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



EDMUND G. BROWN JR.  
Governor

January 07, 2014

AFL 14-03

**TO:** All Rehabilitation Agencies (OPT/OSPs)

**SUBJECT:** Annual Request for address(es) of Outpatient Physical Therapy/Speech Pathology Provider (OPT/OSP) Facilities and Extension Locations and Relocations or Terminations of OPT/OSP Facilities.

This All Facility Letter (AFL) serves as a request by the California Department of Public Health's (CDPH) Licensing and Certification (L&C) Program for rehabilitation agencies to submit location information for all facilities and, if any, the OPT/SP extension locations.

L&C Program survey staff continues to discover that location information for numerous OPT/OSP facilities is inaccurate and outdated. CDPH depends on facility notification of relocation or closures. The accuracy of such information is critical to the L&C Program's efficiency. Inaccurate information hinders the timeliness of recertification surveys and workload prioritization for survey staff.

In an effort to update and maintain an accurate record of OPT/OSP facility locations and services, the L&C Program requests that all OPT/OSP facilities provide current location and service information for each facility.

CDPH aspires to complete this annual update by March 15, 2014. The L&C Program requests that each OPT/OSP facility provide its location and service information using the attached fillable CMS-381 Form **on or before February 10, 2014**.

OPT/OSP providers should complete the attached fillable CMS-381 Form. Each OPT/OSP provider that provides services from extension locations is to indicate, in the appropriate spaces, the name, address and the provider number of the primary site, as well as the name(s) and address(es) of extension location(s) and, under Part B, the specific services (OPT<sup>1</sup>, OSP<sup>2</sup>, OOT<sup>3</sup>) each extension location provides.

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<sup>1</sup> OPT = Outpatient Physical Therapy

<sup>2</sup> OSP = Outpatient Speech Therapy

<sup>3</sup> OOT = Outpatient Occupational Therapy

Providers are requested to return the completed form (attached) to their respective L&C Program District Office. District Office contact information can be found on the CDPH, L&C website at:

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>

Should the CMS-381 form not be completed and returned by the provider, the L&C Program will consider this an indication to the survey staff that the facility is no longer operating and may result in denial of Medicare participation.

CDPH will update the CMS ASPEN/ACO database within 60 days of receipt of any completed CMS-381 Form.

The attached CMS-381 Form is also available electronically on the CMS website, located at:

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS381.pdf>

Any questions regarding the information provided in this AFL should be directed to your local District Office.

Sincerely,

**Original signed by Debby Rogers**

Debby Rogers RN, MS, FAEN  
Deputy Director  
Center for Health Care Quality

Attachment: Model Letter Requesting Identification of Extension Locations