SUMMARY OF CHAPTER II AND CHAPTER V
FEES AND NOTIFICATION REQUIREMENTS
Long Term Care Facilities

NOTE: The chart provided below is to assist you with licensing issues, but is in no way intended to be a complete explanation of all license fees and/or requirements. It is the applicant's responsibility to be informed of all provisions of Chapter II (6 CCR 1011-1 – General Licensure Standards) and Chapter V (6 CCR 1011-1 – Long-Term Care Facilities). Both chapters can be viewed in their entirety at http://www.healthfacilities.info (Regulations).

ITEM	FEE	REQUIREMENT
Initial License Application (Chapter II §2.4 and §2.13; Chapter V §29.2)	$6,000 application fee	Notify the Department by submitting a Letter of Intent (LOI) and an application will be mailed to you. Complete application forms, attachments and fees must be submitted at least **90 calendar days** before the anticipated start-up date.
Submission of Renewal Application a. Facilities with no self-insured retention b. Facilities with self-insured retention or deductible other than $0 (Chapter II §2.6.1; §2.13; Chapter V §29.3)	• Medicare and/or Medicaid certified facility: $1,600 base fee plus $8 per bed • Non-certified facility: $3,480 base fee plus $8 per bed	a. Must submit renewal application, attachments and fees **60 calendar days** prior to license expiration b. Must submit renewal application, attachments and fees **90 calendar days** prior to license expiration
Late Fee charged (Chapter II §2.6.2)	Equal to the applicable renewal fee	Assessed if renewal application is not submitted **30 calendar days** prior to expiration of license
Application Corrections Requested by CDPHE (Chapter II §2.6.4)		Applicant must respond within **14 calendar days** to any written notice of application defect. Failure of the applicant to accurately answer or report any of the information requested by the Department shall be considered good cause to deny the license renewal application.
Conditional License (Chapter II §2.9.4, 2.9.5 and §2.13)	$1,500 fee in addition to applicable initial or renewal fee. $1,500 fee if imposed during existing license term.	• Must immediately comply with conditions • License conditions must be posted in a conspicuous public place in the facility.
Provisional License (Chapter II §2.5 and §2.13)	$1,000 fee per provisional period. Payment of the initial license fee is required upon issuance of a regular license	• Must immediately comply with conditions • License conditions must be posted in a conspicuous public place in the facility.
Change of Ownership a. Long-Term Care facilities with more than 16 beds b. Long-Term Care facilities with 16 or fewer beds (Chapter II §2.7 and §2.13; Chapter V §29.4)	 $6,000 fee per facility $6,000 fee per facility	Notify the Department by submitting Letter of Intent (LOI) and an application will be mailed to you. a. Application must be submitted **90 calendar days** before the change for facilities with more than 16 beds b. Application must be submitted **30 calendar days** before the change for facilities with 16 or fewer beds A new license will be issued.

Increase in Licensed Capacity* (Chapter II §2.10.6 and §2.13)	$360 fee	Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Application must be submitted at least **30 calendar days** before the increase. An amended license will be issued
Decrease in Licensed Capacity (Chapter II §2.10.6 and §2.13)	$360 fee	Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Application must be submitted at least **30 calendar days** before the decrease. An amended license will be issued.
Changes to Management Company or Management Agreement (Chapter II §2.10.6)		Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Application must be submitted at least **30 calendar days** before the change. Requires prior approval by the Department.
Change in License Category or Classification* (Chapter II §2.10.6)		Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Application must be submitted at least **30 calendar days** before the change. Requires prior approval by the Department.
Change in Name (Chapter II §2.3.6, 2.10.6 and §2.13)	$75 fee	Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Application must be submitted at least **30 calendar days** before the change. If the Department determines that the proposed name would create confusion or misrepresentation to the public regarding the services to be provided, it may disapprove such name. Upon approval, an amended license will be issued.
Change of Address* (Chapter II §2.10.6)		Notify the Department by submitting a Letter of Intent (LOI) and an application form will be mailed to you. Life Safety Code review will be required. Please refer to "Architectural Requirements and Plan Review" located at http://www.healthfacilities.info (Health Facility Forms – Architectural Requirements and Plan Review). An amended license will be issued.
Changes to Required Information in the Last Submitted License Application (Chapter II §2.10.6)	Applicable initial fee for specific license categories.	Except for operational changes that require approval from the Department, applicant must submit written notice as soon as practicable, but no later than **30 calendar days** after the change becomes effective.
New Secured Unit* (Chapter V, Part 19 and §29.5)	$1,600 fee	Notify the Department by submitting Letter of Intent (LOI). An application will be mailed to you. Requires notification at least **30 calendar days** before the change.
Closure (Chapter II §2.9.7)		Notify the Department by submitting a Letter of Intent (LOI) and a closure checklist will be sent to you. At least **ten (10) calendar days** prior to date of closure, inform the Department in writing of specific plans for storage and retrieval of patient records and inform patients accordingly. Return original license to HFEMSD.
***Plan Review for New Construction or Remodels**	See Architectural Requirements for Plan Review at http://www.healthfacilities.info (Health Facility Forms – Architectural Requirements and Plan Review).	Construction plans and documents must be submitted and approved by the Department before any changes take place.