



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



July 21, 2009

AFL 09-25

**TO:** All Facilities Licensed By the California Department of Public Health (CDPH) Licensing and Certification Program (L&C) Under California Health and Safety (H&S) Code Section 1266

**SUBJECT:** Fiscal Year (FY) 2009/10 License Renewal Fee Schedule

**THIS IS NOT A BILL**

The purpose of this memorandum is to inform you of the FY 2009/10 license renewal fees as approved by the California Legislature on February 20, 2009 (See Attachment A). The new renewal fees are effective as of July 1, 2009.

**PLEASE FORWARD A COPY OF THIS LETTER TO THE PERSON OR COMPANY THAT NORMALLY REMITS PAYMENT FOR YOUR FACILITY LICENSE RENEWAL**

The FY 2009/10 fee schedule has been posted on the L&C website, along with current license renewal information and questions and answers on the L&C website.

**You should contact the Grant and Fiscal Assessment Unit (GFAU) if you have not received a renewal notice within 90 days prior to your license expiration date.** It is the responsibility of the facility's licensee to obtain renewal notices (See contact information on Page 3).

**Do not wait for a renewal notice to pay your license renewal.** Late payment penalties cannot be excused because the licensee did not receive a renewal notice prior to the current license expiration date.

**Mail your payments early!** California law is very specific about non-receipt of payments. 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 Your License Renewal**

1. Ensure that numbers of beds/facilities (if applicable) are correctly listed on your renewal fee page. Contact your local District Office if these figures are incorrect.
2. Clearly print all license numbers that your payment will cover on the front of the payment.
3. Cut off the bottom of the renewal notice fee page for each facility you will be paying for and include them in the payment envelope/package.
4. Be sure to address your envelope/package using one of the Grant and Fiscal Assessment Unit payment addresses listed in this letter. These addresses have changed in recent years.
  - It is strongly suggested that licensees use a mailing method that includes the ability to track the status of mailed payments.
  - To prevent delays in obtaining the renewed license, mail remittance only to L&C Grant and Fiscal Assessment Unit at one of the addresses below:

Normal Mailing Address	Overnight Mailing Address
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California Department of Public Health Licensing and Certification Grant and Fiscal Assessment Unit MS 3202 P.O. Box 997434 Sacramento, CA 95899-7434	California Department of Public Health Licensing and Certification Grant and Fiscal Assessment Unit MS 3202 1615 Capitol Avenue, Suite 73.481 Sacramento, CA 95814-5015
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5. Mail the application to the local District Office as indicated on the bottom of Page 3 of the application. Do not mail it to the Grant and Fiscal Assessment Unit as this may delay receipt of your license. Grant and Fiscal Assessment Unit will not be responsible for lost applications.

6. Allow 4-6 weeks for processing of your license due to heavy workloads.

#### **Late Payment Penalties**

**Late payment penalties are statutorily set and cannot be waived. The post office or delivery service postmark dates are used to establish date of receipt.**

H&S Code Section 1266.5 requires L&C to impose late payment penalties for health facilities and agencies for delinquent license renewal payments.

L&C 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 California Department of Public Health, to recoup the license renewal fee and any associated late payment penalties. The statute authorizing late payment penalties does not provide the department with any mechanism for waiving the late payment penalty fees.

#### **Contact Information for the Grant and Fiscal Assessment Unit**

Email: [RCollection@cdph.ca.gov](mailto:RCollection@cdph.ca.gov)

Main Phone Number: (916) 552-8700 or (800) 236-9747

Sincerely,

**Original Signed by Kathleen Billingsley, R.N.**

Kathleen Billingsley, R.N.

Deputy Director

Center for Health Care Quality

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