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California Department of Public Health



EDMUND G. BROWN JR.
Governor

July 26, 2016

AFL 16-09

TO: All Health Facilities
SUBJECT: Fiscal Year (FY) 2016-17 Health Care Facility License Fee Schedule
AUTHORITY: Health & Safety Code (HSC) section 1266

All Facilities Letter (AFL) Summary

This AFL informs licensees of FY 2016-17 license renewal fees as approved by the Governor and effective on July 1, 2016.

The attached FY 2016-17 fee schedule is also available on the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ), Licensing and Certification Program (L&C) website at:

<http://www.cdph.ca.gov/programs/LnC/Documents/LicCertFeeListing16.pdf>

Please forward a copy of this AFL to the person or company that normally remits payment for renewal of your health care facility operating license.

Renewal Notices

CHCQ will send a renewal notice to the facility's licensee 45-120 days prior to the license expiration date. **It is the responsibility of the facility's licensee to obtain a renewal notice.** If the licensee does not receive a renewal notice within 45 days prior to the license expiration date, contact the CHCQ Fiscal Services and Revenue Collection Unit (FSRCU) at RCollection@cdph.ca.gov, or by telephone at (916) 552-8700 or (800) 236-9747.

Late Payment Penalties

HSC section 1266.5 requires CHCQ to impose late payment penalties for health care facilities and agencies that are delinquent in paying license renewal fees. The post office or delivery service postmark date is used to establish assessment of late payment penalty fees. California law does not allow a grace period for payment of license fees.



Medi-Cal Offsets

HSC section 1266.5(c) specifies that the department may, upon written notification to the licensee, offset any moneys owed to the licensee by the Medi-Cal program or any other payment program administered by the department, to recoup the license renewal fees and any associated late payment penalties.

How to Complete Your License Renewal

1. Validate the number of beds and facilities listed on the renewal fee page. If the number of beds and facilities is not correct, contact your local district office (DO) immediately so they can correct the information.
2. Clearly print applicable health care facility license number(s) on the front of the payment.
3. Cut off the bottom portion of the renewal notice fee page for each facility and include the slips in the payment envelope or package. Mail only the renewal payment to FSRCU at either of the addresses below:

Mailing Address	Delivery Service Mailing Address
California Department of Public Health Center for Health Care Quality Licensing and Certification Program Fiscal Services and Revenue Collection Unit MS 3202 P.O. Box 997434 Sacramento, CA 95899-7434	California Department of Public Health Center for Health Care Quality Licensing and Certification Program Fiscal Services and Revenue Collection Unit MS 3202 1616 Capitol Avenue, Suite 74.420 Sacramento, CA 95814-7402

4. Mail the application portion of the renewal notice to the local DO as indicated at the bottom of the application's last page. Do not mail the application portion to FSRCU as this may delay receipt of your license. CHCQ will not be responsible for lost applications.
5. It is strongly recommended licensees use a mailing method that includes the ability to track the status of mailed payments.
6. Please allow 4-6 weeks for license processing.

If you have license fee questions, please contact the FSRCU by email at RCollection@cdph.ca.gov, or by telephone at (916) 552-8700 or (800) 236-9747.

Sincerely,

Original signed by Jean Iacino

Jean Iacino
Deputy Director

[Attachment](#)