDS Requirements
Facility Licensure	CDPH Title 22 ICF/DD-N License	DDS Facility Approval
Payer Enrollment	Medi-Cal (Title XIX) Provider Enrollment	Regional Center Service Authorization & Vendorization

Care Planning	Individualized Nursing Care Plans per CDPH	Individual Program Plans (IPPs) per DDS/Lanterman Act
Staffing Standards	Nurse-to-patient ratios per Title 22 §76943	Active Treatment staffing ratios per DDS standards
Programming	Medical treatment and skilled nursing care	Active Treatment curriculum: behavioral, vocational, daily living
Incident Reporting	CDPH Incident Reporting System (IRS)	DDS Incident Management System (IMS)
Quality Reviews	Annual CDPH licensure survey	DDS Facility Quality Assurance Review (FQAR)

HealthBridge’s expertise in both regulatory systems allowed Teresa M. to pursue both tracks simultaneously with a coordinated strategy—preventing the 6–12 month delays that typically result when operators address them sequentially or without specialized guidance.

OUR APPROACH

The HealthBridge ICF-DDN Launch Framework

HealthBridge assigned a dedicated ICF-DDN launch team to Bright Days comprising a CDPH licensing specialist, a DDS compliance consultant, an RN clinical operations lead, and an Active Treatment program designer. The engagement was structured across four concurrent workstreams.

Workstream 1: Facility Development & Physical Plant Compliance

Site Assessment & Gap Analysis: HealthBridge virtually conducted a room-by-room physical plant audit against Title 22 ICF-DDN specifications and produced a prioritized remediation plan for the contractor, covering doorway widths, bathroom grab bars and roll-in shower access, nurse call system installation, emergency egress lighting, medication room security, and outdoor recreation space requirements.

Architect & Contractor Coordination: Our team worked directly with Teresa’s architect and general contractor to review construction drawings before submission to CDPH, preventing three plan modifications that would have added an estimated 8 weeks to the approval timeline.

Life Safety & Fire Marshal Clearance: HealthBridge assisted in preparing the documentation package for fire marshal inspection and coordinated the sequencing of all required clearances (building, fire, environmental health) to ensure simultaneous readiness for CDPH pre-licensing inspection.

Workstream 2: CDPH Licensure & Medi-Cal Enrollment

Application Package Development: HealthBridge compiled the complete CDPH ICF-DDN license application including the management and ownership disclosure, administrator qualifications, staffing plan with job descriptions, admissions and transfer policies, infection control plan, disaster assisted in preparedness plan, and facility construction documentation.

Policy & Procedure Development: Our clinical team authored a 240-page policy and procedure manual tailored to ICF-DDN Title 22 requirements, covering nursing protocols, medication management, restraint-free care standards, behavior support procedures, and resident rights.

Medi-Cal Provider Enrollment: HealthBridge managed the complete NPI registration and Medi-Cal provider enrollment process, including coordination with the Department of Health Care Services (DHCS) and preparation of the facility's rate-setting documentation for Medi-Cal ICF-DDN reimbursement.

Mock Survey & Pre-Licensing Preparation: Two weeks before the CDPH inspection, HealthBridge conducted a full-day mock survey using actual CDPH inspection protocols. The mock survey identified 14 items requiring correction—all resolved before the official inspection date.

Workstream 3: DDS Facility Approval & Regional Center Vendorization

DDS Pre-Application Process: HealthBridge facilitated Teresa's introduction to the regional DDS office and guided her through the DDS Facility Approval process, which operates on a separate timeline and with different standards than CDPH licensure.

Active Treatment Program Design: Our IDD program specialists designed a comprehensive Active Treatment curriculum addressing communication skills, activities of daily living, behavioral health, prevocational training, and community integration—individualized by diagnosis category and adaptable to each resident's Individual Program Plan (IPP).

Regional Center Vendorization: HealthBridge assisted in preparing the vendorization application for Bright Days' regional Regional Center, managed the site visit process, and coached Teresa through rate negotiation—securing a reimbursement rate that accurately reflected the facility's staffing costs and acuity level.

Workstream 4: Staffing, HR & Clinical Operations

Recruitment Support: HealthBridge developed job descriptions, interview frameworks, and competency verification tools for the facility's Director of Nursing, Program Director, and key clinical staff—positions requiring specialized IDD and ICF experience that can be difficult to recruit.

Staff Training & Orientation: Prior to opening, HealthBridge facilitated a multi-day staff orientation covering ICF-DDN regulatory requirements, person-centered care principles, Active Treatment implementation, behavior support protocols, and mandatory reporting obligations under the Lanterman Act.

Admissions & Intake System: Our team designed the resident admissions workflow, pre-admission assessment process, and Regional Center referral intake protocol—enabling Bright Days to begin receiving and processing referrals the day DDS approval was granted.

“HealthBridge didn't just tell us what to do—they sat down with our nurses, our program staff, and our administrator and made sure everyone understood why each piece mattered. By opening day, we felt like a team, not just a startup.”

— Marcus T., Director of Nursing, Bright Days Developmental Care

OUTCOMES & RESULTS

22 Months from Vision to Full Capacity

Bright Days Developmental Care opened its doors in April 2024—just 15 months after HealthBridge’s engagement began—and reached full licensed capacity of 24 residents by October 2024. The outcomes across every key metric were exceptional:

<p>22 Mo. Cradle-to-Open <i>from concept to first resident</i></p>	<p>100% Survey Passage <i>zero deficiencies at initial survey</i></p>	<p>\$3.1M Year-1 Revenue <i>Medi-Cal + regional center</i></p>	<p>24 Residents Served <i>at full licensed capacity</i></p>
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Project Milestone Timeline

January 2023	Teresa M. engages HealthBridge; feasibility study and site assessment begin
February 2023	Corporate structure established; DSS and CDPH pre-application consultation completed
March 2023	Facility lease secured; architect and contractor engaged; DDS Regional Center relationship initiated
May 2023	CDPH Title 22 Health and Safety Code plan review submitted for facility build-out
July 2023	DDS facility approval process initiated; Active Treatment program curriculum drafted
September 2023	Staffing plan finalized; Director of Nursing and Program Director recruited with HealthBridge support
November 2023	Physical plant construction and modifications completed; fire clearance and life safety inspections passed
January 2024	CDPH pre-licensing inspection conducted; zero deficiencies noted
February 2024	ICF-DDN license issued by CDPH; Medi-Cal provider enrollment submitted
March 2024	DDS/Regional Center certification granted; facility approved for Regional Center referrals
April 2024	First three residents admitted; Active Treatment programming live
October 2024	Census reaches 24 residents (licensed capacity); annualized revenue at \$3.1M

Clinical & Quality Outcomes

Operational success at Bright Days was matched by strong clinical and quality metrics in the months following opening:

- Zero deficiencies at the CDPH initial licensing survey—an achievement reached by fewer than 20% of new ICF-DDN facilities
- 100% of residents enrolled in individualized Active Treatment programming within 30 days of admission, meeting DDS standards
- Zero substantiated CDPH or DDS complaints in the first 12 months of operation
- 98% family and guardian satisfaction score based on the facility’s first resident satisfaction survey
- Zero medication errors reported in the first six months of operation, reflecting the strength of the nursing protocols HealthBridge developed
- Three Regional Centers have designated Bright Days as a preferred placement facility for complex medical IDD cases

“We placed three of our most medically complex clients at Bright Days in the first year. The Active Treatment documentation, the nursing oversight, the communication with families—all of it has been exceptional. This is what the system should look like.”
— Vanessa R., Service Coordinator, Regional Center of the Inland Empire

KEY SUCCESS FACTORS

What Set Bright Days Apart

In HealthBridge’s experience with ICF-DDN development, the most successful facilities share a set of characteristics that go beyond regulatory compliance. Bright Days exemplified all of them:

Person-Centered Vision	Teresa M.’s lived connection to the IDD community meant every design decision—from room layout to programming—started with the residents, not the regulations. Surveyors noticed. Residents thrived.
Dual-Agency Expertise	Most consultants know CDPH or DDS. HealthBridge navigates both simultaneously, preventing the delays that kill ICF-DDN startups—where satisfying one agency’s requirements inadvertently conflicts with the other’s.
Active Treatment First	By designing the Active Treatment curriculum before the facility opened—not after—Bright Days was ready to deliver programming from day one. This is rare, and DDS reviewers commented on it favorably.

Regional Center Strategy	HealthBridge’s relationships and knowledge of the Regional Center vendorization process accelerated enrollment by an estimated four months compared to facilities that navigate it alone.
Pre-Survey Mock Audit	The internal mock survey caught 14 documentation and physical plant items before CDPH arrived. Zero deficiencies at the initial survey is an exceptional outcome for any ICF-DDN opening.

COMMUNITY IMPACT

Filling a Critical Gap in the Inland Empire

The Inland Empire region of Southern California has one of the largest populations of individuals with developmental disabilities in the state—and one of the most acute shortages of ICF-DDN beds. Prior to Bright Days’ opening, families with medically complex IDD loved ones frequently faced two options: placement in a state developmental center hours from home, or admission to a skilled nursing facility not designed for individuals with IDD.

Bright Days changed that equation for 24 families. Each of the facility’s 24 residents lives within 45 minutes of their family home—a proximity that research consistently links to better behavioral outcomes, stronger family engagement, and higher quality of life. Teresa M. built that into the siting decision from day one.

The facility also employs 38 full-time and part-time staff members—many of whom are Inland Empire residents who previously had to commute to facilities in Los Angeles or Orange County to work in IDD care. For several staff members, Bright Days represents their first opportunity to work in the specialized IDD setting they trained for close to home.

“My daughter has lived in this region her entire life. For years I drove two hours each way to visit her. Now she is 20 minutes from our house. She knows when I’m coming. She meets me at the door. I can’t explain what that means to our family.”
 — Parent of a Bright Days resident, at the facility’s one-year anniversary celebration

About HealthBridge

HealthBridge Consulting is a California-based healthcare compliance and facility development firm specializing in the most complex licensing and operational challenges in long-term care and developmental services. Our team includes former CDPH and DDS reviewers, IDD clinical specialists, RN compliance consultants, healthcare attorneys, and facility development experts who have collectively guided the launch of more than 30 ICF-DDN, ICF-DD, and specialized residential facilities across the state.

Our ICF-DDN services include full project development and dual-agency licensing support, Active Treatment program design and implementation, Medi-Cal enrollment and rate-setting strategy,

Regional Center vendorization and relationship management, staff training and orientation programs, mock surveys and ongoing compliance support, and post-opening quality assurance consulting.

We understand that ICF-DDN development is not just a licensing challenge—it is a mission. The individuals who live in these facilities deserve operators who built them right. HealthBridge exists to make that possible.

Ready to build California’s next great ICF-DDN?

Contact HealthBridge for a complimentary ICF-DDN feasibility consultation.

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