



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

April 2, 2012

AFL 12-20

TO: All Comprehensive Outpatient Rehabilitation Facilities (CORF)

SUBJECT: Request for Identification of CORF Locations

The purpose of this AFL is to serve as a reminder of the CMS annual reporting requirement to obtain updated CORF location information from all CORF facilities.

During a recent review of CORF facility records, California Department of Public Health Licensing and Certification (L&C) Program survey staff discovered that location information for numerous CORF facilities is inaccurate and outdated.

The Department depends on facility notification of relocation or closures. Accuracy of such information is critical to the L&C Program's efficiency and inaccurate information hinders the timeliness of recertification surveys and workload prioritization for survey staff.

The Department, in an effort to update and maintain an accurate record of CORF facility locations and services, is requesting that all CORF facilities provide current location and service information for each facility.

The Department aspires to complete the initial phase of this update by May 15, 2012. To accomplish this, the Department requests each CORF facility provide the current location and service information to its respective L&C Program District Office **on or before May 1, 2012.**

In addition to the annual update, the Department encourages CORFs to provide updates to the department immediately upon a relocation or closure. A collaborative effort will assure ongoing accuracy of Department records and will support efficiency in the L&C Program's certification process.

For convenience, the Department developed the attached form letter as a communication tool for reporting CORF facility information. Use of this form letter to provide information is not mandatory; facilities may choose to report the information using the attached letter or may provide the information in a format of their choosing.

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District office contact information can be found on the California Department of Public Health, Licensing and Certification (L&C) Program website at:

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

A lack of response to this request by the CORF facility to CDPH will be considered an indication to the L&C Program survey staff that the facility is no longer operating and may result in denial of Medicare participation.

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: Request for Identification of CORF Locations and Services

REQUEST FOR IDENTIFICATION OF CORF LOCATIONS AND SERVICES

Dear Administrator,

California Department of Public Health (CDPH) records indicate that your facility has, in the past, participated in the Medicare program as a comprehensive outpatient rehabilitation facility (CORF).

This letter is being submitted to you for the purpose of identifying the current location of your CORF. Use this link to identify your District Office information.

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

Please complete this form and return it to your local CDPH District Office within 30 days. If at any time following completion of this form you plan to delete or add a service, relocate or close your facility, please notify the District Office immediately. If you have any questions or problems, please call your District Office.

District Office Name	
District Office Address	
District Office Telephone Number	

CORF LOCATION INFORMATION

Name	
Provider Number	
Address	
Area Code and Telephone Number	

CORF SERVICE INFORMATION

Please indicate the types of services provided by the CORF location listed above.

- Outpatient Physical Therapy Outpatient Speech Therapy Respiratory Therapy
 Outpatient Occupational Therapy Social or Psychological Services
 Other

Description of other services: _____

CORF Contact Information:

Printed Name	Signature	Date