



RON CHAPMAN, MD, MPH
Director

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



EDMUND G. BROWN JR.
Governor

AFL REVISION NOTICE

Subject: Fiscal Year 2011-2012 License Renewal Fee Schedule-Revised
Revision To: AFL 11-41
Revision Date: November 4, 2011
Attachment: AFL 11-56

This notice is to inform you that the California Department of Public Health has revised All Facilities Letter (AFL) 11-41 with the attached AFL 11-56.

AFL 11-56 revises AFL 11-41 (Fiscal Year 2011-2012 License Renewal Fee Schedule)

In the revised AFL, the California Department of Public Health (CDPH) made changes that only affect Home Health Agencies and Community Clinics or Free Clinics. This change does not affect other licensing categories.

Please review the AFL and contact your local District Office if you have further questions.



State of California—Health and Human Services Agency
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November 4, 2011

AFL 11-56
(Revision to AFL 11-41)

TO: Home Health Agencies and Community Clinics or Free Clinics

SUBJECT: Fiscal Year 2011-2012 License Renewal Fee Schedule-Revised

THIS IS NOT A BILL

The purpose of this letter is to provide the licensee with revised Fiscal Year (FY) 2011-2012 license renewal fees (See Attachment A).

The revised FY 2011-2012 fee schedule may also be found by accessing the California Department of Public Health (CDPH), Licensing and Certification Program (L&C) website, at www.cdph.ca.gov: first, click on the “Certificates & Licenses” tab; next, click on “Health Care Facilities”; finally, click on “L&C Current Fiscal Year Health Facilities License Fees”.

PLEASE FORWARD A COPY OF THIS INFORMATIONAL LETTER TO THE PERSON OR COMPANY THAT NORMALLY REMITS PAYMENT FOR RENEWAL OF THE FACILITY’S OPERATING LICENSE.

Renewal Notices

If a renewal notice was already mailed and received by the licensee, a revised renewal notice/application will be sent. Otherwise, the renewal notice will be sent 45-120 days prior to the license expiration date.

If the licensee has already paid the FY 11-12 renewal fee, a refund check (for Home Health Agency) or a supplemental renewal notice with the additional amount owed (for Community Clinics or Free Clinics) will be mailed.

It is the responsibility of the licensee to obtain a renewal notice. If the licensee has not received a renewal notice within 45 days of the license expiration date, contact the

Grant and Fiscal Assessment Unit (GFAU). See contact information at the bottom of this page.

If the licensee does not receive a renewal notice within 15 business days of the license expiration date, contact GFAU or use the attached fee schedule to verify the fee amount required for the facility based on the facility type and mail the payment to GFAU. Do not wait for a renewal notice to pay the license renewal fee if the license expires within 15 business days. Mail the payment prior to the license expiration date. California law does not allow a grace period. All fees must be paid in full on or before the current license expiration date regardless of having received a renewal notice.

How to Complete the License Renewal

1. Ensure that the number of facilities is correctly listed on the renewal fee page. Contact the local District Office immediately if the numbers are incorrect.
2. Clearly print the facility license numbers on the front of the check. If more than one facility's license is being paid, please make sure to indicate each facility's license number.
3. Cut off the bottom portion of the renewal notice fee page for each facility that is covered by the payment and include these in the payment envelope/package.
4. Address the envelope/package using one of the GFAU payment addresses listed below. Note, these addresses have changed in recent years, please make sure the address is correct.
5. It is strongly suggested to use a mailing method that includes the ability to track the status of mailed payments.
6. Allow 4-6 weeks for processing of the license. To prevent delays in obtaining the renewed license, mail only the renewal payment to L&C, GFAU at one of the addresses below:

Normal Mailing Address	Delivery Service Mailing Address
California Department of Public Health Licensing and Certification Program Grant and Fiscal Assessment Unit MS 3202 P.O. Box 997434 Sacramento, CA 95899-7434	California Department of Public Health Licensing and Certification Program Grant and Fiscal Assessment Unit MS 3202 1615 Capitol Avenue, Suite 73.481 Sacramento, CA 95814-5015
GFAU Email: <u>RCollection@cdph.ca.gov</u> Main Phone Number: (916) 552-8700 or (800) 236-9747.	

7. Mail the Application portion of the renewal notice to the local District Office as indicated on the bottom of Page 3 of the Application. Do not mail to GFAU as this may delay receipt of the license. Neither GFAU nor the District Office will be responsible for lost applications or for misdirected payments.

For more information, please contact GFAU at RCollection@cdph.ca.gov , (916) 552-8700 or (800) 236-9747.

Sincerely,

Original Signed by Pamela Dickfoss

Pamela Dickfoss
Acting Deputy Director
Center for Health Care Quality

Attachment

ATTACHMENT A

LICENSING & CERTIFICATION PROGRAM LICENSE FEES 2011/12

Effective: July 1, 2011

Facility Type	Fee Per	Amount
Acute Psychiatric Hospitals (APH)	Bed	\$280.61
Adult Day Health Center (ADHC)	Facility	\$4,384.13
Alternative Birthing Center (ABC)	Facility	\$3,131.83
Chemical Dependency Recovery Hospital (CDRH)	Bed	\$187.01
Chronic Dialysis Clinic (CDC)	Facility	\$3,766.62
Community Clinic (COMTYC or Free Clinic (FREEC))	Facility	\$756.17
Congregate Living Health Facility (CLHF)	Bed	\$297.14
Correctional Treatment Center (CTC)	Bed	\$546.38
District Hospital with <100 beds	Bed	\$280.61
General Acute Care Hospital (GACH)	Bed	\$280.61
Home Health Agency (HHA)	Facility	\$4,542.60
Hospice (HOSPICE) (2-Year License Total)	Facility	\$4,795.92
Intermediate Care Facility (ICF)	Bed	\$297.14
Intermediate Care Facility – Developmentally Disabled (ICF/DD)	Bed	\$552.76
Intermediate Care Facility – Developmentally Disabled – Habilitative (ICF/DD-H)	Bed	\$552.76
Intermediate Care Facility – Developmentally Disabled – Nursing (ICF/DD-N)	Bed	\$552.76
Pediatric Day Health Respite Care (PDHRC)	Bed	\$197.90
Psychology Clinic (PSYCHC)	Facility	\$1,406.34
Referral Agency (REFRLAG)	Facility	\$4,597.90
Rehabilitation Clinic (REHABC)	Facility	\$247.00
Skilled Nursing Facility (SNF)	Bed	\$297.14
Special Hospital (SPHOSP)	Bed	\$280.61
Surgical Clinic (SURGC)	Facility	\$2,368.57