



RON CHAPMAN, MD, MPH
Director & State Health Officer

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



EDMUND G. BROWN JR.
Governor

February 23, 2012

AFL 12-07

TO: Adult Day Health Care Centers

SUBJECT: Changes in Adult Day Health Care Center (ADHC) licensure

AUTHORITY: Health and Safety Code (HSC) Sections 1570.7, 1574.5, 1576.2, 1578.1

The Budget Act of 2011-12 eliminated ADHC services as an optional Medi-Cal benefit. Consequently, SB 91 (Chapter 119, Statutes of 2011 effective July 25, 2011) delinked the requirement that ADHCs be “certified” concurrent with licensure.

Adding adult day programs within ADHCs

Licensed providers opting to add an adult day program (ADP) within an ADHC are required to notify the CDPH by submitting CDPH Form 609, *Bed or Service Request*. This form (attached) can also be downloaded and printed at:

<http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/cdph609.pdf>

HSC Section 1578.1 states that review and approval of the application to provide a dual program (ADHC and ADP) does not require an on-site inspection. The maximum licensed capacity is determined by the local fire authority and includes limits for both ambulatory and nonambulatory participants.

All applications for licensure or requests for services changes will continue to be submitted as follows:

For ADHCs in Los Angeles, Orange, Riverside, San Diego, Imperial, San Bernardino, Mono and Inyo counties, the request should be transmitted to the CDPH Orange District Office, 681 S. Parker Street, Suite 200, Orange, CA 92868. Fax: (714) 567-2815.

ADHCs in other counties should transmit requests to the CDPH San Jose District Office at 100 Paseo de San Antonio, Suite 235 San Jose, CA 95113. FAX: (408) 277-1032.

Facilities are responsible for following all applicable laws. CDPH’s failure to expressly notify facilities of legislative or regulatory changes does not relieve them of this

AFL 12-07
Page 2
February 23, 2012

responsibility. Facilities should refer to the full text of HSC Sections 1570.7, 1574.5, 1576.2, and 1578.1 to ensure compliance.

Questions should be directed to the appropriate District Office as indicated above. Please refer to the link below for assistance and a provider checklist for ADHC license applications:

<http://www.cdph.ca.gov/pubsforms/forms/Documents/ADHC-AppRequestLtrChecklist.pdf>

Sincerely,

Original signed by Debby Rogers

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

Attachment

BED OR SERVICE REQUEST

Date

This form is intended to identify the types of beds or services requested for adult day health center, acute psychiatric hospitals, general acute care hospitals, special hospitals and skilled nursing facilities. For new facilities, complete the column marked "Requested Beds." For existing facilities, complete both columns. The form is to accompany the application form (HS 200) for any new facility, change in capacity, service, or bed classification.

Name of facility	Type		
Address (number, street)	City	State	ZIP code

Please enter the number of beds requested for each category:

EXISTING BEDS

- Acute Respiratory Care Services
- Burn Center
- Cardiovascular Surgery Service
- Coronary Care Unit
- General Acute Care (Unspecified)
- General Nursing (Long-Term)
- Intensive Care (Newborn)
- Intensive Care Unit
- Pediatric Service
- Perinatal Unit
- Psychiatric Unit
- Rehabilitation Center
- Renal Transplant Center
- Respiratory Care Service
- Skilled Nursing Service (DP)
- Other (specify) _____
- Other (specify) _____

APPROVED CAPACITY

REQUESTED BEDS

- Acute Respiratory Care Services
- Burn Center
- Cardiovascular Surgery Service
- Coronary Care Unit
- General Acute Care (Unspecified)
- General Nursing (Long-Term)
- Intensive Care (Newborn)
- Intensive Care Unit
- Pediatric Service
- Perinatal Unit
- Psychiatric Unit
- Rehabilitation Center
- Renal Transplant Center
- Respiratory Care Service
- Skilled Nursing Service (DP)
- Other (specify) _____
- Other (specify) _____

APPROVED CAPACITY (For Departmental use only)

Please check services which the facility currently provides or is requesting:

EXISTING SERVICES

- Adult Day Program (only applies to an ADHC)
- Basic Emergency Physician on Duty
- Cardiovascular Surgery
- Chronic Dialysis Service
- Comprehensive Emergency
- Dental Service
- Nuclear Medicine Service
- Occupational Therapy Service
- Outpatient Service (i.e. Family Practice, Pediatrics, Primary Care, Rural Health Clinic, etc.)
- Specify: _____
- Specify: _____
- Physical Therapy
- Podiatric Service
- Radiation Therapy
- Social Service
- Speech Pathology and/or Audiology Service
- Other (specify): _____
- Other (specify): _____

REQUESTED SERVICES

- Adult Day Program (only applies to an ADHC)
- Basic Emergency Physician on Duty
- Cardiovascular Surgery
- Chronic Dialysis Service
- Comprehensive Emergency
- Dental Service
- Nuclear Medicine Service
- Occupational Therapy Service
- Outpatient Service (i.e. Family Practice, Pediatrics, Primary Care, Rural Health Clinic, etc.)
- Specify: _____
- Specify: _____
- Physical Therapy
- Podiatric Service
- Radiation Therapy
- Social Service
- Speech Pathology and/or Audiology Service
- Other (specify): _____
- Other (specify): _____