

Report of Change Fees Table

Facility Type	Initial / Renewal *	Change of Ownership (CHOW)	Change of Location (CHOL)	Change of Name (CHON)	Change of Beds or Capacity (CHOB) Initial Flat Fee to Increase Capacity or Reinstate from Suspension up to 5 Beds/Person(s)	Change of Beds or Capacity (CHOB) Additional Fee to Increase Capacity or Reinstate from Suspension for Beds/Person(s) over the Initial 5 beds
Acute Psychiatric Hospital (APH)	\$796 per bed	\$10,000 + \$300 per bed	\$10,000 + \$300 per bed	\$150	\$3,000	\$500 per bed
Adult Day Health Center (ADHC)	\$8,830	\$5,000	\$4,000	\$150	\$2,000	\$400 per person
Alternate Birthing Center (ABC)	\$3,330	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Chemical Dependency Recovery Hospital (CDRH)	\$313 per bed	\$10,000 + \$200 per bed	\$10,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
Chronic Dialysis Clinic (CDC)	\$2,509	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Community Clinic (COMTYC)	\$1,646	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Congregate Living Health Facility (CLHF)	\$1,056 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
Correctional Treatment Center (CTC)	\$2,050 per bed	\$0	\$0	\$150	\$0	\$0
General Acute Care Hospital (GACH)	\$796 per bed	\$10,000 + \$300 per bed	\$10,000 + \$300 per bed	\$150	\$3,000	\$500 per bed
Home Health Agency (HHA)	\$2,946	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Hospice **	\$2,780	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Hospice Facility (HOFA)	\$573 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
Intermediate Care Facility (ICF)	\$1,056 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
ICF / Developmentally Disabled (ICF/DD)	\$2,066 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
ICF/DD-Habilitative (ICF/DD-H)	\$2,066 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
ICF/DD-Nursing (ICF/DD-N)	\$2,066 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
ICF/DD-Continuous Nursing (ICF/DD-CN)	\$2,066 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
Pediatric Day Health and Respite Care (PDHRC)	\$298 per bed	\$7,000 + \$200 per bed	\$7,000 + \$200 per bed	\$150	\$2,000	\$400 per bed
Free Clinic (FREEC)	\$1,646	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Psychology Clinic (PSYCHC)	\$1,878	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Referral Agency (REFRLAG)	\$1,678	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Rehabilitation Clinic (REHAB)	\$927	Initial / Renewal	Initial / Renewal	\$150	\$0	\$0
Skilled Nursing Facility (SNF)	\$1,061 per bed	\$10,000 + 300 per bed	\$10,000 + \$300 per bed	\$150	\$3,000	\$500 per bed
Surgical Clinic (SURGC)	\$8,885	\$5,000	\$4,000	\$150	\$0	\$0

* Initial/Renewal fees only include the Statewide Fee. Facilities within LA County will also be charged the LAC Supplemental Fee.

** Hospice Initial/Renewal fee is for a 2-year license/renewal.

Report of Change Fees Table (2 of 4)

Facility Type	Change of Beds or Capacity (CHOB) Remove Beds or Place in Suspension	License Consolidation Request Add Beds	Change of Services (CHOS)	License Suspension Reinstatement (LSR)	License Suspension	Stock Transfer	Change of Indirect Ownership	Change of Management Company
Acute Psychiatric Hospital (APH)	\$400	\$500 per bed	\$4,000	Initial / Renewal	\$150	\$250	\$250	\$250
Adult Day Health Center (ADHC)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Alternate Birthing Center (ABC)	\$0	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Chemical Dependency Recovery Hospital (CDRH)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Chronic Dialysis Clinic (CDC)	\$0	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Community Clinic (COMTYC)	\$0	Not Applicable	Initial / Renewal	Initial / Renewal	\$150	\$0	\$250	\$0
Congregate Living Health Facility (CLHF)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Correctional Treatment Center (CTC)	\$0	Not Applicable	\$0	Initial / Renewal	\$150	\$0	\$0	\$0
General Acute Care Hospital (GACH)	\$400	\$500 per bed	\$4,000	Initial / Renewal	\$150	\$250	\$250	\$250
Home Health Agency (HHA)	\$0	Not Applicable	Initial / Renewal	Initial / Renewal	\$150	\$500	\$500	\$0
Hospice	\$0	Not Applicable	Initial / Renewal	Initial / Renewal	\$150	\$250	\$250	\$0
Hospice Facility (HOFA)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Intermediate Care Facility (ICF)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$250
ICF / Developmentally Disabled (ICF/DD)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$250
ICF/DD-Habilitative (ICF/DD-H)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$250
ICF/DD-Nursing (ICF/DD-N)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$250
ICF/DD-Continuous Nursing (ICF/DD-CN)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$250
Pediatric Day Health and Respite Care (PDHRC)	\$250	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0
Free Clinic (FREEC)	\$0	Not Applicable	Initial / Renewal	Initial / Renewal	\$150	\$0	\$250	\$0
Psychology Clinic (PSYCHC)	\$0	Not Applicable	\$3,000	Initial / Renewal	\$150	Not Applicable	\$250	\$0
Referral Agency (REFRLAG)	\$0	Not Applicable	\$0	Initial / Renewal	\$150	\$250	\$250	\$0
Rehabilitation Clinic (REHAB)	\$0	Not Applicable	Initial / Renewal	Initial / Renewal	\$150	\$250	\$250	\$0
Skilled Nursing Facility (SNF)	\$400	Not Applicable	\$4,000	Initial / Renewal	\$150	\$400	\$400	\$400
Surgical Clinic (SURGC)	\$0	Not Applicable	\$3,000	Initial / Renewal	\$150	\$250	\$250	\$0

Report of Change Fees Table (3 of 4)

Facility Type	Change of Governing Board	Change of Geographical Service Area	Change of Administrator	Change of Agency Manager	Change of Director of Patient Care Services	Change of Program Director	Change of Medical Director	Change of Director of Nursing
Acute Psychiatric Hospital (APH)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$150
Adult Day Health Center (ADHC)	\$500	\$0	\$500	Not Applicable	\$0	\$500	\$0	\$0
Alternate Birthing Center (ABC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$0
Chemical Dependency Recovery Hospital (CDRH)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$150
Chronic Dialysis Clinic (CDC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$150
Community Clinic (COMTYC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$0
Congregate Living Health Facility (CLHF)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$150
Correctional Treatment Center (CTC)	\$0	\$0	\$0	Not Applicable	\$0	\$0	\$0	\$0
General Acute Care Hospital (GACH)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$150
Home Health Agency (HHA)	\$150	\$150	\$500	Not Applicable	\$150	\$0	\$0	\$0
Hospice	\$150	\$150	\$150	Not Applicable	\$150	\$0	\$150	\$0
Hospice Facility (HOFA)	\$150	\$0	\$150	Not Applicable	\$150	\$0	\$150	\$0
Intermediate Care Facility (ICF)	\$150	\$0	\$500	Not Applicable	\$0	\$0	\$0	\$150
ICF / Developmentally Disabled (ICF/DD)	\$150	\$0	\$500	Not Applicable	\$0	\$0	\$0	\$150
ICF/DD-Habilitative (ICF/DD-H)	\$150	\$0	\$500	Not Applicable	\$0	\$0	\$0	\$150
ICF/DD-Nursing (ICF/DD-N)	\$150	\$0	\$500	Not Applicable	\$0	\$0	\$0	\$150
ICF/DD-Continuous Nursing (ICF/DD-CN)	\$150	\$0	\$500	Not Applicable	\$0	\$0	\$0	\$150
Pediatric Day Health and Respite Care (PDHRC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$150
Free Clinic (FREEC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$0
Psychology Clinic (PSYCHC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$0
Referral Agency (REFRLAG)	\$150	\$0	\$150	\$150	\$0	\$0	\$0	\$0
Rehabilitation Clinic (REHAB)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$0
Skilled Nursing Facility (SNF)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$150	\$150
Surgical Clinic (SURGC)	\$150	\$0	\$150	Not Applicable	\$0	\$0	\$0	\$0

Report of Change Fees Table (4 of 4)

Facility Type	Change of Administrator Designee	Change of Director of Patient Care Services Designee	Change of Mailing Address	Change of Property Owner	Change of Facility Type	Change of Parent	Intermittent Clinic Conversion
Acute Psychiatric Hospital (APH)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Adult Day Health Center (ADHC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Alternate Birthing Center (ABC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Chemical Dependency Recovery Hospital (CDRH)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Chronic Dialysis Clinic (CDC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Community Clinic (COMTYC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Congregate Living Health Facility (CLHF)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Correctional Treatment Center (CTC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
General Acute Care Hospital (GACH)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Home Health Agency (HHA)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Hospice	\$150	\$150	\$150	\$150	\$0	\$0	\$0
Hospice Facility (HOFA)	\$150	\$150	\$150	\$150	\$0	\$0	\$0
Intermediate Care Facility (ICF)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
ICF / Developmentally Disabled (ICF/DD)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
ICF/DD-Habilitative (ICF/DD-H)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
ICF/DD-Nursing (ICF/DD-N)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
ICF/DD-Continuous Nursing (ICF/DD-CN)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Pediatric Day Health and Respite Care (PDHRC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Free Clinic (FREEC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Psychology Clinic (PSYCHC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Referral Agency (REFRLAG)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Rehabilitation Clinic (REHAB)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Skilled Nursing Facility (SNF)	\$0	\$0	\$150	\$150	\$0	\$0	\$0
Surgical Clinic (SURGC)	\$0	\$0	\$150	\$150	\$0	\$0	\$0