

California Department of Public Health

Licensing & Certification Program

**Health Facility License Fees
ANNUAL REPORT
FY 2011-12**

February 1, 2011

Table of Contents

LEGISLATIVE REQUIREMENTS	3
BACKGROUND	3
FEE DEVELOPMENT	4
Fee Methodology Overview	4
State Workload Percentage for Each Facility Type	4
Health Care Facilities Proposed Fees for Each Facility Type	5
Summary of Licensed Fees by Facility Type.....	6
STAFFING AND SYSTEM ANALYSIS	7
Number of Personnel Devoted to the Licensing & Certification Health Care Facilities.....	8
The Percentage of Time Devoted to Licensing & Certification Activities for all Licensed Health Facilities Source	10
Surveys and Follow-up Visits Performed	11
Number and Timeliness of Complaint Investigations	12
Data on Citations, Deficiencies, and Enforcements	13
Hospitals Self-Reported Adverse Events Timeliness Report	15
Other Applicable Activities	19
Attachment A – State Workload Percentage Calculation Chart.....	20
Attachment B – Proposed Health Care Facilities Fee Chart.....	27

LEGISLATIVE REQUIREMENTS

The California Department of Public Health (CDPH), Licensing and Certification Program (L&C), Health Facility License Fees Annual Report for Fiscal Year (FY) 2011-12 is published in accordance with California Health and Safety (H&S) Code Section 1266(d) as follows:

- Publish the list of estimated fees by February 1 of each year;
- Publish a report of all costs for activities of the L&C Program; and,
- Prepare a staffing and system analysis report including:
 - The number of surveyors and administrative support personnel devoted to the licensing and certification of health care facilities;
 - The percentage of time devoted to licensing and certification activities for the various types of health facilities;
 - The number of facilities receiving full surveys and the frequency and number of follow up visits;
 - The number and timeliness of complaint investigations;
 - Data on deficiencies and citations issued, and numbers of citation review conferences and arbitration hearings; and,
 - Other applicable activities of the licensing and certification division.

H&S Code Section 1266(d) requires the calculation of fees to be based on workload by facility type. When calculating the FY 2011-12 estimated fees, workload changes over the last year served to increase fees for most of the facility types.

H&S Code Section 1266(e) states the fee for each category should be determined by dividing the aggregate state share of all costs for the L&C program by the appropriate metric for the category of licensure. Amounts actually received for new licensure applications, including change of ownership applications, and late payment penalties, pursuant to Section 1266.5, during each fiscal year shall be calculated and 95% should be applied to the appropriate fee categories in determining L&C Program fees for the second fiscal year following receipt of those funds. The remaining 5% shall be retained in the fund as a reserve until appropriated.

BACKGROUND

H&S Code Sections 1254, 1282 and 1417 require the L&C program to license health care facilities that do business in California. CDPH's contract with the federal Centers for Medicare and Medicaid Services (CMS), as well as provisions of California's Medicaid State Plan, requires L&C to certify facilities for participation in Medicare (Title XVIII) and/or Medi-Cal (Title XIX). In conducting these activities, L&C develops and enforces state licensure standards, conducts inspections to assure compliance with federal standards for facility participation in Medicare and/or Medi-Cal, and responds to complaints against providers licensed by CDPH.

In addition, the H&S Code Section 1266 was amended by Chapter 74 of the Statutes of 2006 (Assembly Bill 1807), changing the L&C Program from a General Fund (GF) Program to a Special Fund (SF) Program. The statute required that beginning FY 2009-10, L&C be entirely supported by Federal Funds (FF) and SFs, unless funds are specifically appropriated from the GF in the annual Budget Act or other enacted legislation. This requirement to be fully supported by FFs and SFs was achieved one year early in FY 2008-09. Only state departments, authorities, bureaus, commissions or officers are exempt from paying license fees. For those facilities that are state operated, an annual Budget Act appropriation transfers GF monies into the L&C SF to cover the costs to license state operated facilities.

The provisions of H&S Code Section 1266 require L&C to capture and report workload data by fee category (survey activity and facility type) which prompted the development and implementation of a new timekeeping system in FY 2006-07. This Surveyor Timekeeping System (STS) captures data on the number of survey counts and the total hours spent for each survey activity to determine the Standard Average Hours (SAH) it takes to accomplish specific workload. The L&C program used STS FY 2009-10 data to develop the state licensing workload for FY 2011-12.

FEE DEVELOPMENT

This section outlines the process used to calculate licensing fees in accordance with H&S Code Section 1266(d) and provides summarized information on the cost adjustments included in the fee calculations.

Fee Methodology Overview

H&S Code Section 1266 was amended to restructure the methodology for calculating health care facilities license fees based on the workload and cost of licensing and regulating health care facilities. Statute specifies the methodology for annually recalculating license fees for all licensed health care facilities as follows:

Licensing fee rates, based on the aggregate state share of the special fund cost, are structured on a per facility or bed classification count and are collected on an initial license application, an annual license renewal, and change of ownership (CHOW).

The fee rates are based on the following activities:

- Combines information on projected workload hours for various mandated activities by specific facility type;
- Calculates the state workload rate percentage of each facility type to the total state workload;
- Allocates the baseline budget costs by facility type based on the state workload percentages;
- Determines the total proposed SF budget cost comprised of baseline, incremental cost adjustments, and credits; and,
- Divides the proposed SF budget cost per facility type by the total number of facilities within the facility type or by the total number of beds to determine a per facility or per bed licensing fee.

State Workload Percentage for Each Facility Type

State workload percentages are calculated for each workload activity and grouped by facility type. Workload activities include state licensing, federal certification, and initial state and federal certification, follow up/revisits, complaints, and investigations. The following basic data components are used to come up with the workload percentages for each workload activity within each facility type.

- The number of open and active facility counts (licensure and federal certification workload survey activities only);
- The annualized workload frequency for each workload activity as mandated by either state or federal statute requirements;
- The standard average hours based on the SAH report from the STS data. This data reflects the average hours required to complete each workload activity as reported in FY 2009-10; and,
- The state funding percentage. This is the percentage charged to the L&C SF based on the specific workload activity.

Attachment A, State Workload Percentage Calculation Chart, provides the detailed workload analysis by facility type that was used to calculate the state workload percentage for each facility type for FY 2011-12.

Health Care Facilities Proposed Fees for Each Facility Type

Under current state statutes, program budget cost estimates shall be based on appropriated amounts including any adjustments. To meet the required provisions, it is necessary to project costs associated with the L&C SF starting with the baseline and reflecting each incremental adjustment. Incremental adjustments are allocated by the impacted facility type based on the facility type's relative state workload percentage.

- The program's baseline budget cost is the appropriated amount based on the previous year's Budget Act minus non-fee related expenses. Costs are allocated across all facility types based on the facility type's relative workload percentage. L&C's beginning baseline budget going into FY 2011-12 is \$93,848,000.
- Incremental baseline budget cost adjustments are added or deducted to the base and are allocated to facility types based on the relative state workload percentage or other appropriate methods. The following baseline budget cost adjustments which net to a total decrease of \$2,761,000 include:
 - Reduction to employee compensation for general salaries and benefits of \$4,560,000;
 - Increase to employee retirement adjustment of \$1,449,000;
 - Deletion of prior year ProRata allocation for special fund administration of \$3,386,000 and addition of budget year Pro-Rata allocation of \$3,586,000 as determined by the Department of Finance;
 - Reduction adjustments to the base for prior year One-Time Cost Reduction of \$724,000 and Limited Term Position of \$250,000; and,
 - Reallocation of department overhead of \$1,124,000.
- Budget Change Proposal(s) and the L&C Estimate contained in the Governor's Budget are added to the base and are allocated to facility types impacted by the specific request.
 - For FY 2011-12, the Governor's Budget includes an estimate that has a fiscal impact on licensing fees. The Estimate includes a 5-percent growth across-the-board in complaint workload. The resulting fiscal impact on licensing fees is an increase of \$2,193,000 in L&C Program Fund expenditure authority.
- Other adjustments include:
 - Reduction for non-fee related cost (SB 891, Statutes of 2008) of \$182,000;
 - Reduction to the State Facilities General Fund Transfer of \$ 2,325,000;
 - Credits are adjustments to the overall program operational cost and are allocated based on workload percentages and/or by an appropriate metric. These credits serve to reduce the level of licensing fees paid by a specific facility type for the next fee cycle. The following credit adjustments for the FY 2011-12 fee schedule are as follows:
 - Credit of \$3,718,344 statutorily based on miscellaneous revenues collected for late fees, change of ownership and other licensing changes made in FY 2009-10;
 - Credit of \$3,839,324 from program reserve and applied so that all facility types received no more than a 30% increase from FY 10-11 fees.

Once the L&C SF operational budget costs are determined and allocated by facility type, the license fee amount is calculated as follows:

- Outpatient Facilities: The proposed licensing fee for each facility type is determined based on the allocated SF operational budget cost divided by the total number of facilities.

- In-Patient Facilities: The proposed licensing fee for each bed is determined based on the allocated SF operational budget cost divided by the total number of beds in the facility type.

Attachment B, Health Care Facilities Proposed Fee Chart, provides detailed information by facility type regarding the various baseline budget adjustments, credits, and program savings offsets that were factored into the calculation of licensing fee amounts for FY 2011-12 as described above.

The methodology described above is the process used to calculate fees in accordance with H&S Code Section 1266(d). Because of fluctuations in workload by facility type as well as annual baseline adjustments increasing total operating costs, the initial fee calculations reflected an increase in licensing fees over the amounts paid in FY 2010-11 for most facility types.

Summary of License Fees by Facility Type

The table below provides a comparison of license fees levied for FY 2010-11 to the proposed fees for FY 2011-12.

License Fees by Facility Type			
Facility Type	Fee Per Bed or Facility	FY 2010-11 Fee Amounts Per Budget Act	FY 2011-12 Proposed Fee Amounts
Alternative Birthing Centers	Facility	\$2,409.10	\$3,131.83
Adult Day Health Centers	Facility	\$3,985.57	\$4,384.13
Chronic Dialysis Clinics	Facility	\$2,897.40	\$3,766.62
Chemical Dependency Recovery Hospitals	Bed	\$143.86	\$187.01
Community Clinics	Facility	\$581.67	\$720.19
Correctional Treatment Centers	Bed	\$420.29	\$546.38
Home Health Agencies	Facility	\$4,129.63	\$5,368.52
Hospices (2-Year License Total)	Facility	\$3,689.18	\$4,795.92
Pediatric Day Health/Respite Care	Bed	\$152.23	\$197.90
Psychology Clinics	Facility	\$1,081.80	\$1,406.34
Referral Agencies	Facility	\$3,536.84	\$4,597.90
Rehab Clinics	Facility	\$190.00	\$247.00
Surgical Clinics	Facility	\$1,821.97	\$2,368.57
Acute Psychiatric Hospitals	Bed	\$255.10	\$280.61
District Hospitals Less Than 100 Beds	Bed	\$255.10	\$280.61
General Acute Care Hospitals	Bed	\$255.10	\$280.61
Special Hospitals	Bed	\$255.10	\$280.61
Congregate Living Health Facilities	Bed	\$228.57	\$297.14
Intermediate Care Facilities (ICF)	Bed	\$228.57	\$297.14
Skilled Nursing Facilities	Bed	\$228.57	\$297.14
ICF - Developmentally Disabled	Bed	\$425.20	\$552.76
ICF - DDH	Bed	\$425.20	\$552.76
ICF - DDN	Bed	\$425.20	\$552.76

STAFFING AND SYSTEMS ANALYSIS

H&S Code Section 1266(d)(2) requires L&C to prepare a staffing and systems analysis to ensure efficient and effective utilization of fees collected, proper allocation of departmental resources to L&C activities, survey schedules, complaint investigations, enforcement and appeal activities, data collection and dissemination, surveyor training, and policy development.

The following charts depict information from FY 2009-10, which represents the last full fiscal year in which the L&C Program has actual data. The purpose of displaying this information is to show the efficient and effective utilization of the fees that were collected in FY 2009-10.

Charts:

1. Number of Personnel Devoted to the L&C Health Care Facilities;
2. The Percentage of Time Devoted to L&C Activities for All Licensed Health Care Facilities;
3. Surveys and Follow-up Visits Performed;
4. Number and Timeliness of Complaint Investigations;
5. Data on Citations, Deficiencies, and Enforcements;
6. Hospital Reported Adverse Event Timeliness Report; and
7. Other Applicable Activities.

Number of Personnel Devoted to the Licensing and Certification of Health Care Facilities

Health and Safety Code Section 1266(d)(2)(B)(i)

FY 2009-10

Personnel Types	14 Field Offices		Professional Certification Branch		Headquarters		Total L&C		LA County	
	# of Positions	% of Total	# of Positions	% of Total	# of Positions	% of Total	# of Positions	% of Total	# of Positions	% of Total
Surveyors & Consultants										
Surveyors ¹	683.50	60.88%	--	00%	--	00%	683.50	61%	131.00	74%
Consultants	56	4.99%	--	00%	--	00%	56	5%	8.00	4%
Administrative Support Personnel										
Managers/Supervisors & Support Staff ²	158.75	14.44%	88	7.83%	136.50	12.16%	383.25	34%	39.00	22%
Total							1,122.75	100%	178	100%

¹Includes Health Facility Evaluator Nurse (HFEN), Health Facility Evaluator (HFE I) and HFE Trainee classifications for Field Offices

²Includes HFEII (Supervisor) classifications for Field Offices

Data Source: L&C's Personnel Unit dated Nov. 2010 and LA County positions as outlined in Contract No. 08-85192

This chart represents the number of surveyors, consultants and administrative support personnel devoted to the licensing and certification of health care facilities. The following detail describes the breakdown by function.

Personnel in the Field Offices and LA Country Contract:

This area of the chart represents the amount of staff in the fourteen L&C field offices statewide and the five Los Angeles County offices. The Los Angeles County offices perform their own L&C activities and contracts with the CDPH to report information. L&C Field Offices and Los Angeles County perform the same common functions which include:

- Evaluating and reporting on services and conditions;
- Cite deficiencies and issue penalties;
- Issue, deny or revoke licenses, and approve plans of correction; and,
- Control performance of other public agencies' survey staff.

Professional Certification Branch:

This area of the chart represents the amount of staff in the Professional Certification Branch. This Branch in the L&C Division focuses on:

- The certification of Certified Nurse Assistants (CNAs), Home Health Aides (HHAs) and Certified Hemodialysis Technicians (CHTs); and
- The Health Professions Consultation and Nursing Home Administrator Program as well as data collection, reporting and investigations.

Headquarters:

This area of the chart represents the amount of staff in Headquarters who provide the following functions:

- Budgeting, Accounting and Personnel;
- Training, time reporting, and data collection;
- Policy development and interpretation;
- Regulations preparation, and legislative analysis of proposed legislation;
- Procurement and information technology support; and,
- Communication, including ongoing liaison and advocacy with industry and other public agencies.

**The Percentage of Time Devoted to L&C Activities
for all Licensed Health Facilities**

Health and Safety Code Section 1266(d)(2)(B)(ii)

FY 2009-10

FACILITY TYPE	HOURS	
Alternate Birthing Centers	-	- %
Adult Day Health Centers	1,002	0.10%
Chronic Dialysis Clinics	20,788	2.06%
Chemical Dependency Recovery Hospitals	101	0.01%
Community and Free Clinics	2,262	0.22%
Correctional Treatment Centers	2,848	0.28%
Home Health Agencies	47,288	4.70%
Hospices	6,350	0.63%
Pediatric Day Health/Respite Care	200	0.02%
Psychology Clinics	12	- %
Referral Agencies	26	- %
Rehabilitation Clinics	1,499	0.15%
Surgical Clinics	33,366	3.31%
Acute Psychiatric Hospitals	8,532	0.85%
General Acute Care Hospitals	132,642	13.17%
Congregate Living Health Facilities	838	0.08%
Intermediate Care Facilities	8,736	0.87%
Skilled Nursing Facilities	624,158	62.00%
Intermediate Care Facilities DD, DDH, DDN	116,272	11.55%
TOTALS	1,006,920	100%

Data Source: Surveyor Timekeeping System (STS)/Standard Average Hours Report, dated Sept 2010

Surveys and Follow-up Visits Performed

Health & Safety Code Section 1266(d)(2)(B)(iii)
FY 2009-10

	Licensing Survey		Certification Survey		Follow up & Revisits
	Initial	Re-licensure	Initial	Re-certification	
Alternative Birthing Centers	-	-	-	-	-
Adult Day Health Centers	2	2	-	-	28
Chronic Dialysis Clinics	24	5	29	79	37
Chemical Dependency Recovery Hospitals	-	-	-	-	1
Community Clinics	11	4	12	1	10
Correctional Treatment Centers	1	9	-	-	2
Home Health Agencies	127	7	3	206	87
Hospices	24	-	1	6	6
Pediatric Day Health/Respite Care	3	-	-	-	1
Psychology Clinics	-	-	-	-	-
Referral Agencies	-	-	-	-	-
Rehabilitation Clinics	-	-	2	18	15
Surgical Clinics	1	1	3	185	57
Acute Psychiatric Hospitals	1	3	-	3	6
General Acute Care Hospitals	30	41	8	27	509
Congregate Living Health Facilities	2	1	-	-	-
Intermediate Care Facilities	-	3	-	-	4
Skilled Nursing Facilities	2	179	6	1,215	218
ICF/Developmentally Disabled (ICF/DD); ICF/DD-H; ICF/DD-N	16	6	10	1,074	69
Totals	244	261	74	2,814	1,050
Category Totals	505		2,888		1,050
Category Percents	11%		65%		24%
Grand Total	4,443				

NOTES:

- Initial Survey refers to those facilities that have applied for licensing or certification.
- Follow up & Revisits are return visits to verify corrective actions in facilities where surveys or complaints have recently occurred. It includes initial licensure/certification follow up, re-licensure/re-certification follow up, and field visits.

Data Source: Surveyor Timekeeping System (STS)/Standard Average Hours Report, dated Sept, 2010

Number and Timeliness of Complaint Investigations
 Health & Safety Code Section 1266(d)(2)(B)(iv)
 FY 2009-10

Complaints Received					
	TOTAL Complaints Received	Complaints Received Requiring Investigation	% of Complaints Received Requiring Investigation	Immediate and Serious (I&S) Complaints	Non-Immediate and Serious (I&S) Complaints
Long-Term Care	6,027	5,692	94.44%	334	5,358
Non Long-Term Care	3,340	3,108	93.05%	99	3,009
Total	9,367	8,800		433	8,367

Timeliness of Complaint Investigation						
	I&S Complaints Received	I&S Investigations Completed within 40 Days ^a	% I&S Investigations Completed within 40 Days	Non I&S Complaints Received	# Non I&S Investigation Completed within 60 Days ^b	% Non I&S Investigation Completed within 60 Days
Long-Term Care	334	157	47.01%	5,358	2,871	53.58%
Non Long-Term Care	99	36	36.36%	3,009	767	25.49%
Total	433	193		8,367	3,638	

Notes: "I&S" means immediate and serious

An I&S complaint is defined in H&S Code Section 1420(a)(1) as follows: The complaint involves a threat of imminent danger of death or serious bodily harm and requires Licensing and Certification to make an onsite inspection or investigation within 24 hours of the receipt of complaint.

A Non I&S complaint is defined in H&S Cost Section 1420(a)(1) as follows: A complaint which does not involve a threat of imminent danger of death or serious bodily harm and requires Licensing and Certification to make an onsite inspection or investigation within 10 days of the receipt of the complaint.

^a Time interval Between receiving complaint and completion of investigation reports. Mature cases with missing or valid report date counted as noncompliant (n=133)

^b Time interval between receiving complaint and completion of investigation reports. Mature cases with missing or invalid report date counted as noncompliant (n=3,109)

Data Source: ASPEN Database,
 Data Extraction Date: October 2, 2010

Data on Citations, Deficiencies, and Enforcements

Health & Safety Code Section 1266(d)(2)(B)(v)

FY 2009-10

FACILITY TYPE	CITATIONS ISSUED (BY CLASSIFICATION)						DEFICIENCY	ENFORCEMENT PENALTIES ISSUED		TOTAL
	AA	A	B	WMF	WMO	RDO	Deficiencies Issued	Administrative Penalties (H&S 12801.1)	Failure to Report Penalties (H&S Code 1279.1)	
Skilled Nursing Facility (SNF)	19	109	460	4	-	-	859	-	1	1,452
Intermediate Care Facility (ICF)	1	-	5	-	-	-	11			17
ICF/Developmentally Disabled (ICF/DD)	-	1	7	-	-	-	12			20
ICF/DD-Habilitative (ICF/DD-H)	-	3	41	-	-	-	64			108
ICF/DD-Nursing (ICF/DD-N)	1	4	28	-	-	-	36			69
Congregate Living Health Facility	-	-	4	-	-	-	15			19
Pediatric Day Health and Respite Care Facility (PDHRCF)	-	-	-	-	-	-	-			0
General Acute Care Hospital (GACH)							319	48	126	493
Acute Psychiatric Hospital (APH)							4	2	-	6
Special Hospital (SPHOSP)							-	-	-	0
Community Clinic (COMTYC)							2	-	2	4
Home Health Agency (HHA)							2	-	1	3
TOTALS	21	117	545	4	0	0	1,324	50	130	2,191

Data on Citations, Deficiencies, and Enforcements

Health & Safety Code Section 1266(d)(2)(B)(v)

FY 2009-10

1. The relationship of deficiencies to citations issued is that a deficiency is a citation without a monetary penalty. A citation results when a survey or complaint investigation identifies a "deficiency" that can seriously affect the health or safety of a patient.
2. "AA": Meets the definition of a Class "A" violation and was a direct proximate cause of patient death.
3. "A": Immediate danger of death or serious harm to patients, or a substantial probability of death or serious physical harm to patients.
4. "B": Immediate relationship to patient health, safety, or security. Can include emotional and financial elements.
5. "WMF": Willful material falsification.
6. "WMO": Willful material omission.
7. "RDO": Retaliation discrimination omission.
8. Pursuant to Health & Safety (H&S) Code Section 1280.1, the California Department of Public Health, (CDPH) is allowed to impose administrative Penalties against general acute care, acute psychiatric and facilities licensed as special hospitals a minimum fine of \$25,000 per violation that constitutes immediate jeopardy to a patients' health and safety.
9. Pursuant to H&S Code, Section 1280.4, the CDPH, may assess a civil money penalty in the amount of \$100 for each day that an adverse event is not reported following an initial five-day period or 24-hour period.

Citation Appeals Statewide

Resolution Type:	No.	%
Citation Review Conferences (CRC)	208	66%
Administrative Law Judge (ALJ)	65	21%
Court Appeals	29	9%
Binding Arbitration (BA)	13	4%
Total	315	100%

Data Source: Data Supplied by Grants and Fiscal Assessment Unit, Oct, 2010

Hospitals Self-Reported Adverse Events Timeliness Report Health and Safety Code 1279.1(7)(e)

ADVERSE EVENTS

Data for State Fiscal Years: 2007-08, 2008-09, and 2009-10

The data for the following four tables were obtained from the federal Automated Survey Processing Environment (ASPEN) database on November 2, 2010. ASPEN processes and tracks reported adverse events and complaints reported by health care facilities. ASPEN is a dynamic database, being updated constantly. The dynamic nature of ASPEN yields different results from the same analysis on different dates. The differing totals of adverse events between the 2010-11 Health Facility License Fees Annual Report, the Fiscal Year 2010-2011 Adverse Events Addendum, and the following tables are due to data being obtained from ASPEN on different dates.

Table 1. Adverse Event Report Category and Type by State Fiscal Year

Table 1 displays the 3,921 adverse events that were reported in California from July 01, 2007, through June 30, 2010. There have been 939, 1,444 and 1,538 events reported for State Fiscal Years 2007-08, 2008-09 and 2009-10, respectively.

Among all reported events, "Stage 3 or 4 decubitus ulcers (pressure ulcers) acquired after admission" represents the largest number of any single type of event reported during these three years. For the three years, 2,514 of these events were reported. This represents 64 percent of all events reported for three years and 61 percent, 68 percent and 63 percent of the events for each respective year of reporting.

The second largest type of adverse event reported in California for all three years of reporting is the "Retention of a Foreign Object in a Patient" event.

There were no substantiated adverse events for the event type titled, "Death or serious disability associated with hyperbilirubinemia in neonates."

Table 1. Adverse Event Report Category and Type by State Fiscal Year

Adverse Event Categories and Types ¹	State Fiscal Year (SFY)			All
	SFY 07-08	SFY 08-09	SFY 09-10	
Surgical Events	224	273	344	841
Surgery performed on a wrong body part	30	26	32	88
Surgery performed on the wrong patient	2	3	3	8
Wrong surgical procedure performed on a patient	7	16	13	36
Retention of a foreign object in a patient	154	191	266	611
Death during or up to 24 hours after induction of anesthesia after surgery	31	37	30	98
Product or Device Events	6	6	17	29
Death or serious disability associated with the use of contaminated drug, device, or biologic	1	0	5	6
Death or serious disability associated with the use or function of a device in which the device is used for or functions other than as intended	3	3	10	16
Death or serious disability due to intravascular air embolism	2	3	2	7

Table 1, *Continued*

Adverse Event Categories and Types ¹	State Fiscal Year (SFY)			All
	SFY 07-08	SFY 08-09	SFY 09-10	
Patient Protection Events	14	17	19	50
Infant discharged to the wrong person	0	0	1	1
Death or serious disability associated with disappearance for more than four hours	2	4	4	10
Suicide or attempted suicide resulting in serious disability due to patient actions after admission to the health facility	12	13	14	39
Care Management Events	616	1,023	1,004	2,643
Death or serious disability associated with a medication error	32	30	30	92
Death or serious disability associated with incompatible blood or blood products	1	1	1	3
Maternal death or serious disability associated with labor or delivery in a low risk pregnancy	11	7	6	24
Death or serious disability directly related to hypoglycemia	0	6	3	9
Death or serious disability associated with hyperbilirubinemia in neonates	0	0	0	0
Stage 3 or 4 decubitus ulcer acquired after admission	572	978	964	2,514
Death or serious disability due to spinal manipulation therapy	0	1	0	1
Environmental Events	38	53	67	158
Death or serious disability associated with electric shock	0	1	0	1
Incidents in which the oxygen line contains wrong or toxic gas	1	0	1	2
Death or serious disability associated with a burn	2	4	6	12
Death associated with a fall	32	42	35	109
Death or serious disability associated with the use of restraints or bedrails	3	6	25	34
Criminal Events	19	31	31	81
Care ordered or provided by someone impersonating a licensed health provider	1	2	1	4
Abduction of a patient of any age	0	1	0	1
Sexual assault on a patient	14	23	25	62
Death or significant injury of a patient or staff member resulting from a physical assault	4	5	5	14
Other	22	41	56	119
Adverse event or series of adverse events that caused the death or serious disability of a patient, personnel, or visitor	22	41	56	119
Total Adverse Events	939	1,444	1,538	3,921

¹ See Health and Safety Code Section (HSC) 1279.1 for specific description of each adverse event.

Table 2. Volume and Percent of Adverse Events by Category

Table 2 shows that the top three ranking adverse event categories for all state fiscal years were Category 4, Care Management Events; Category 1, Surgical Events; and Category 5, Environmental Events, respectively. The Care Management Category represents the largest percent of events reported for all years. For SFY 2007-08, this category represented 65.6 percent for all events reported and increased to 70.8 percent during SFY 2008-09 and decreased to 65.3 percent during SFY 2009-10.

State Fiscal Years 2007-08, 2008-09 and 2009-10 provide complete annual accountings of adverse events substantiated by the State. For these years, the volume of reported adverse events increased for all categories except Category 4, Care Management Events, in that its number slightly declined from 1,023 for SFY 2008-09 to 1,004 for SFY 2009-10.

The volume of events reported for Category 3, Patient Protection Events, represents the least amount of change in three years.

Table 2. Volume and Percent of Adverse Events by Category

Adverse Event Category	SFY 07-08	% ¹	SFY 08-09	% ¹	SFY 09-10	% ¹	Total	% ¹
1. Surgical Events	224	23.9%	273	18.9%	344	22.4%	841	21.4%
2. Product or Device Events	6	0.6%	6	0.4%	17	1.1%	29	0.7%
3. Patient Protection Events	14	1.5%	17	1.2%	19	1.2%	50	1.3%
4. Care Management Events	616	65.6%	1,023	70.8%	1,004	65.3%	2,643	67.4%
5. Environmental Events	38	4.0%	53	3.7%	67	4.4%	158	4.0%
6. Criminal Events	19	2.0%	31	2.1%	31	2.0%	81	2.1%
7. Other	22	2.3%	41	0.0%	56	3.6%	119	3.0%
Total	939		1,444		1,538		3,921	

¹ May not add up to 100 due to rounding.

Table 3. Volume of Adverse Events by Severity

Reported adverse events are categorized based on the severity and the risk of harm to patients or residents. Senate Bill (SB) 1301 distinguishes between adverse events that involve “an ongoing threat of imminent danger of death or serious bodily harm” and others that do not involve such an ongoing threat. For the former, the department is required to begin an investigation “within 48 hours or two business days” (HSC § 1279.2 (a) (1)). Such adverse events are distinguished from others where “there is no threat of imminent danger of death or serious bodily harm” in HSC § 1279.2 (b).

During the three years (SFY 2007-08, SFY 2008-09 and SFY 2009-10), the overall volume of events meeting this definition of an ongoing threat of imminent danger decreased significantly. However, Categories 5 (Environmental Events) and 6 (Criminal Events) showed an increase between SFY 2008-09 and SFY 2009-10. Conversely, during the three-year period, there was a significant increase in the overall volume of other non-urgent adverse events.

Table 3. Annual Count of Adverse Events that involve an ongoing threat of imminent danger by Event Category

Adverse Event Report Type by Urgency	Urgency						Total			Adverse Event requiring inspection within 48 hours as percent of total		
	Adverse Events requiring inspection within 48 hours ¹			Other Adverse Events ²								
	SFY 07-08	SFY 08-09	SFY 09-10	SFY 07-08	SFY 08-09	SFY 09-10	SFY 07-08	SFY 08-09	SFY 09-10	SFY 07-08	SFY 08-09	SFY 09-10
1. Surgical Events	33	8	0	191	265	344	224	273	344	14.7%	2.9%	0.0%
2. Product or Device Events	3	2	2	3	4	15	6	6	17	50.0%	33.3%	11.8%
3. Patient Protection Events	5	5	3	9	12	16	14	17	19	35.7%	29.4%	15.8%
4. Care Management Events	82	14	8	534	1,009	996	616	1,023	1,004	13.3%	1.4%	0.8%
5. Environmental Events	10	4	7	28	49	60	38	53	67	26.3%	7.5%	10.4%
6. Criminal Events	4	2	4	15	29	27	19	31	31	21.1%	6.5%	12.9%
7. Other	6	3	4	16	38	52	22	41	56	27.3%	7.3%	7.1%
Total	143	38	28	796	1,406	1,510	939	1,444	1,538			

¹ HSC § 1279.2 (a)(1)

² HSC § 1279.2 (b)

Table 4. Failure to Report Adverse Events Statistics

Table 4 shows the total counts of failure to report adverse events and the penalty amounts sanctioned against the licenses of acute care facilities during the period of July 01, 2007 through June 30, 2010. Despite the fluctuation of the number of failure to report adverse events, the annual total of penalties assessed by the State increased in this three-year period.

Table 4. Failure to Report Adverse Events Statistics by State Fiscal Year

Events and Penalties	State Fiscal Year			Totals
	SFY 07-08	SFY 08-09	SFY 09-10	
Failure to Report Adverse Events	101	165	138	404
Penalties Assessed	\$306,600	\$712,900	\$821,200	\$1,840,700

Data Source: ASPEN Database, CSM, United States Department of Health and Human Services
Data Extraction Date: Oct , 2010

Other Applicable Activities	
Health & Safety Code Section 1266(d)(2)(B)(vi)	
Surveyor Training Provided in FY 2009-10	
Course Name and Description	Total Number of Surveyors Trained
New Surveyor Orientation Academy	105
AB 931 Survey Process In-service	14
Adjunctive Therapies & Topicals for Wound Healing In-service	17
Administrative Staff Academy	49
Dietary In-service: Qualification for Dietary Service Supervisors	55
CMS Ambulatory Surgical Centers Training	8
CMS ASPEN 101 Technical	1
CMS ESRD Basic Technical	1
CMS ESRD STAR	1
CMS Home Health Basic Course	22
CMS Hospice Basic Course	39
CMS ICF/MR Advanced/Focused Course	1
H1N1 Mandatory In-service	591
CMS Basic Long Term Care Surveyor Course	39
Infection Control CD In-service: General Principles of Infection Control	53
Infection Control CD In-service: Surveying for Infection Control in Skilled Nursing Facilities	43
Field Manager/Supervisor Academy	175
Personal Safety In-service; Trade Your Fear for Anger	25
Physical and Chemical Restraint In-service	128
Pressure Ulcer In-service: Surveying for Pressure Ulcers	458
Department of Justice Abuse Video	4
Other CMS Online Courses or via DVD/Video	562
Total Surveyors Trained	2391

Data Source: Data Supplied by L&C's Staff Education and Quality Improvement Section, dated Nov, 2010

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
STATE WORKLOAD PERCENTAGES
FY 2011-12

Attachment A

FACILITY TYPES	ACTIVITIES	STATE LICENSED FACILITY COUNT	TOTAL WORKLOAD SURVEY	SURVEY AUTHORITY /DATA SOURCE	TOTAL STD AVG HRS	TOTAL WORKLOAD SURVEY HOURS	STATE FUND SPLIT	Annualized State Workload Hours	State Workload Hrs as % to Total Workload Hrs.
ALTERNATIVE BIRTHING CENTERS	RE-LICENSURE	5	1.67	<i>HSC 1278</i>	43.89	109.26	100%	109.26	0.02%
	COMPLAINT INVESTIGATION	-	1.10	<i>Projected/Timekeeping</i>	14.00	23.06	100%	23.06	0.00%
				2.77			132.32		132.32
ADULT DAY HEALTH CENTER	RE-LICENSURE	328	164.00	<i>HSC 1279 (b)</i>	6.01	1,472.33	100%	1,472.33	0.22%
	INITIAL LICENSURE	-	2.00	<i>Projected/Timekeeping</i>	3.13	9.35	100%	9.35	0.00%
	INITIAL LICENSURE - FOLLOW-UP	-	1.00	<i>Projected/Timekeeping</i>	1.16	1.73	100%	1.73	0.00%
	COMPLAINT / ERI INVESTIGATION	-	45.20	<i>Complaint Report</i>	6.41	432.79	100%	432.79	0.06%
	FIELD VISITS	-	28.00	<i>Projected/Timekeeping</i>	15.13	632.82	100%	632.82	0.09%
			240.20			2,549.03		2,549.03	0.38%
ACUTE PSYCHIATRIC HOSPITAL	RE-LICENSURE	37	12.33	<i>HSC 1228 (a)</i>	10.55	194.35	100%	194.35	0.03%
	INITIAL LICENSURE	-	1.00	<i>Projected/Timekeeping</i>	2.01	3.00	100%	3.00	0.00%
	FIELD VISITS	-	5.00	<i>Projected/Timekeeping</i>	10.85	81.04	100%	81.04	0.01%
	COMPLAINT (or ERI)	-	825.77	<i>Complaint Report</i>	5.45	6,722.68	100%	6,722.68	1.00%
	RE-CERTIFICATION	-	14.00	<i>Federal Workload</i>	136.49	2,854.40	25%	713.60	0.11%
	RE-CERTIFICATION FOLLOW UP / REVISITS	-	4.00	<i>Federal Workload</i>	68.25	407.80	25%	101.95	0.02%
	LIFE SAFETY CODE	-	14.00	<i>Federal Workload</i>	39.61	828.36	25%	207.09	0.03%
			876.10			11,091.63		8,023.71	1.19%
CHRONIC DIALYSIS CLINIC / ESRD	RE-LICENSURE	437	145.65	<i>HSC 1228 (a)</i>	12.78	2,780.57	100%	2,780.57	0.41%
	INITIAL LICENSURE	-	25.00	<i>Projected/Timekeeping</i>	18.50	690.87	100%	690.87	0.10%
	COMPLAINT / ERI INVESTIGATION	-	117.49	<i>Projected/Timekeeping</i>	7.02	1,232.04	100%	1,232.04	0.18%
	FIELD VISITS-LIC	-	9.00	<i>Projected/Timekeeping</i>	9.01	121.13	100%	121.13	0.02%
	RE-LICENSURE -FOLLOW UP	-	5.00	<i>Projected/Timekeeping</i>	3.71	27.71	100%	27.71	0.00%
	RE-CERTIFICATION	-	220.00	<i>Federal Workload</i>	115.73	38,032.43	25%	9,508.11	1.40%
	INITIAL CERTIFICATION (New Providers)	-	29.00	<i>Federal Workload</i>	17.96	778.02	25%	194.51	0.03%
	INITIAL CERTIFICATION - FOLLOW UP	-	15.00	<i>Federal Workload</i>	8.98	201.21	25%	50.30	0.01%
	RE-CERTIFICATION FOLLOW-UP/REVISITS	-	75.00	<i>Federal Workload</i>	36.63	4,103.78	25%	1,025.95	0.15%
	LIFE SAFETY CODE	-	219.00	<i>Federal Workload</i>	6.26	2,047.88	25%	511.97	0.08%
	COMPLAINT INVESTIGATION	-	103.00	<i>Federal Workload</i>	12.33	1,897.08	25%	474.27	0.07%
			963.14			51,912.72		16,617.42	2.45%

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
STATE WORKLOAD PERCENTAGES
FY 2011-12

Attachment A

FACILITY TYPES	ACTIVITIES	STATE LICENSED FACILITY COUNT	TOTAL WORKLOAD SURVEY	SURVEY AUTHORITY /DATA SOURCE	TOTAL STD AVG HRS	TOTAL WORKLOAD SURVEY HOURS	STATE FUND SPLIT	ANNUALIZED STATE WORKLOAD HOURS	STATE WORKLOAD HOURS AS A % OF TOTAL
CHEMICAL DEPENDENCY RECOVERY HOSPITAL	RE-LICENSURE *	6	3.00	<i>HSC 1279 (b)</i>	103.00	461.58	100%	461.58	0.07%
	COMPLAINT / ERI INVESTIGATION *	-	27.56	<i>Complaint Report</i>	2.77	114.04	100%	114.04	0.02%
	FIELD VISITS *	-	1.00	<i>Projected/Timekeeping</i>	11.04	16.49	100%	16.49	0.00%
	Sub-Total		31.56			592.11		592.11	0.09%
CONGREGATE LIVING HEALTH FACILITY	RE-LICENSURE *	52	26.00	<i>HSC 1279 (b)</i>	88.05	3,419.70	100%	3,419.70	0.51%
	INITIAL LICENSURE *	-	10.00	<i>Projected/Timekeeping</i>	16.23	242.44	100%	242.44	0.04%
	COMPLAINT / ERI INVESTIGATION *	-	28.67	<i>Complaint Report</i>	16.76	717.77	100%	717.77	0.11%
	FIELD VISITS *	-	2.00	<i>Projected/Timekeeping</i>	12.06	36.03	100%	36.03	0.01%
	Sub-Total		66.67			4415.95		4415.95	0.65%
COMMUNITY CLINIC	RE-LICENSURE *	1,034	344.66	<i>HSC 1228 (a)</i>	8.86	4,561.48	100%	4,561.48	0.68%
	INITIAL LICENSURE *	-	20.00	<i>Projected/Timekeeping</i>	12.12	362.09	100%	362.09	0.05%
	COMPLAINT / ERI INVESTIGATION *	-	48.36	<i>Complaint Report</i>	10.38	749.84	100%	749.84	0.11%
	FIELD VISITS *	-	15.00	<i>Projected/Timekeeping</i>	8.70	194.94	100%	194.94	0.03%
	RE-LICENSURE FOLLOW UP *	-	1.00	<i>Projected/Timekeeping</i>	0.51	0.76	100%	0.76	0.00%
	RE-CERTIFICATION **	-	60.00	<i>Federal Workload</i>	16.32	1,462.71	25%	365.68	0.05%
	INITIAL SURVEY (New Providers) **	-	12.00	<i>Federal Workload</i>	93.13	1,669.39	25%	417.35	0.06%
	INITIAL FOLLOW UP **	-	6.00	<i>Federal Workload</i>	14.73	132.02	25%	33.01	0.00%
	COMPLAINT INVESTIGATION - NLTC**	-	20.00	<i>Federal Workload</i>	8.70	259.92	25%	64.98	0.01%
Sub-Total		527.02			9393.16		6750.13	1.00%	
CORRECTIONAL TREATMENT CENTERS	RELICENSURE (SURVEY) *	18	9.00	<i>HSC 1279 (b)</i>	137.38	1,846.94	100%	1,846.94	0.27%
	INITIAL LICENSURE *	-	6.00	<i>Projected/Timekeeping</i>	34.00	304.73	100%	304.73	0.05%
	COMPLAINT / ERI INVESTIGATION *	-	77.28	<i>Complaint Report</i>	5.54	639.51	100%	639.51	0.09%
	COMPLAINT FOLLOW UP *	-	1.00	<i>Projected/Timekeeping</i>	3.04	4.54	100%	4.54	0.00%
	FIELD VISITS *	-	2.00	<i>Projected/Timekeeping</i>	76.37	228.16	100%	228.16	0.03%
Sub-Total		95.28			3,023.88		3,023.88	0.45%	

Attachment A

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
STATE WORKLOAD PERCENTAGES
FY 2011-12

FACILITY TYPES	ACTIVITIES	STATE LICENSED FACILITY COUNT	TOTAL WORKLOAD SURVEY	SURVEY AUTHORITY /DATA SOURCE	TOTAL STD AVG HRS	TOTAL WORKLOAD SURVEY HOURS	STATE FUND SPLIT	ANNUALIZED STATE WORKLOAD HOURS	STATE WORKLOAD HOURS AS A % OF TOTAL
GENERAL ACUTE CARE HOSPITAL	RELICENSURE	433	144.32	HSC 1279 (c)	26.85	5,788.33	100%	5,788.33	0.86%
	PATIENT SAFETY LICENSING		150.00	Projected	40.00	8,962.66	100%	8,962.66	1.33%
	RELICENSURE FOLLOW UP	-	7.00	Projected/Timekeeping	3.05	31.89	100%	31.89	0.00%
	INITIAL LICENSURE	-	45.00	Projected/Timekeeping	16.24	1,091.65	100%	1,091.65	0.16%
	INITIAL LICENSURE FOLLOW-UP	-	7.00	Projected/Timekeeping	26.21	274.06	100%	274.06	0.04%
	COMPLAINT / ERI INVESTIGATION	-	7,569.45	Complaint Report	7.49	84,689.95	100%	84,689.95	12.54%
	COMPLAINT FOLLOW UP (.0025)	-	18.92	Projected/Timekeeping	2.67	75.47	100%	75.47	0.01%
	REVIEW MEDICAL ERROR PLAN	-	127.00	Projected	60.78	11,530.55	100%	11,530.55	1.71%
	FIELD VISITS	-	250.00	Projected/Timekeeping	24.65	9,205.40	100%	9,205.40	1.36%
	RECERTIFICATION (NON-ACCREDITED)	-	26.00	Federal Workload	153.17	5,948.84	25%	1,487.21	0.22%
	RECERTIFICATION (ACCREDITED)	-	3.00	Federal Workload	143.12	641.37	25%	160.34	0.02%
	RECERTIFICATION (Trans Ctr)	-	4.00	Federal Workload	211.00	1,260.74	25%	315.19	0.05%
	INITIAL CERTIFICATION FOLLOW UP (NON-ACCREDITED)	-	2.00	Federal Workload	20.57	61.45	25%	15.36	0.00%
	COMPLAINT SURVEY (NON-ACCREDITED)	-	718.00	Federal Workload	7.49	8,033.25	25%	2,008.31	0.30%
	INITIAL CERTIFICATION FOLLOW UP (Trans Ctr)	-	1.00	Federal Workload	105.50	157.59	25%	39.40	0.01%
	INITIAL SURVEY (New Providers - NONACCREDITED)	-	8.00	Federal Workload	123.84	1,479.92	25%	369.98	0.05%
	INITIAL SURVEY (New Providers - ORGAN TRANSPLANT)	-	1.00	Federal Workload	211.00	315.19	25%	78.80	0.01%
	COMPLAINT SURVEY (ACCREDITED)	-	305.00	Federal Workload	7.49	3,412.45	25%	853.11	0.13%
	COMPLAINT VALIDATION (ACCREDITED)	-	72.00	Federal Workload	51.87	5,578.71	25%	1,394.68	0.21%
	COMPLAINT VALIDATION FOLLOW UP (ACCREDITED)	-	36.00	Federal Workload	26.02	1,399.25	25%	349.81	0.05%
	COMPLAINT SURVEYS EMTALA (ACCREDITED)	-	26.00	Federal Workload	30.50	1,184.56	25%	296.14	0.04%
	(NONACCREDITED)	-	2.00	Federal Workload	30.50	91.12	25%	22.78	0.00%
	VALIDATION (ACCREDITED)	-	57.00	Federal Workload	143.12	12,185.99	25%	3,046.50	0.45%
	VALIDATION FOLLOW UP (ACCREDITED)	-	28.00	Federal Workload	70.07	2,930.72	25%	732.68	0.11%
	LIFE SAFETY CODE (ACCREDITED)	-	60.00	Federal Workload	61.27	5,491.42	25%	1,372.86	0.20%
	LIFE SAFETY CODE (NON-ACCREDITED)	-	24.00	Federal Workload	61.27	2,196.57	25%	549.14	0.08%
	LIFE SAFETY CODE - FOLLOW UP(ACCREDITED)	-	2.00	Federal Workload	61.27	183.05	25%	45.76	0.01%
	LIFE SAFETY CODE - FOLLOW UP(NON-ACCREDITED)	-	4.00	Federal Workload	9.17	54.79	25%	13.70	0.00%
	VERIFICATION)	-	15.00	Federal Workload	44.54	997.99	25%	249.50	0.04%
				9,712.69			175,254.95		135,051.22

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
STATE WORKLOAD PERCENTAGES
FY 2011-12

Attachment A

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	TOTAL WORKLOAD SURVEY	SURVEY AUTHORITY /DATA SOURCE	TOTAL STD AVG HRS	TOTAL WORKLOAD SURVEY HOURS	State Match % (Special Fund 3098)	Annualized State Workload Hours	State Workload Hrs as % to Total Workload Hrs.
HOME HEALTH AGENCIES	RE-LICENSURE	1,267	1267.00	HSC 1733	25.39	48,053.50	100%	48,053.50	7.11%
	INITIAL LICENSURE	-	127.00	<i>Projected/Timekeeping</i>	12.85	2,437.77	100%	2,437.77	0.36%
	INITIAL LICENSURE FOLLOW UP	-	5.00	<i>Projected/Timekeeping</i>	3.16	23.60	100%	23.60	0.00%
	COMPLAINT / ERI INVESTIGATION	-	178.66	<i>Complaint Report</i>	9.66	2,578.04	100%	2,578.04	0.38%
	COMPLAINT FOLLOW UP (.0105)	-	1.88	<i>Complaint Report</i>	2.55	7.15	100%	7.15	0.00%
	FIELD VISITS	-	29.00	<i>Projected/Timekeeping</i>	4.09	177.18	100%	177.18	0.03%
	RECERTIFICATION (SURVEY)	-	297.00	<i>Federal Workload</i>	108.96	48,340.25	25%	12,085.06	1.79%
	COMPLAINT INVESTIGATION - NON-DEEMED	-	45.00	<i>Federal Workload</i>	9.66	649.35	25%	162.34	0.02%
	COMPLAINT INVESTIGATION - DEEMED	-	20.00	<i>Federal Workload</i>	9.66	288.60	25%	72.15	0.01%
	VALIDATION SURVEY	-	15.00	<i>Federal Workload</i>	108.96	2,441.43	25%	610.36	0.09%
	INITIAL SURVEY (New Providers)	-	3.00	<i>Federal Workload</i>	26.90	120.55	25%	30.14	0.00%
	INITIAL CERTIFICATION - FOLLOW UP	-	1.00	<i>Federal Workload</i>	28.01	41.84	25%	10.46	0.00%
	RECERTIFICATION FOLLOW UP / REVISI TS	-	49.00	<i>Federal Workload</i>	69.69	5,100.96	25%	1,275.24	0.19%
				2,038.54			110,260.22		67,522.99
HOSPICES	RE-LICENSURE	291	10.00	<i>Projected</i>	19.90	297.26	100%	297.26	0.04%
	INITIAL LICENSURE	-	24.00	<i>Projected/Timekeeping</i>	12.52	448.85	100%	448.85	0.07%
	COMPLAINT / ERI INVESTIGATION	-	64.20	<i>Complaint Report</i>	17.99	1,725.25	100%	1,725.25	0.26%
	FIELD VISITS	-	3.00	<i>Projected/Timekeeping</i>	1.03	4.62	100%	4.62	0.00%
	RE-CERTIFICATION	-	54.00	<i>Federal Workload</i>	90.52	7,301.69	25%	1,825.42	0.27%
	INITIAL SURVEY (New Providers)	-	2.00	<i>Federal Workload</i>	78.69	235.09	25%	58.77	0.01%
	INITIAL SURVEY - FOLLOW UP	-	1.00	<i>Federal Workload</i>	70.48	105.28	25%	26.32	0.00%
	RECERTIFICATION FOLLOW UP / REVISI TS	-	27.00	<i>Federal Workload</i>	28.53	1,150.67	25%	287.67	0.04%
	COMPLAINT INVESTIGATION - NLTC	-	67.00	<i>Federal Workload</i>	17.99	1,800.50	25%	450.13	0.07%
	LIFE SAFETY CODE	-	54.00	<i>Federal Workload</i>	78.69	6,347.45	25%	1,586.86	0.23%
	LIFE SAFETY CODE- FOLLOW UP	-	27.00	<i>Federal Workload</i>	70.48	2,842.60	25%	710.65	0.11%
				333.20			22,259.26		7,421.80

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
STATE WORKLOAD PERCENTAGES
FY 2011-12

Attachment A

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	TOTAL WORKLOAD SURVEY	SURVEY AUTHORITY/ DATA SOURCE	TOTAL STD AVG HRS	TOTAL WORKLOAD SURVEY HOURS	State Match % (Special Fund 3098)	Annualized State Workload Hours	State Workload Hrs as % to Total Workload Hrs.
INTERMEDIATE CARE FACILITY	RELICENSURE	6	3.00	HSC 1279	14.54	65.16	100%	65.16	0.01%
	COMPLAINT / ERI INVESTIGATION	-	561.17	Complaint Report	8.68	7,276.12	100%	7,276.12	1.08%
	COMPLAINT FOLLOW UP .0035	-	1.96	Complaint Report	1.53	4.49	100%	4.49	0.00%
	FIELD VISITS	-	4.00	Projected/Timekeeping	136.98	818.47	100%	818.47	0.12%
				570.13			8,164.24		8,164.24
ICF - DD; DDH; DDN	RELICENSURE	1,183	591.50	HSC 1279	29.04	25,658.85	100%	25,658.85	3.80%
	INITIAL LICENSURE	-	16.00	Projected/Timekeeping	16.07	384.08	100%	384.08	0.06%
	INITIAL LICENSURE - FOLLOW-UP	-	1.00	Projected/Timekeeping	1.02	1.52	100%	1.52	0.00%
	COMPLAINT / ERI INVESTIGATION	-	2,684.61	Complaint Report	6.10	24,462.27	100%	24,462.27	3.62%
	COMPLAINT FOLLOW UP	-	4.00	Complaint Report	1.69	10.10	100%	10.10	0.00%
	FIELD VISITS	-	18.00	Projected/Timekeeping	7.74	208.11	100%	208.11	0.03%
	RECERTIFICATION	-	1187.00	Federal Workload	41.94	74,364.32	25%	18,591.08	2.75%
	INITIAL CERTIFICATION	-	10.00	Federal Workload	31.06	463.96	25%	115.99	0.02%
	INITIAL CERTIFICATION - FOLLOW UP	-	5.00	Federal Workload	16.73	124.95	25%	31.24	0.00%
	RECERTIFICATION FOLLOW UP / REVISI TS	-	47.00	Federal Workload	14.39	1,010.29	25%	252.57	0.04%
	COMPLAINT INVESTIGATION - LTC	-	765.00	Federal Workload	7.52	8,593.40	25%	2,148.35	0.32%
	LIFE SAFETY CODE - FOLLOW UP	-	1187.00	Federal Workload	1.98	3,510.76	25%	877.69	0.13%
	LIFE SAFETY CODE	-	1187.00	Federal Workload	6.47	11,472.04	25%	2,868.01	0.42%
				7,703.11			150,264.65		75,609.86
PEDIATRIC DAY HEALTH RESPITE CARE	RELICENSURE	15	7.50	HSC 1422(b)(1)	68.00	761.83	100%	761.83	0.11%
	INITIAL LICENSURE	-	2.00	Projected/Timekeeping	28.05	83.80	100%	83.80	0.01%
	COMPLAINT / ERI INVESTIGATION	-	9.92	Complaint Report	5.13	76.02	100%	76.02	0.01%
	FIELD VISITS	-	1.00	Projected/Timekeeping	0.75	1.12	100%	1.12	0.00%
				20.42			922.77		922.77
PSYCHOLOGY CLINIC	RELICENSURE	26	8.67	HSC 1228	48.82	632.01	100%	632.01	0.09%
	INITIAL LICENSURE	-	1.00	Projected/Timekeeping	3.18	4.75	100%	4.75	0.00%
	COMPLAINT (or ERI)	-	4.00	Complaint Report	1.88	11.23	100%	11.23	0.00%
				13.67			647.99		647.99

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
STATE WORKLOAD PERCENTAGES
FY 2011-12**

Attachment A

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	TOTAL WORKLOAD SURVEY	SURVEY AUTHORITY /DATA SOURCE	TOTAL STD AVG HRS	TOTAL WORKLOAD SURVEY HOURS	State Match % (Special Fund 3098)	Annualized State Workload	State Workload Hrs as % to Total
REFERRAL AGENCIES	RELICENSURE (SURVEY)	10	5.00	<i>2 Yrs. Cycle</i>	50.00	373.44	100%	373.44	0.06%
	COMPLAINT (or ERI)	-	4.00	<i>Complaint Report</i>	16.25	97.10	100%	97.10	0.01%
						470.54		470.54	0.07%
REHAB CLINIC / OPT / CORF	RELICENSURE	30	10.00	<i>HSC 1228</i>	32.00	477.96	100%	477.96	0.07%
	INITIAL LICENSURE	-	2.00	<i>Projected/Timekeeping</i>	16.46	49.18	100%	49.18	0.01%
	COMPLAINT / ERI INVESTIGATION	-	1.20	<i>Complaint Report</i>	4.21	7.55	100%	7.55	0.00%
	RECERTIFICATION (OPT)	160	35.00	<i>Federal Workload</i>	33.68	1,760.86	25%	440.22	0.07%
	RECERTIFICATION (COMPREHENSIVE)	20	7.00	<i>Federal Workload</i>	29.20	305.33	25%	76.33	0.01%
	COMPLAINT INVESTIGATION	-	1.00	<i>Federal Workload</i>	1.50	2.24	25%	0.56	0.00%
	RECERTIFICATION FOLLOW UP / REVISI	-	24.00	<i>Federal Workload</i>	26.47	948.96	25%	237.24	0.04%
	INITIAL CERTIFICATION (New Providers)	-	2.00	<i>Federal Workload</i>	11.68	34.89	25%	8.72	0.00%
	INITIAL CERTIFICATION FOLLOW UP	-	1.00	<i>Federal Workload</i>	2.17	3.24	25%	0.81	0.00%
			83.20			3,590.20		1,298.56	0.19%
SKILLED NURSING	RE-LICENSURE	1,140	570.00	<i>HSC 1279</i>	45.28	38,553.78	100%	38,553.78	5.71%
	RE- LICENSURE FOLLOW UP	-	6.00	<i>Projected/Timekeeping</i>	6.69	59.96	100%	59.96	0.01%
	INITIAL LICENSURE	-	2.00	<i>Projected/Timekeeping</i>	17.61	52.61	100%	52.61	0.01%
	INITIAL LICENSURE FOLLOW UP	-	1.00	<i>Projected/Timekeeping</i>	14.48	21.63	100%	21.63	0.00%
	COMPLAINT / ERI INVESTIGATION	-	12,290.13	<i>Complaint Report</i>	11.95	219,386.62	100%	219,386.62	32.47%
	FIELD VISITS	-	64.00	<i>Projected/Timekeeping</i>	4.58	437.86	100%	437.86	0.06%
	COMPLAINT FOLLOW UP	-	34.00	<i>Projected/Timekeeping</i>	24.90	1,264.63	100%	1,264.63	0.19%
	RECERTIFICATION (SNF)	1,258	1,258.00	<i>Federal Workload</i>	195.05	366,532.10	12.50%	45,816.51	6.78%
	INITIAL CERTIFICATION	-	6.00	<i>Federal Workload</i>	93.13	834.69	12.50%	104.34	0.02%
	INITIAL CERTIFICATION - FOLLOW UP	-	12.00	<i>Federal Workload</i>	14.73	264.04	12.50%	33.00	0.00%
	FOLLOW UP / REVISI TS	-	138.00	<i>Federal Workload</i>	63.32	13,052.85	12.50%	1,631.61	0.24%
	LIFE SAFETY CODE	-	1,258.00	<i>Federal Workload</i>	15.39	28,920.43	12.50%	3,615.05	0.54%
	LIFE SAFETY CODE - FOLLOW UP	-	38.00	<i>Federal Workload</i>	4.56	258.84	12.50%	32.36	0.00%
	COMPLAINT INVESTIGATION - LTC	-	3,243.00	<i>Federal Workload</i>	11.95	57,889.56	12.50%	7,236.20	1.07%
	INFORMAL DISPUTE RESOLUTION	-	415.00	<i>Federal Workload</i>	4.00	2,479.67	12.50%	309.96	0.05%
	FEDERAL HEARING	-	89.00	<i>Federal Workload</i>	500.00	66,473.02	12.50%	8,309.13	1.23%
	PRE-REFERRAL HEARING	-	89.00	<i>Federal Workload</i>	2.00	265.89	12.50%	33.24	0.00%
	MONITORING VISITS	-	89.00	<i>Federal Workload</i>	5.00	664.73	12.50%	83.09	0.01%
	OTHER MISC ACTIVITIES (APPEALS,	-	114.00	<i>Federal Workload</i>	2.50	425.73	12.50%	53.22	0.01%
				19,716.13			797,838.65		327,034.78

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
STATE WORKLOAD PERCENTAGES
FY 2011-12

Attachment A

FACILITY TYPES	ACTIVITIES	FACILITY COUNT TOTAL	TOTAL WORKLOAD SURVEY	SURVEY AUTHORITY /DATA SOURCE	TOTAL STD AVG HRS	TOTAL WORKLOAD SURVEY HOURS	State Match % (Special Fund 3098)	Annualized State Workload Hours	State Workload Hrs as % to Total Workload Hrs.
SURGICAL CLINIC / ASC	RELICENSURE	59	19.66	<i>HSC 1279</i>	1.00	29.37	100%	29.37	0.00%
	INITIAL LICENSURE	-	1.00	<i>Projected/Timekeeping</i>	44.36	66.26	100%	66.26	0.01%
	COMPLAINT / ERI INVESTIGATION	-	25.92	<i>Complaint Report</i>	7.07	273.74	100%	273.74	0.04%
	FIELD VISIT	-	1.00	<i>Projected/Timekeeping</i>	18.55	27.71	100%	27.71	0.00%
	RECERTIFICATION (ASC)	-	187.00	<i>Federal Workload</i>	92.74	25,905.63	25%	6,476.41	0.96%
	INITIAL SURVEY (New Providers)	-	3.00	<i>Federal Workload</i>	20.95	93.88	25%	23.47	0.00%
	INITIAL SURVEY - FOLLOW UP	-	2.00	<i>Federal Workload</i>	16.42	49.06	25%	12.26	0.00%
	RECERTIFICATION FOLLOW UP / REVISI TS	-	111.00	<i>Federal Workload</i>	32.70	5,421.96	25%	1,355.49	0.20%
	VALIDATION SURVEY	-	13.00	<i>Federal Workload</i>	26.12	507.23	25%	126.81	0.02%
	COMPLAINT INVESTIGATION	-	39.00	<i>Federal Workload</i>	11.53	671.71	25%	167.93	0.02%
	LIFE SAFETY CODE	-	187.00	<i>Federal Workload</i>	10.7	2,988.90	25%	747.22	0.11%
	LIFE SAFETY CODE - FOLLOW UP	-	47.00	<i>Federal Workload</i>	5.00	351.04	25%	87.76	0.01%
				636.58			36,386.48		9,394.44
									100.00%

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING AND CERTIFICATION PROGRAM
ANNUAL HEALTH FACILITY LICENSING FEES FY 2011-12**

FACILITY TYPE	STATE WKLD % RATE	BASELINE BUDGET COST ADJUSTMENTS										TOTAL BASELINE BUDGET COST	BCP/ESTIMATE	ADJUSTMENT	PROGRAM COST TOTAL	CREDIT	ADJUSTMENT	PROPOSED SPECIAL FUND SUBTOTAL	CREDIT	PROPOSED SPECIAL FUND GRAND TOTAL	FACILITY (F) / BED COUNTS (B)					PROPOSED FEES					
		BEG BASELINE BUDGET COST FY 10-11 4265-001-3098	BY 11-12 0110 GENERAL SALARY INCREASE	BY 11-12 0120 EMPLOYEE COMP ADJ	FY 11-12 RETIREMENT PERS RATE ADJ	FY 2011-12 PRO RATA	REMOVAL OF 2009-10 BUDGET CYCLE ADJ - PRO RATA	ONE-TIME COST REDUCTION	LIMITED TERM POSITION EXPIRING	FY 2011-12 RE-ALLOCATION OF DEPT OVERHEAD	11/12 NOVEMBER ESTIMATE - 5% GROWTH BASED ON COMPLAINT CASELOAD										REDUCTION FOR NON-FEE RELATED COSTS (\$B 881)	CHOW'S & LATE FEES CREDIT	REDUCTION TO THE GF TRANSFER	TOTAL RESERVE NEEDED	NON-STATE	STATE OPERATED	TOTAL COUNT	NON-STATE	STATE OPERATED	\$	5,000,000
		C	D	E	F	G	H	I	J	K	L										M	O	P	Q	R	S	T	U	V	W	X
1	ALTERNATIVE BIRTHING CENTERS	0.02%	\$ 18,770	\$ (438)	\$ (474)	\$ 290	\$ 717	\$ (677)	\$ (145)	\$ -	\$ 225	18,267	\$ -	\$ (36)	18,231	\$ -	\$ (465)	17,766	\$ (2,107)	15,659	5				5	3,131.83					
2	ADULT DAY HEALTH CENTERS	0.38%	356,622	(8,322)	(9,006)	5,506	13,627	(12,867)	(2,751)	-	4,271	347,081	3,000	(692)	349,389	(58,065)	(8,835)	282,489	1,155,504	1,437,993	328			328	4,384.13						
3	CHRONIC DIALYSIS CLINIC	2.45%	2,299,276	(53,655)	(58,065)	35,501	87,857	(82,957)	(17,738)	-	27,538	2,237,757	14,000	(4,459)	2,247,298	(131,947)	(56,963)	2,058,388	(414,739)	1,643,649	434		3	437	3,766.62	\$ 2,978.54	\$ 8,936				
4	CHEMICAL DEPENDENCY RECOVERY HOSPITALS	0.09%	84,463	(1,971)	(2,133)	1,304	3,227	(3,047)	(652)	-	1,012	82,203	-	(164)	82,040	(330)	(2,093)	79,617	(2,755)	76,862	411			411	187.01						
5	COMMUNITY CLINIC/PCC/FREEC	1.00%	938,480	(21,900)	(23,700)	14,490	35,860	(33,860)	(7,240)	-	11,240	913,370	7,000	(1,820)	918,550	(72,060)	(23,250)	823,240	(783)	822,457	1,142			1,142	720.19						
6	CORRECTIONAL TREATMENT CENTERS	0.45%	422,316	(9,855)	(10,665)	6,521	16,137	(15,237)	(3,258)	-	5,058	411,017	-	(819)	410,198		(10,463)	399,735	(127,480)	272,255	196		447	643	546.38	\$ 369.49	165,164				
7	HOME HEALTH AGENCIES	9.99%	9,375,415	(218,781)	(236,763)	144,755	358,241	(338,261)	(72,328)	-	112,288	9,124,566	20,000	(18,182)	9,126,385	(880,680)	(232,268)	8,013,438	(1,211,519)	6,801,918	1,267			1,267	5,368.52						
8	HOSPICE	1.10%	1,032,328	(24,090)	(26,070)	15,939	39,446	(37,246)	(7,964)	-	12,364	1,004,707	17,000	(2,002)	1,019,705	(212,030)	(25,575)	782,100	(84,661)	697,438	290		1	291	2,397.96	\$ 2,029.58	2,030				
9	PEDIATRIC DAY HEALTH/RESPIRE CARE	0.14%	131,387	(3,066)	(3,318)	2,029	5,020	(4,740)	(1,014)	-	1,574	127,872	-	(255)	127,617	(8,960)	(3,255)	115,402	(61,177)	54,225	274			274	197.90						
10	PSYCHOLOGY CLINIC	0.10%	93,848	(2,190)	(2,370)	1,449	3,586	(3,386)	(724)	-	1,124	91,337	-	(182)	91,155		(2,325)	88,830	(52,265)	36,565	26			26	1,406.34						
11	REFERRAL AGENCIES	0.07%	65,694	(1,533)	(1,659)	1,014	2,510	(2,370)	(507)	-	787	63,936	-	(127)	63,809		(1,628)	62,181	(16,202)	45,979	10			10	4,597.90						
12	REHAB CLINIC	0.19%	178,311	(4,161)	(4,503)	2,753	6,813	(6,433)	(1,376)	-	2,136	173,540	1,000	(346)	174,195	(76)	(4,418)	169,701	(162,291)	7,410	30			30	247.00						
13	SURGICAL CLINIC	1.39%	1,304,487	(30,441)	(32,943)	20,141	49,845	(47,065)	(10,064)	-	15,624	1,269,584	3,000	(2,530)	1,270,055	(24,781)	(32,318)	1,212,956	(1,073,211)	139,745	59			59	2,368.57						
14	ACUTE PSYCHIATRIC HOSPITALS	1.19%	1,116,791	(26,061)	(28,203)	17,243	42,673	(40,293)	(8,616)	-	13,376	1,086,910	35,000	(2,166)	1,119,745	-	(27,668)	1,092,077	8,060,131	27,167,786		7,433		6,888	104,379	280.61	110.05	1,369,248			
15	GENERAL ACUTE CARE HOSPITALS	19.99%	18,760,215	(437,781)	(473,763)	289,655	716,841	(676,861)	(144,728)	-	224,688	18,258,266	491,000	(36,382)	18,712,885	(232,539)	(464,768)	18,015,578				84,504		5,554							
16	CONGREGATE LIVING HEALTH FACILITY	0.65%	610,012	(14,235)	(15,405)	9,419	23,309	(22,009)	(4,706)	-	7,306	593,691	4,000	(1,183)	596,508	(29,501)	(15,113)	551,894	(6,699,061)	37,710,289		434									
17	INTERMEDIATE CARE FACILITY	1.21%	1,135,561	(26,499)	(28,677)	17,533	43,391	(40,971)	(8,760)	-	13,600	1,105,178	36,000	(2,202)	1,138,976	(5,347)	(28,133)	1,105,496				615		5,011	129,125	297.14	210.97	1,612,026			
18	SKILLED NURSING FACILITY	48.40%	45,422,432	(1,059,960)	(1,147,080)	701,316	1,735,624	(1,638,824)	(350,416)	(232,000)	544,016	43,975,108	1,411,000	(88,088)	45,298,020	(1,420,761)	(1,125,300)	42,751,959				120,435		2,630							
19	ICF-DD, DDH, DDN	11.19%	10,501,591	(245,061)	(265,203)	162,143	401,273	(378,893)	(81,016)	(18,000)	125,776	10,202,610	151,000	(20,366)	10,333,245	(641,270)	(260,168)	9,431,807	(3,146,707)	6,285,101		8,037		3,575	11,612	552.76	515.41	1,842,598			
		100.00%	\$ 93,848,000	\$ (2,190,000)	\$ (2,370,000)	\$ 1,449,000	\$ 3,586,000	\$ (3,386,000)	\$ (724,000)	\$ (250,000)	\$ 1,124,000	\$ 91,087,000	\$ 2,193,000	\$ (182,000)	\$ 93,098,000	\$ (3,718,344)	\$ (2,325,000)	\$ 87,054,656	\$ (3,839,323)	\$ 83,215,332	3,591	222,339	4	24,105	250,039			\$ 5,000,000			