



Center for Health Care Quality
Licensing & Certification Program

**Health Facility License Fees
and
Nursing Home Administrator Program Fees**

Annual Fee Report for Fiscal Year 2014-15

February 14, 2014

Table of Contents

LEGISLATIVE REQUIREMENTS	3
Health Facility License Fees	3
Nursing Home Administrator Program Fees	3
BACKGROUND	4
Health Facility License Fees	4
Nursing Home Administrator Program Fees	4
FEE DEVELOPMENT	5
Health Facility License Fees	5
Fee Methodology Overview	5
State Workload Percentage for Each Facility Type.....	6
Health Care Facilities Proposed Fees for Each Facility Type	6
Summary of License Fees by Facility Type.....	8
Nursing Home Administrator Program Fees	9
Fee Methodology Overview	9
Summary of Nursing Home Administrator Program Fees	9
STAFFING AND SYSTEMS ANALYSIS.....	10
Health Facility Licensing Fees.....	10
Nursing Home Administrator Program Fees	11
GLOSSARY	26
ATTACHMENT A: STATE WORKLOAD PERCENTAGES FY 2014-15	42
ATTACHMENT B: ANNUAL HEALTH FACILITY LICENSING FEES FY 2014-15	47
 LIST OF TABLES	
Table 1: License Fees by Facility Type.....	8
Table 2: Nursing Home Administrator Program Fees Home Administrator Program Fees	9
Table 3: Number of Personnel Devoted to the Licensing and Certification of Health Care Facilities.....	12
Table 4: The Percentage of Time Devoted to L&C Activities for all Licensed Health Facilities.....	13
Table 5: Surveys and Follow-up Visits Performed	14
Table 6: Number of Complaint Investigations by Facility Type	15
Table 7: Number of Entity Reported Incidents (ERIs) by Facility Type	16
Table 8: Deficiencies, Citations, Administrative Penalties & Enforcement Penalties Issued by Facility Type	17
Table 9: State Civil Monetary Penalties Issued by Facility Type	18
Table 10: Failure to Report Adverse Events Statistics by State Fiscal Year.	19
Table 11: Detailed Adverse Event Report Category and Type.....	20
Table 12: Reported Adverse Events	21
Table 13: Other Applicable Activities	22
Table 14: Nursing Home Administrator License, Exam, and AIT Program	23
Table 15: Nursing Home Administrator Violations	24

LEGISLATIVE REQUIREMENTS

Health Facility License Fees

The California Department of Public Health (CDPH), Licensing and Certification (L&C) Program, Health Facility License Fees Annual Report for Fiscal Year (FY) 2014-15 is published in accordance with California Health and Safety Code (HSC) 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 L&C Program.

HSC Section 1266(d) requires the calculation of fees to be based on workload by facility type.

HSC Section 1266(d)(1)(E) states the fee for each category shall 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 FY shall be calculated and 95 percent shall be applied to the appropriate fee categories in determining L&C Program fees for the second FY following receipt of those funds. The remaining 5 percent shall be retained in the fund as a reserve until appropriated.

Nursing Home Administrator Program Fees

The CDPH Nursing Home Administrator Program (NHAP) Fees for FY 2014-15 are published in accordance with HSC Section 1416.36(b)(1), which states that the department may propose that fees be adjusted to an amount sufficient to cover the reasonable regulatory costs to the department. The proposed adjustment to fees as well as the final fee list, with an explanation of any adjustment, shall be made available to the public by being published on the Department's Internet Website (HSC Section 1416.36(c)(1)). HSC Section 1416.36 (d)(1) requires the department to publish an additional report that includes:

- Estimates of costs to implement activities and estimated fee revenue.
- Recommended adjustments to fees based on projected workload and costs.
- An analysis containing the following information for the current FY and each of the previous four FYs:
 - The number of persons applying for a nursing home administrator's license, the number of nursing home administrator licenses approved or denied, and the number of nursing home administrator licenses renewed.
 - The number of applicants taking the nursing home administrator exam and the number of applicants who pass or fail the exam.
 - The number of persons applying for, accepted into, and completing the Administrator-In-Training (AIT) Program.
 - The number, source, and disposition of complaints made against persons in the AIT Program and licensed nursing home administrators, including the length of time between receipt of the complaint and completion of the investigation.

- The number and type of final administrative, remedial, or disciplinary actions taken against licensed nursing home administrators.
- A listing of the names and nature of violations for licensed nursing home administrators, including final administrative, remedial, or disciplinary actions taken.
- The number of appeals, informal conferences, or hearings filed by nursing home administrators or held, the length of time between the request being filed, and the final determination of the appeal, and the number of administrative, remedial, or disciplinary actions taken.

BACKGROUND

Health Facility License Fees

HSC Sections 1254, 1207 and 1417.1 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 the L&C Program to certify facilities for participation in Medicare (Title XVIII) and/or Medi-Cal (Title XIX). In conducting these activities the L&C Program 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, HSC Section 1266 was amended by Chapter 74, 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 (3098) to cover the costs of licensing state operated facilities.

The provisions of HSC Section 1266 require the L&C Program 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 Time Entry and Activity Management (TEAM) System captures data on the number of surveys with exit dates 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 TEAM FY 2012-13 data to develop the state licensing workload for FY 2014-15.

Nursing Home Administrator Program Fees

Title 42, Code of Federal Regulations, commencing with Sections 431.702 through 431.713 provides the state has a program for licensing administrators of nursing homes. On July 1, 1998, through an interagency agreement, California Department of Consumer Affairs delegated the legislative and regulatory authority of the NHAP management, evaluation and planning to the CDPH, L&C Program. Effective January 1, 2002, Chapter 687, Statutes of 2001 (Assembly Bill 1409), added HSC Sections 1416 through 1416.86, known as the Nursing Home Administrator Act (NHA Act), to permanently redirect the NHAP to the CDPH.

As a result of recently chaptered legislation Chapter 672, Statutes of 2012 (Assembly Bill 1710), beginning February 1, 2013 and annually thereafter, NHAP licensing fees will be adjusted based on program costs and not by the Consumer Price Index. In addition, this legislation eliminates the Nursing Home Administrator State Licensing Examining (NHAP) Fund 0260, and establishes that revenues will be deposited into the L&C SF 3098. With implementation of AB 1710, the balance remaining in the NHAP Fund 0260 will revert to the General Fund.

The NHAP's role is to protect the public by ensuring only qualified individuals are licensed, and by establishing and enforcing appropriate standards of competency. These activities directly correlate with the CDPH's mission to optimize the health and well-being of the people of California. The NHA Act identifies the authority of the NHAP, defines terms, and specifies licensing requirements. The NHA Act also addresses fees, including but not limited to, state and national examinations, and provides procedures for out-of-state Nursing Home Administrator (NHA) licensees to obtain a one-year provisional license. In addition, the NHA Act requires the NHAP to develop an AIT program in consultation with representatives from the long-term care industry and establish a designated citation and administrative fine assessment system.

FEE DEVELOPMENT

Health Facility License Fees

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

Fee Methodology Overview

HSC 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. This 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 per-facility or bed classification count and are collected on an initial license application, an annual license renewal, and change of ownership.

The fee rates are based on the following two-step process:

1. Calculating the Budget Year (BY) fees “on the natural” as follows”

“On the natural” refers to calculating facility fees based solely on allocating the L&C Program Special Fund (3098) appropriation against each facility type’s workload percentage without applying a non-regulated credit and dividing the dollar amount for each facility type by the associated number of facilities or beds within each facility type.

- Determine the adjusted Special Fund (3098) appropriation, comprised of baseline adjustments and mandated credits.
- Project the state workload percentage for each facility type based on mandated workload.
- Apply the individual workload percentage against the BY adjusted appropriation to determine the total amount of revenue to be generated by each facility type.
- For each facility type, divide the total amount to be generated as revenue against the total number of facilities or beds to determine the fee on the natural.

2. Compare the individual facility fees on the natural against the current fiscal year fees to determine increases or decreases for each facility type.

- Historically, credits may be applied to mitigate fluctuations in fee amounts from year to year.

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 develop 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 (SAH) based on the SAH report from the TEAM data. This data reflects the average hours required to complete each workload activity as reported in FY 2012-13 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 Percentages FY 2014-15, provides the detailed workload analysis by facility type that was used to calculate the state workload percentage for each facility type for FY 2014-15.

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-facility licensing fee related costs associated with the NHAP in the amount of \$612,800.
- The L&C Program's beginning baseline budget costs going into FY 2014-15 are allocated across all facility types based on a facility type's relative workload percentage. 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 increase of \$1,277,000 include:
 - Increase to general salary adjustment of \$501,000;
 - Increase to other employee compensation adjustment of \$274,000;
 - Increase to Public Employees Retirement System rate adjustment of \$331,000;
 - Removal of prior year pro-rata allocation for special fund administration of \$3,711,000;
 - Increase of BY pro-rata allocation of \$3,877,000 as determined by the Department of Finance;
 - Savings for fleet reduction of \$85,000; and
 - Increase in department overhead adjustment of \$90,000.
- Budget Change Proposal(s) (BCP) contained in the Governor's Proposed Budget are added to the base and are allocated to facility types impacted by the budget request. For FY 2014-15, the Governor's Budget includes two BCPs that have a fiscal impact on licensing fees.
 - Transfer of the Medical Privacy Breach Enforcement Program from the California Office of Health Information Integrity to CDPH, which proposes 3 full time positions at a cost of \$251,000 to be funded through the L&C SF. The purpose of this transfer of position is to improve efficiency by combining the authority and resources of two existing programs charged with enforcing medical privacy violations.

- The Health in All Policies Task Force proposal, which will cost \$109,000 L&C SF (3098) as part of the CDPH Executive Division BCP.
- 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 fee cycle. The following credit adjustments for the FY 2014-15 fee schedule are as follows:
 - Credit of \$3,771,637 statutorily based on miscellaneous revenues collected for late fees, change of ownership and other licensing changes made in FY 2012-13; and
 - Credit of \$11,533,684 from program reserves, which is applied to each facility type to prevent fees from increasing on the natural and placing a cap at 20 percent on fees that would have decreased on the natural.

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

- Out-patient Facilities: The proposed licensing fee for each facility type is determined based on the allocated L&C 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 L&C SF operational budget cost divided by the total number of beds in the facility type.

Attachment B, Annual Health Facility Licensing Fees FY 2014-15, provides detailed information by facility type regarding the various baseline budget adjustments, credits, and program savings offsets that CDPH factored into the calculation of licensing fee amounts for FY 2014-15 as described above.

The methodology described above is the process used to calculate fees in accordance with HSC Section 1266(d) (1).

Summary of License Fees by Facility Type

The table below provides a comparison of program fees levied for FY 2013-14 to the proposed fees based on projected workload and costs for FY 2014-15.

Table 1

License Fees by Facility Type			
Facility Type	Fee Per Bed or Facility	FY 2013-14 Fee Amounts	FY 2014-15 Proposed Fee Amounts
Acute Psychiatric Hospitals	Bed	\$ 266.58	\$ 266.58
Adult Day Health Centers	Facility	\$ 4,164.92	\$ 4,164.92
Alternative Birthing Centers	Facility	\$ 2,380.19	\$ 2,380.19
Chemical Dependency Recovery Hospitals	Bed	\$ 191.27	\$ 191.27
Chronic Dialysis Clinics	Facility	\$ 2,862.63	\$ 2,862.63
Community Clinics	Facility	\$ 718.36	\$ 718.36
Congregate Living Health Facilities	Bed	\$ 312.00	\$ 312.00
Correctional Treatment Centers	Bed	\$ 573.70	\$ 573.70
District Hospitals Less Than 100 Beds	Bed	\$ 266.58	\$ 266.58
General Acute Care Hospitals	Bed	\$ 266.58	\$ 266.58
Home Health Agencies	Facility	\$ 3,452.38	\$ 2,761.90
Hospice Facilities *	Bed	\$ 312.00	\$ 312.00
Hospices (2-Year License Total)	Facility	\$ 3,713.56	\$ 2,970.86
ICF - DD Habilitative	Bed	\$ 580.40	\$ 580.40
ICF - DD Nursing	Bed	\$ 580.40	\$ 580.40
ICF - Developmentally Disabled	Bed	\$ 580.40	\$ 580.40
Intermediate Care Facilities	Bed	\$ 312.00	\$ 312.00
Pediatric Day Health/Respite Care	Bed	\$ 150.41	\$ 150.41
Psychology Clinics	Facility	\$ 1,476.66	\$ 1,476.66
Referral Agencies	Facility	\$ 3,494.41	\$ 2,795.53
Rehab Clinics	Facility	\$ 259.35	\$ 259.35
Skilled Nursing Facilities	Bed	\$ 312.00	\$ 312.00
Special Hospitals	Bed	\$ 266.58	\$ 266.58
Surgical Clinics	Facility	\$ 2,487.00	\$ 2,487.00

* Pursuant to Chapter 673, Statutes of 2012 (Senate Bill 135), a new Hospice Facility licensure category was established. In the first year of licensure, the fee shall be equivalent to the license fee for Congregate Living Health Facilities.

Nursing Home Administrator Program Fees

Fee Methodology Overview

As a result of Chapter 672, Statutes of 2012 (Assembly Bill 1710) beginning February 1, 2014 and annually thereafter, NHAP licensing fees will be adjusted based on program costs. The total program cost of \$612,800 is based on FY 2014-15 projected expenditures adjusted for changes in staffing levels. CDPH is applying a credit of \$229,672 from available L&C SF (3098) program reserves to reduce the increases that would have occurred to fully fund the program cost and to cap fee increases at 8 percent. This approach adheres to AB 1710 and aligns the fee revenues to the program costs.

Summary of Nursing Home Administrator Program Fees

The table below provides a comparison of program fees levied for FY 2013-14 to the proposed fees based on projected workload and costs for FY 2014-15.

Table 2

Nursing Home Administrator Program Fees						
Health & Safety Code Section 1416.36 (a)						
FY 2013-14 and FY 2014-15						
Fee Categories	FY 2013-14 Workload Units (Estimated)	FY 2013-14 Fee Amount	FY 2013-14 Fee Revenue	FY 2014-15 Workload Units (Estimated) **	FY 2014-15 Proposed Fee Amount	FY 2014-15 Fee Revenue
(1) Examination Application Fee	500	\$ 26	\$ 13,000	516	\$ 28	\$ 14,629
(2) Reciprocity Licensure Application Fee	30	\$ 53	\$ 1,590	22	\$ 57	\$ 1,247
(3) AIT Program Application Fee	125	\$ 105	\$ 13,125	136	\$ 113	\$ 15,422
(4) (A) Automated National Exam*	N/A	N/A	N/A	N/A	N/A	N/A
(4) (B1) Automated State Exam*	N/A	N/A	N/A	N/A	N/A	N/A
(4) (B2) Written State Exam	210	\$ 147	\$ 30,870	205	\$ 159	\$ 32,546
(5) Initial License Fee	175	\$ 200	\$ 35,000	139	\$ 215	\$ 29,949
(6) (A) Active License Renewal Fee	1,000	\$ 200	\$ 200,000	925	\$ 215	\$ 199,301
(6) (B) Inactive License Fee	250	\$ 200	\$ 50,000	211	\$ 215	\$ 45,462
(7) Delinquency Fee	130	\$ 53	\$ 6,890	101	\$ 57	\$ 5,727
(8) Duplicate License Fee	30	\$ 26	\$ 780	22	\$ 28	\$ 624
(9) Provisional License Fee	10	\$ 263	\$ 2,630	9	\$ 284	\$ 2,552
(10) Endorsement of Credential Verification Fee	45	\$ 26	\$ 1,170	44	\$ 28	\$ 1,247
(11) Preceptor Certification Fee	180	\$ 53	\$ 9,540	173	\$ 57	\$ 9,809
(12) Continuing Education Provider Fee	25	\$ 158	\$ 3,950	60	\$ 170	\$ 10,206
(13) Continuing Education Course Fee	719	\$ 16	\$ 11,504	847	\$ 17	\$ 14,407
Total			\$ 380,049			\$ 383,128

* Automated National and State exams not available

** FY 2014-15 workload units estimated based on 3 years average

STAFFING AND SYSTEMS ANALYSIS

Health Facility Licensing Fees

HSC Section 1266(d)(2) requires the L&C Program to prepare a staffing and systems analysis to ensure efficient and effective utilization of fees collected, proper allocation of departmental resources to L&C Program activities, survey schedules, complaint investigations, entity reported incidents (ERIs), citations, administrative penalties and enforcement penalties, state civil monetary penalties, appeals, data collection and dissemination, surveyor training, and policy development.

The following tables depict information from FY 2012-13, which represents the most recent FY for which the L&C Program has complete data. The purpose of displaying this information is to show the efficient and effective utilization of the fees that were collected in FY 2012-13.

Table 3: Number of Personnel Devoted to the Licensing and Certification of Health Care Facilities

Pursuant to HSC Section 1266(d)(2)(B)(i), Table 3 shows the number of surveyors and administrative support personnel that performed licensing and certification activities for all health facility types. Seventy-one percent of the L&C Program's authorized positions are assigned to Field Offices, 8 percent are assigned to the Professional Certification Branch, and 21 percent are assigned to other branches in Headquarters.

Table 4: The Percentage of Time Devoted to L&C Activities for all Licensed Health Facilities

Pursuant to HSC Section 1266(d)(2)(B)(ii), Table 4 shows the number of surveyor hours devoted to L&C activities for all health facility types.

Table 5: Surveys and Follow-up Visits Performed

Pursuant to HSC Section 1266(d)(2)(B)(iii), Table 5 shows the number of facilities receiving full surveys and the number of follow-up visits. Eleven percent of surveys conducted were licensing surveys, 68 percent were certification surveys, and 21 percent were follow-up surveys and revisits.

Table 6: Number of Complaint Investigations by Facility Type

Pursuant to HSC Section 1266(d)(2)(B)(iv), Table 6 shows the number and timeliness of complaints received and investigated. Complaints are investigated on a priority level basis. All complaints include priority Levels A through H. Complaints requiring investigation are assigned priority Levels of A through E. Complaints for situations of immediate jeopardy are assigned priority Level A and require an investigation be initiated within 24 hours. Non-immediate jeopardy complaints include priority Levels B through E, and these investigations should be initiated within 10 days. Complaints assigned priority Levels F through H do not require investigation; F and G level priorities are referred to other organizations, and H level priorities do not require any action.

Table 7: Number of Entity Reported Incidents (ERIs) by Facility Type

Pursuant to HSC Section 1266(d)(2)(B)(iv), Table 7 shows the number of ERIs received and investigated. ERIs are investigated on a priority level basis. All ERIs include priority Levels A through H. ERIs requiring investigations are assigned priority Levels of A through E. ERIs for situations of immediate jeopardy are assigned priority Level A. Non-immediate jeopardy ERIs include priority Levels B through H.

Table 8: Deficiencies, Citations, Administrative Penalties & Enforcement Penalties Issued by Facility Type

Pursuant to HSC Section 1266(d)(2)(B)(v)(vi), Table 8 shows the total number of deficiencies issued in FY 2012-13 (prior annual reports provided the number of deficiencies issued for only the citations issued), the number of citations issued, the number of administrative penalties issued, and the number of failure-to-report penalties issued for adverse events and medical breaches. The lower portion of Table 8 provides the number appeals received in FY 2012-13.

Table 9: State Civil Monetary Penalties

Table 9 provides the total monetary amount of the penalties issued in FY 2012-13.

Table 10: Failure to Report Adverse Events Statistics by State Fiscal Year.

Table 10 provides last five years of statistical data on the number of failure to report adverse events and the corresponding amount of penalties assessed.

Table 11: Detailed Adverse Event Report Category and Type

Pursuant to HSC Section 1279.1, Table 11 shows the number of adverse events by seven event categories and 28 event types.

Table 12: Reported Adverse Events

Pursuant to HSC Section 1279.1 and 1279.2, Table 12 shows the number of immediate jeopardy adverse event investigations requiring initiation within two business days and non-immediate jeopardy adverse events.

Table 13: Other Applicable Activities

Pursuant to HSC Section 1266(d)(2)(B)(vi), Table 13 shows the number of surveyors trained for each type of training offered for L&C Program surveyors.

Nursing Home Administrator Program Fees

HSC Section 1416.36 requires NHAP to prepare a list of data showing License, Exam and AIT Program activities, and Administrator violations as shown in the tables for FYs 2009-13.

Table 14: Nursing Home Administrator License, Exam, and AIT Program

Pursuant to HSC Section 1416.36 (d)(1)(C), Table 14 shows the number and status of applications for Nursing Home Administrator's licenses, the number of NHA exams taken and the results, the number of applicants for the Administrator-in-Training program and the status, the number of complaints received for AITs and NHAs, the number of actions against NHAs, and the number of NHA appeals, informal conferences, or hearings filed by nursing home administrator.

Table 15: Nursing Home Administrator Violations

Pursuant to HSC Section 1416.36(d)(1)(C)(vi), Table 15 provides the listing of names and nature of violations for individual licensed NHAs; final administrative, remedial, or disciplinary actions taken; and the fiscal year in which the action was taken.

Table 3

Number of Personnel Devoted to the Licensing and Certification of Health Care Facilities Health and Safety Code Section 1266(d)(2)(B)(i) FY 2012-13										
Personnel Types	14 District 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	457	42.94%	-	-	-	0.00%	457	42.94%	131	73.60%
Consultants ³	53	4.98%	-	-	2	0.19%	55	5.16%	7	3.93%
Administrative Support Personnel										
Managers/Supervisors & Support Staff ²	244	22.91%	81	7.61%	223	20.91%	548	51.43%	40	22.47%
NHAP Staff	-	-	5	0.47%	-	-	5	0.47%	-	-
Total	754	70.82%	86	8.08%	225	21.10%	1,065	100.00%	178	100.00%

This chart represents the number of positions in L&C and Los Angeles County. Data is based on the number of adjusted position as reported in the 2013/14 May Revision. The following detail describes personnel function in 14 L&C district offices statewide and the 5 Los Angeles County Offices:

Personnel in the District Offices and LA Country Contract

CDPH contracts with Los Angeles County to perform L&C activities and to report information. L&C District 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.

¹ State classifications include: Health Facilities Evaluator Nurse, Health Facilities Evaluator I, Health Facilities Evaluator Trainee.

² State classifications include: Associate Accounting Analyst, Associate Governmental Program Analyst, Associate Health Program Advisor, Associate Information Systems Analyst, Associate Program Analyst (Spec.), Career Executive Assignment, Data Processing Manager VII/III, Deputy Director, Nurse Consultant II, Health Facilities Evaluator II (Sup), Health Facilities Evaluator VII, Health Facilities Evaluator Manager VII, Health Facilities Evaluator Specialist, Health Program Manager III, Health Program Specialist VII, Management Services Technician, Office Assistant, Office Technician, Program Technician, Program Technician II, Research Program Specialist VII, Staff Programmer Analyst, Supervising Program Technician VII, Staff Counsel III, Senior/Staff Information Systems Specialist, Staff Services Analyst, Staff Services Manager VII/III, Word Processing Technician.

³ State classifications include: Medical Consultant, Nurse Consultant III-Spec, Nurse Consultant II, Pharmaceutical Consultant II-Spec, Public Health Nutrition Consultant III-Spec, Occupational Therapy Consultant, Medical Record Consultant

Data Source: SFY 13/14 May Revise Estimate

Table 4

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 2012-13		
	Hours	Percentage of Total Hours
Acute Psychiatric Hospital	6,838	0.74%
Adult Day Health Center	924	0.10%
Alternate Birthing Center	-	0.00%
Chemical Dependency Recovery Hospital	6	0.00%
Chronic Dialysis Clinic/ESRD	18,853	2.05%
Community Clinic/Free Clinics/RHC	3,482	0.38%
Congregate Living Health Facility	906	0.10%
Correctional Treatment Center	2,822	0.31%
General Acute Care Hospital	147,423	16.02%
Home Health Agencies	47,387	5.15%
Hospice	10,739	1.17%
Intermediate Care Facilities	6,630	0.72%
Intermediate Care Facilities DD/DDH/DDN/IID	116,504	12.66%
Pediatric Day Health or Respite Care	185	0.02%
Psychology Clinic	-	0.00%
Referral Agency	-	0.00%
Rehabilitation Clinic/CORF/OTP/SP	2,804	0.30%
Skilled Nursing Facilities	529,086	57.48%
Surgical Clinic/ASC	25,854	2.81%
Totals	920,444	100.00%

Data Source/Extraction Date: Time Entry and Activity Management/October 18, 2013

Table 5

Surveys and Follow-up Visits Performed Health & Safety Code Section 1266(d)(2)(B)(iii) FY 2012-13					
Facility Type	Licensing Survey		Certification Survey		Follow-up & Revisits
	Initial	Re-Licensure	Initial	Re-Certification	
Acute Psychiatric Hospital	1	2	-	1	1
Adult Day Health Center	-	-	-	-	-
Alternate Birthing Center	-	-	-	-	-
Chemical Dependency Recovery Hospital	-	-	-	-	-
Chronic Dialysis Clinic/ESRD	15	7	26	76	48
Community Clinic/Free Clinics/RHC	10	-	5	19	19
Congregate Living Health Facility	12	-	-	-	-
Correctional Treatment Center	1	4	-	-	1
General Acute Care Hospital	14	69	-	42	209
Home Health Agencies	74	15	2	198	85
Hospice	120	2	4	21	7
Intermediate Care Facilities		2	-	-	
Intermediate Care Facilities DD/DDH/DDN/ID	5	3	24	1,175	157
Pediatric Day Health or Respite Care	-	1	-	-	-
Psychology Clinic	-	-	-	-	-
Referral Agency	-	-	-	-	-
Rehabilitation Clinic/CORF/OTP/SP	-	-	-	20	11
Skilled Nursing Facilities	6	135	1	1,220	270
Surgical Clinic/ASC	1	1	4	125	97
Totals	259	241	66	2,897	905
Category Totals	500		2,963		905
Category Percentages	11%		68%		21%
Grand Totals	4,368				

Data Source/Extraction Date: Time Entry and Activity Management/October 18, 2013

Table 6

Number of Complaint Investigations by Facility Type Health & Safety Codes Section 1266(d)(2)(B)(iv) FY 2012-13						
Facility Category	Complaints Received	Complaints Received Requiring Investigation	Immediate Jeopardy		Non-Immediate Jeopardy	
			Total Immediate Jeopardy Complaints	Investigations Initiated Within 24 Hours*	Total Non-Immediate Jeopardy Complaints	Initiated Within 10 days**
Long-Term Care						
Congregate Living Health Facility	19	18	1	1	17	14
Intermediate Care Facility	196	169	1	1	168	157
Intermediate Care Facility-DD/H/N/MR	369	341	11	10	330	322
Pediatric Care Health and Respite Care Facility	2	2	2	2	-	-
Skilled Nursing Facility	5,818	5,396	214	206	5,182	5,029
Total Long-Term Care	6,404	5,926	229	220	5,697	5,522
Non-Long Term Care						
Acute Psychiatric Hospital	132	122	4	3	118	
Adult Day Health Care	23	22	1	1	21	
Alternative Birthing Center	-	-	-	-	-	
Chemical Dependency Recovery Hospital	1	1	-	-	1	
Chronic Dialysis Clinic	144	139	4	4	135	
Community Clinic	102	94	-	-	94	
Correctional Treatment Center	16	12	-	-	12	
General Acute Care Hospital	3,253	3,065	69	47	2,996	
Home Health Agency	227	208	3	2	205	
Hospice	133	125	1	-	124	
Referral Agency	-	-	-	-	-	
Rehabilitation Clinic	2	2	-	-	2	
Surgical Clinic	44	35	-	-	35	
Total Non-Long Term Care	4,077	3,825	82	57	3,743	
Total	10,481	9,751	311	277	9,440	5,522

* Long Term Care Facilities require initiation with 24 hours; Non-Long Term Care Facilities require a initiation within two business days.

** Does not apply to Non-Long Term Care Facilities.

Data Source/Extraction Date: ASPEN/ October 1, 2013

Note: Information regarding complaint closure will be provided on the Department's website prior to next year's report and included in subsequent fee reports.

Table 7

Number of Entity Reported Incidents (ERIs) by Facility Type				
Health & Safety Codes Section 1266(d)(2)(B)(iv)				
FY 2012-13				
Facility Category	ERIs Received	ERIs Requiring Investigation	Immediate Jeopardy	Non-Immediate Jeopardy ERIs
Long-Term Care				
Congregate Living Health Facility	17	14	3	14
Intermediate Care Facility	518	402	12	506
Intermediate Care Facility-DD/H/N/MR	5,538	3,340	58	5,480
Pediatric Care Health and Respite Care Facility	-	-	-	-
Skilled Nursing Facility	14,081	9,965	149	13,932
Total Long-Term Care	20,154	13,721	222	19,932
Non-Long Term Care				
Acute Psychiatric Hospital	424	298	3	421
Adult Day Health Care	47	5	-	47
Alternative Birthing Center	-	-	-	-
Chemical Dependency Recovery Hospital	11	7	-	11
Chronic Dialysis Clinic	77	53	1	76
Community Clinic	179	156	-	179
Correctional Treatment Center	368	266	-	368
General Acute Care Hospital	6,901	6,017	41	6,860
Home Health Agency	153	138	1	152
Hospice	79	71	-	79
Rehabilitation Clinic	1	-	-	1
Referral Agency	-	-	-	-
Surgical Clinic	31	27	-	31
Total Non-Long Term Care	8,271	7,038	46	8,225
TOTAL	28,425	20,759	268	28,157

Data Source/Extraction Date: ASPEN/ October 1, 2013

Table 8

Deficiencies, Citations, Administrative Penalties & Enforcement Penalties Issued by Facility Type Health & Safety Code Section 1266(d)(2)(B)(v)(vi) FY 2012-13											
Facility Category	Deficiencies	Citations Issued (by Definitions) (HSC 1424) *						Administrative Penalties (H&S 1280.1)	Failure to Report Penalties Adverse Events (H&S 1280.4)	Medical Breaches	
		AA	A	B	WMF	WMO	RD			Administrative Penalties (H&S 1280.15)	Failure to Report Penalties (H&S 1280.15)
Acute Psychiatric Hospital	119							1	-	-	-
Adult Day Health Care	175							-	-	-	-
Alternative Birthing Center	3							-	-	-	-
Chemical Dependency Recovery Hospital	3							-	-	-	-
Chronic Dialysis Clinic	1,499							-	-	-	-
Community Clinic	217							-	-	-	2
Congregate Living Health Facility	62	-	-	2	-	-	-	-	-	-	-
Correctional Treatment Center	72							-	-	-	-
General Acute Care Hospital	4,059							25	26	14	42
Home Health Agency	2,482							-	-	-	3
Hospice	533							-	-	1	3
Intermediate Care Facility	52	-	-	1	-	-	-	-	-	1	24
Intermediate Care Facility DD/H/N	6,059	2	15	53	-	-	-	-	-	-	2
Pediatric Day Health & Respite Care Facility	17	-	-	-	-	-	-	-	-	-	-
Psychology Clinic	-							-	-	-	-
Referral Agency	-							-	-	-	-
Rehabilitation Clinic	21							-	-	-	-
Skilled Nursing Facility	14,606	9	48	216	3			-	-	1	3
Surgical Clinic	1,589							-	-	-	1
Total	31,568	11	63	272	3	-	-	26	26	17	80
* Does not apply to Non-Long Term Care Facilities. Federal citations not included. Data Source/Extraction Date: ELMS and ASPEN Database/ October 1, 2013											
Citation Appeals Statewide Health & Safety Codes Section 1266(d)(2)(B)(v) SFY 2012-13											
Appeal Type									Number of Appeals Received		
Administrative Law Judge (ALJ)									26		
Binding Arbitration (BA)									22		
Citation Review Conference (CRC)									-		
Court Appeals									35		
Total									83		
Note: CRCs are no longer in use; this appeal type will be excluded in subsequent reports. Data Source/Extraction Date: ELMS/ October 1, 2013											

Table 9

State Civil Monetary Penalties Issued by Facility Type					
FY 2012-13					
Facility Category	Citations (HSC 1424) *	Administrative Penalties (H&S 1280.1)	Failure to Report Penalties Adverse Events (H&S 1280.4)	Medical Breaches	
				Administrative Penalties (H&S 1280.15)	Failure to Report Penalties (H&S 1280.15)
Acute Psychiatric Hospital		\$ 75,000	-	-	-
Adult Day Health Care		-	-	-	-
Alternative Birthing Center		-	-	-	-
Chemical Dependency Recovery Hospital		-	-	-	-
Chronic Dialysis Clinic		-	-	-	-
Community Clinic		-	-	-	\$ 1,300
Congregate Living Health Facility	\$ 2,000	-	-	-	-
Correctional Treatment Center		-	-	-	-
General Acute Care Hospital		\$ 1,775,000	\$ 57,700	\$ 1,087,500	\$ 59,900
Home Health Agency		-	-	\$ 25,000	\$ 1,500
Hospice		-	-	-	\$ 1,400
Intermediate Care Facility	\$ 1,000	-	-	\$ 50,000	\$ 58,100
Intermediate Care Facility DD/H/N	\$ 242,300	-	-	-	\$ 800
Pediatric Day Health & Respite Care Facility		-	-	-	-
Psychology Clinic		-	-	-	-
Referral Agency		-	-	-	-
Rehabilitation Clinic		-	-	-	-
Skilled Nursing Facility	\$ 1,814,400	-	-	\$ 25,000	\$ 5,200
Surgical Clinic		-	-	-	\$ 4,100
Total	\$ 2,059,700	\$ 1,850,000	\$ 57,700	\$ 1,187,500	\$ 132,300

* Does not apply to Non-Long Term Care Facilities.
Data Source/Extraction Date: ELMS/ October 1, 2013

Table 10

Failure to Report Adverse Events Statistics by State Fiscal Year						
Events and Penalties	State Fiscal Year					Totals
	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	
Failure to Report Adverse Events	165	139	225	184	106	819
Penalties Assessed	\$712,900	\$572,900	\$737,700	\$360,200	\$190,000	\$2,573,700

Data Source/Extraction Date: ELMS/ October 1, 2013

Table 11

Detailed Adverse Event Report Category and Type Health and Safety Code 1279.1					
Adverse Event Report Category and Types	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
Surgical Events	268	336	292	340	342
Surgery performed on a wrong body part	26	32	21	44	41
Surgery performed on the wrong patient	3	3	3	3	1
Wrong surgical procedure performed on a patient	16	13	20	19	14
Retention of a foreign object in a patient	186	260	221	241	263
Death during or up to 24 hours after surgery	37	28	27	33	23
Product or Device Events	6	17	11	20	13
Death or serious disability associated with the use of contaminated drug, device, or biologic	0	5	2	5	5
Death or serious disability associated with the use of a device other than as intended	3	10	5	9	4
Death or serious disability due to intravascular air embolism	3	2	4	6	4
Patient Protection Events	17	16	22	13	30
Infant discharged to the wrong person	0	1	0	0	-
Death or serious disability due to disappearance	4	3	6	1	4
Suicide or attempted suicide	13	12	16	12	26
Care Management Events	1,017	964	1,032	951	1,110
Death or serious disability associated with a medication error	29	29	29	23	29
Death or serious disability associated with incompatible blood	1	1	0	1	1
Death or serious disability directly related to hypoglycemia	7	6	8	7	10
Maternal death or serious disability associated with labor or delivery	6	2	5	3	2
Death or serious disability associated with hyperbilirubinemia in neonates	0	0	0	1	1
Stage 3 or 4 decubitis ulcer acquired after admission	973	926	990	916	1,067
Death or serious disability due to spinal manipulation therapy	1	0	0	0	-
Environmental Events	51	63	75	84	44
Death or serious disability associated with electric shock	1	0	0	0	-
Oxygen line contains wrong or toxic gas	0	1	0	1	-
Death or serious disability associated with a burn	4	6	2	2	2
Death associated with a fall	41	32	23	30	38
Death or serious disability associated with the use of restraints or bedrails	5	24	50	51	4
Criminal Events	25	22	29	44	43
Case ordered or provided by someone impersonating a licensed health provider	2	0	5	1	1
Abduction of a patient of any age	1	0	0	1	-
Sexual assault on a patient	17	17	20	37	35
Death or significant injury from a physical assault	5	5	4	5	7
Other	39	50	54	106	104
Adverse event or series of adverse events	39	50	54	106	104
Total	1,423	1,468	1,515	1,558	1,686

Data Source/Extraction Date: ASPEN/ October 1, 2013

Table 12

Reported Adverse Events Health and Safety Code 1279.1 and 1279.2 FY 2012-13			
Adverse Event Report Type	Total AEs	Immediate Jeopardy Required Investigation Within Two Business Days¹	Non-Immediate Jeopardy Adverse Events
Surgical Events	342	2	340
Product or Device Events	13	-	13
Patient Protection Events	30	7	23
Care Management Events	1,110	1	1,109
Environmental Events	44	-	44
Criminal Events	43	4	39
Other	104	3	101
Total	1,686	17	1,669

1. HSC 1279.2 (a)(1)

Table 13

Other Applicable Activities	
Health & Safety Section 1266 (d)(2)(B)(vi) Surveyors Training Provided in FY 2012-13	
Course Name and Description	Number of Surveyors Trained:
Surveying to Antipsychotic Use in Skilled Nursing Facilities	292
CMS Basic Home Health Agency Surveyor Training Course	27
Abbreviated Standard Survey - The Federal Complaint Process	286
Advanced EMTALA	67
Processing EMTALA Surveys webinar	103
Ambulatory Surgical Center Classroom Training	11
Basic ICF/IID Surveyor Training Course	8
Surveyor Technical Assistant for Renal Disease (STAR)	1
Plan of Correction and Scope & Severity Review	140
Prioritizing Complaints - Quality of Life Considerations	67
CMS Update for Appendix P, F155, F309, F322	318
Using the Automated Dispensing Cabinet (ADC) Survey Tool in SNFs-NFs	184
CalHEART	107
Basic Hospice Surveyor Training	30
ESRD Core Training for Experienced Surveyors	9
ESRD Basic Technical Core Surveyor Training	10
Basic Long Term Care Surveyor Training - CA MAT	62
Professional Certification Branch Overview and Field Office Interface	77
Fire Safety Evaluation System/Healthcare Surveyor Training Course	4
Basic Home Health Agency Surveyor Training	6
Principles of Investigative Skills & Investigation Documentation (Q1)	322
CA-Sponsored Clinic Academy	80
Investigating Pressure Sores	44
New Surveyor Academy, Series 26A	61
PHETTS Coordinator Training	15
Adverse Events & Administrative Penalties	8
Ordering Process & Personnel Liaison Unit	2
Medical Breach Enforcement	9
OASIS Coordinator's Meeting	2
Professional Certification Branch	10
Provider Certification Unit	2
Principles of Documentation (Q1)	143
L&C Automated Systems	2
Aspen Scheduling & Tracking	17
Aspen Updates	3
Licensing & Ownership Information In ELMS	6
Subpoenas and Subpoenas Duces Tecum	7
2013 Advanced Surveyor Academy	195
CASPER & QIES	5
All About Headquarters Reports	9
NFPA 99 Health Care Facilities	7
Fire Safety Evaluation System/Board and Care Surveyor Training Course	10

Data Source: Staff Education and Quality Improvement Section

Table 14

Nursing Home Administrator Program License, Exam, and AIT Program Health & Safety Code Section 1416.36 (d)(1)(C) FY 2009-10 through FY 2013-14						
		FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14**
(i) Persons applying for NHA License	Applied	*	*	*	142	34
	Approved	120	108	109	142	34
	Denied	*	*	*	0	0
	Renewed	1,131	1,365	1,250	1,180	309
(ii) State Exam	Examinees	227	249	206	219	44
	Passed	116	137	110	138	20
	Failed	111	112	96	81	24
(iii) AIT Program	Applied	*	*	*	147	32
	Accepted	23	18	51	135	24
	Completed	26	16	25	45	0
(iv) Complaints Received ^[1]	AIT	*	*	*	1	0
	NHA	38	22	29	81	15
(v) Actions Against NHA's ^[2]		0	1	6	39	18
(vii) Appeals, Informal Appeals, Informal Conferences or Hearings ^[3]	Number of NHA Appeals, Informal Conferences or Hearings Filed	1	0	1	0	0
	Time Between Request & Final Determination	1 month	28 months	N/A	8 months	N/A
	Final Actions Upheld	1	1	0	1	0

* Data not available

** Current FY data July 1 – October 1, 2013

[1] Sources of complaints include, but not limited to: facility, general public, victim, witness, family member, mandated reporter, ombudsman, governmental agencies.

[2] Types of actions against Nursing Home Administrators include warnings, suspensions, revocations, denials, probations, and fines as a result of complaints received.

[3] Appeals, Informal Appeals, Informal Conferences or Hearings based on substantiated complaints received.

Table 15

Nursing Home Administrator Violations Health & Safety Code Section 1416.36 (d)(1)(C)(vi) FY 2009-10 through FY 2013-14			
NHA #	Type of Violation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
6695	Patient care	Warning Letter	10-11
6650	Patient care	Probation complete	11-12
5190	Patient care	Warning Letter	11-12
7060	Patient care	NHA Currently on Probation	11-12
5190	Patient care	NHA Currently on Probation	11-12
2913	Miscellaneous	License Revoked	11-12
5449	Miscellaneous	NHA Currently on Probation	11-12
6783	Patient care	NHA Currently on Probation	12-13
5282	Patient care	Warning Letter	12-13
6775	Patient care	Warning Letter	12-13
4642	Patient care	Warning Letter	12-13
6428	Patient care	Warning Letter	12-13
6852	Patient care	Warning Letter	12-13
144	Patient care	Warning Letter	12-13
7170	Patient care	Warning Letter	12-13
3256	Patient care	Warning Letter	12-13
6873	Patient care	Warning Letter	12-13
6513	Patient care	Warning Letter	12-13
7292	Patient care	Warning Letter	12-13
7286	Patient care	Warning Letter	12-13
5839	Patient care	Warning Letter	12-13
5870	Patient care	Warning Letter	12-13
7056	Patient care	Warning Letter	12-13
1688	Patient care	Warning Letter	12-13
7097	Patient care	Warning Letter	12-13
5869	Patient care	Warning Letter	12-13
5715	Patient care	Warning Letter	12-13
6868	Patient care	Warning Letter	12-13
7149	Patient care	Warning Letter	12-13
3883	Patient care	Warning Letter	12-13
6729	Patient care	Warning Letter	12-13
6418	Patient care	Warning Letter	12-13

Table 15 (continued)

Nursing Home Administrator Violations Health & Safety Code Section 1416.36 (d)(1)(C)(vi) FY 2009-10 through FY 2013-14			
NHA #	Type of Violation	Final Administrative, Remedial, or Disciplinary Action	Fiscal Year
7072	Patient care	Warning Letter	12-13
5759	Patient care	Warning Letter	12-13
6960	Patient care	Warning Letter	12-13
5685	Patient care	Warning Letter	12-13
7527	Patient care	Warning Letter	12-13
5065	Patient care	Warning Letter	12-13
4488	Patient care	Warning Letter	12-13
6897	Patient care	Warning Letter	12-13
5509	Patient care	Warning Letter	12-13
3688	Patient care	Warning Letter	12-13
5861	Patient care	Warning Letter	12-13
5869	Patient care	Warning Letter	12-13
3552	Patient care	Warning Letter	12-13
7291	Patient care	Warning Letter	12-13
6966	Patient care	Warning Letter	13-14
6877	Patient care	Warning Letter	13-14
6885	Patient care	Warning Letter	13-14
6784	Patient care	Warning Letter	13-14
962	Patient care	Warning Letter	13-14
6424	Patient care	Warning Letter	13-14
7078	Patient care	Warning Letter	13-14
7445	Patient care	Warning Letter	13-14
6997	Patient care	Warning Letter	13-14
6529	Patient care	Warning Letter	13-14
5520	Patient care	Warning Letter	13-14
5310	Patient care	Warning Letter	13-14
5028	Patient care	Warning Letter	13-14
6587	Patient care	Warning Letter	13-14
7417	Patient care	Warning Letter	13-14
3149	Patient care	Warning Letter	13-14
7430	Patient care	Warning Letter	13-14
6799	Patient care	Warning Letter	13-14

GLOSSARY

Acute Psychiatric Hospital (APH) Is a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care for mentally disordered, incompetent, or other patients referred to in Division 5 (commencing with Section 5000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy, and dietary services. (Ref: HSC 1250(b)).

Administrative Law Judge (ALJ) Administrative Law Judge means an official appointed by the Chief State Administrative Law Judge, and includes any other person appointed to preside over a hearing. Whenever the department is authorized or required by statute, regulation, due process (Fourteenth Amendment to the United States Constitution; subdivision (a) of Section 7 of Article I of the California Constitution), or a contract, to conduct an adjudicative hearing leading to a final decision of the director or the department, the hearing shall be conducted before an administrative law judge selected by the department and assigned to a hearing office that complies with the procedural requirements of Chapter 4.5 (commencing with Section 11400) of Part 1 of Division 3 of Title 2 of the Government Code. (Ref: HSC 100171(b)).

Administrative Penalty Per HSC 1280.1 and 1280.3, an administrative penalty is a civil monetary penalty in an amount up to \$125,000 per violation or deficiency constituting an immediate jeopardy to the health and safety of a patient.

Administrator-in-Training (AIT) Program A program that is approved by the NHAP in which qualified persons participate under the coordination, supervision, and teaching of a preceptor, as described in Section 1416.57, who has obtained approval from the NHAP. (Ref: HSC 1416.2.(6)).

Adult Day Health Care (ADHC) Per HSC 1570.7(a), an organized day program of therapeutic, social, and skilled nursing health activities and services provided pursuant to this chapter to elderly persons or adults with disabilities with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care. Provided on a short-term basis, adult day health care serves as a transition from a health facility or home health program to personal independence. Provided on a long-term basis, it serves as an alternative to institutionalization in a long-term health care facility when 24-hour skilled nursing care is not medically necessary or viewed as desirable by the recipient or his or her family.

Adverse Event (AE)

Per HSC 1279.1(b), an adverse event includes any of the following:

(1) Surgical events, including the following: (A) Surgery performed on a wrong body part that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery or a situation that is so urgent as to preclude obtaining informed consent. (B) Surgery performed on the wrong patient. (C) The wrong surgical procedure performed on a patient, which is a surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient. A reportable event under this subparagraph does not include a situation requiring prompt action that occurs in the course of surgery, or a situation that is so urgent as to preclude the obtaining of informed consent. (D) Retention of a foreign object in a patient after surgery or other procedure, excluding objects intentionally implanted as part of a planned intervention and objects present prior to surgery that are intentionally retained. (E) Death during or up to 24 hours after induction of anesthesia after surgery of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic processes for which the operation is to be performed are localized and do not entail a systemic disturbance.

(2) Product or device events, including the following: (A) Patient death or serious disability associated with the use of a contaminated drug, device, or biologic provided by the health facility when the contamination is the result of generally detectable contaminants in the drug, device, or biologic, regardless of the source of the contamination or the product. (B) Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended. For purposes of this subparagraph, "device" includes, but is not limited to, a catheter, drain, or other specialized tube, infusion pump, or ventilator. (C) Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a facility, excluding deaths associated with neurosurgical procedures known to present a high risk of intravascular air embolism.

(3) Patient protection events, including the following: (A) An infant discharged to the wrong person. (B) Patient death or serious disability associated with patient disappearance for more than four hours, excluding events involving adults who have competency or decision making capacity. (C) A patient suicide or attempted suicide resulting in serious disability while being cared for in a health facility due to patient actions after admission to the health facility, excluding deaths resulting from self-inflicted injuries that were the reason for admission to the health facility.

(4) Care management events, including the following: (A) A patient death or serious disability associated with a medication error, including, but not limited to, an error involving the wrong drug, the wrong dose, the wrong patient, the wrong time, the wrong rate, the wrong preparation, or the wrong route of administration, excluding reasonable differences in clinical judgment on drug selection and dose. (B) A patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products. (C) Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a facility, including events that occur within 42 days post-delivery and excluding deaths from pulmonary or amniotic fluid embolism, acute fatty liver of pregnancy, or cardiomyopathy. (D) Patient death or serious disability directly related to hypoglycemia, the onset of which occurs while the patient is being cared for in a health facility. (E) Death or serious disability, including kernicterus, associated with failure to identify and treat hyperbilirubinemia in neonates during the first 28 days of life. For purposes of this subparagraph, "hyperbilirubinemia" means bilirubin levels greater than 30 milligrams per deciliter. (F) A Stage 3 or 4 ulcer, acquired after admission to a health facility, excluding progression from Stage 2 to Stage 3 if Stage 2 was recognized upon admission. (G) A patient death or serious disability due to spinal manipulative therapy performed at the health facility.

(5) Environmental events, including the following: (A) A patient death or serious disability associated with an electric shock while being cared for in a health facility, excluding events involving planned treatments, such as electric countershock. (B) Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by a toxic substance. (C) A patient death or serious disability associated with a burn incurred from any source while being cared for in a health facility. (D) A patient death associated with a fall while being cared for in a health facility. (E) A patient death or serious disability associated with the use of restraints or bedrails while being cared for in a health facility.

(6) Criminal events, including the following: (A) Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider. (B) The abduction of a patient of any age. (C) The sexual assault on a patient within or on the grounds of a health facility. (D) The death or significant injury of a patient or staff member resulting from a physical assault that occurs within or on the grounds of a facility.

(7) An adverse event or series of adverse events that cause the death or serious disability of a patient, personnel, or visitor. (c) The

facility shall inform the patient or the party responsible for the patient of the adverse event by the time the report is made. (d) "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or the loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.

Alternative Birth Center (ABC) A clinic that is not part of a hospital and that provides comprehensive perinatal services and delivery care to pregnant women who remain less than 24 hours at the facility. (Ref: HSC 1204(b)(4)).

Ambulatory Surgical Center (ASC) Any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. (Ref: 42 CFR 416.2).

Appeals Legal hearing in which a licensee may attempt to refute any citation, including the penalty assessment(s), the determination by the Department regarding alleged failure to correct a violation or the reasonableness of the proposed deadline for correction.

Automated Survey Processing Environment (ASPEN) ASPEN Central Office (ACO) is a Windows®-based program that enables state agencies to implement information-based administration of the health care facilities under their supervision. ACO stores data about certified facilities regulated by CMS and the regulations pertinent to those facilities. ACO includes full survey operations support, which enables agencies to centralize survey event planning, and team assignment in addition to providing access to minimum data set resident and assessment information (historical and current) and regulatory and interpretive guidelines. ACO provides survey performance reporting and integration with Quality Measure/Indicator statistics, which facilitates inclusion of survey findings in the State Standard System.

Binding Arbitration(BA) The voluntary submission of a citation, for final and binding determination, to an impartial arbitrator designated by the American Arbitration Association in which the arbitrator shall determine whether the licensee violated the regulation or regulations cited by CDPH, and whether the citation meets the criteria established in HSC Sections 1423 and 1424. (Ref: HSC 1428(d)).

California Department of Public Health (CDPH) CDPH is the state department responsible for optimizing the health and well-being of the people in California. It was established by Chapter 428, Statutes of 2007 (Senate Bill 162) in July 2007 within the existing Health and Human Services Agency. The goals of the California Department of Public Health are to

improve access to quality public health outcomes and to reduce health care costs through prevention by providing services such as disease screenings, vaccinations, and patient safety initiatives.

Chemical Dependency Recovery Hospital (CDRH) A health facility that provides 24-hour inpatient care for persons who have a dependency on alcohol or other drugs, or both alcohol and other drugs. This care includes, but is not limited to, basic services such as patient counseling services, and dietetic services. Each facility shall have a medical director who is a physician and surgeon licensed to practice in this state. (Ref: HSC 1250.3(a)).

Chronic Dialysis Clinic (CDC) A clinic that provides less than 24-hour care for the treatment of patients with end-stage renal disease, including renal dialysis services. (Ref: HSC 1204(b)(2)).

Citation Civil sanctions against long-term health care facilities in violation of state and federal laws and regulations relating to patient care. (Ref: HSC 1423).

Citation Code Issued "AA" Per HSC 1424(c), class "AA" violations are violations that meet the criteria for a class "A" violation and that the state department determines to have been a direct proximate cause of death of a patient or resident of a long-term health care facility. Except as provided in Section 1424.5, a class "AA" citation is subject to a civil penalty in the amount of not less than five thousand dollars (\$5,000) and not exceeding twenty-five thousand dollars (\$25,000) for each citation. In any action to enforce a citation issued under this subdivision, the state department shall prove all of the following: (1) The violation was a direct proximate cause of death of a patient or resident. (2) The death resulted from an occurrence of a nature that the regulation was designed to prevent. (3) The patient or resident suffering the death was among the class of persons for whose protection the regulation was adopted.

Citation Code Issued "A" Per HSC 1424(d), class "A" violations are violations which the state department determines present either (1) imminent danger that death or serious harm to the patients or residents of the long-term health care facility would result therefrom, or (2) substantial probability that death or serious physical harm to patients or residents of the long-term health care facility would result therefrom. A physical condition or one or more practices, means, methods, or operations in use in a long-term health care facility may constitute a class "A" violation. The condition or practice constituting a class "A" violation shall be abated or eliminated immediately, unless a fixed period of time, as determined by the state department, is required for correction. Except as provided in Section 1424.5, a class "A" citation is subject to a civil penalty in an amount not less than one thousand dollars

(\$1,000) and not exceeding ten thousand dollars (\$10,000) for each and every citation.

Citation Code Issued "B"

Per HSC 1424(e), class "B" violations are violations that the state department determines have a direct or immediate relationship to the health, safety, or security of long-term health care facility patients or residents, other than class "AA" or "A" violations. Unless otherwise determined by the state department to be a class "A" violation pursuant to this chapter and rules and regulations adopted pursuant thereto, any violation of a patient's rights as set forth in Sections 72527 and 73523 of Title 22 of the California Code of Regulations (CCR), that is determined by the state department to cause or under circumstances likely to cause significant humiliation, indignity, anxiety, or other emotional trauma to a patient is a class "B" violation. Except as provided in paragraph (4) of subsection (a) of Section 1424.5, a class "B" citation is subject to a civil penalty in an amount not less than one hundred dollars (\$100) and not exceeding one thousand dollars (\$1,000) for each and every citation. A class "B" citation shall specify the time within which the violation is required to be corrected. If the state department establishes that a violation occurred, the licensee shall have the burden of proving that the licensee did what might reasonably be expected of a long-term health care facility licensee, acting under similar circumstances, to comply with the regulation. If the licensee sustains this burden, then the citation shall be dismissed.

Citation Review Conference (CRC) The final informal departmental review of "B" citations in which the CRC Hearing Officer presides and has the authority to: affirm, modify, or dismiss the citation or proposed assessment of the penalty. The Citation Review Conference was repealed in 2011. If a licensee exercises its right to a citation review conference prior to January 1, 2012, the citation review conference and all notices, reviews, and appeals thereof shall be conducted pursuant to this section as it read on December 31, 2011. (Ref: HSC 1428).

Community Clinic (COMTYC) A clinic operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds, or contributions, that may be in the form of money, goods, or services. In a community clinic, any charges to the patient shall be based on the patient's ability to pay, utilizing a sliding fee scale. No corporation other than a nonprofit corporation, exempt from federal income taxation under paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954 as amended, or a statutory successor thereof, shall operate a community clinic; provided, that the licensee of any community clinic so licensed on the effective date of this section shall not be required to obtain tax-exempt status under either federal or state law in order

to be eligible for, or as a condition of, renewal of its license. No natural person or persons shall operate a community clinic. (Ref: HSC 1204(a)(1)(A)).

Complaint

A report made to the state agency or regional office by anyone other than the administrator or authorized official for a provider or supplier that alleges noncompliance of federal and/or state laws and regulations. (Ref: HSC 1420).

Comprehensive Outpatient Rehabilitation Facility (CORF) A health facility that provides coordinated outpatient diagnostic, therapeutic, and restorative services, at a single fixed location, to outpatients for the rehabilitation of injured, disabled or sick individuals. Physical therapy, occupational therapy, and speech-language pathology services may be provided in an off-site location. (Ref: 42 CFR Sections 485.50-74).

Congregate Living Health Facility (CLHF) A residential home with a capacity, except as provided in paragraph (4), of no more than 12 beds, that provides inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, recreational, and at least one type of service specified in paragraph (2). The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities. (Ref: HSC 1250(i)(1)).

Correctional Treatment Center (CTC) A health facility operated by the California Department of Corrections and Rehabilitation, the Division of Juvenile Justice,, or a county, city, or city and county law enforcement agency that, as determined by the state department, provides inpatient health services to that portion of the inmate population who do not require a general acute care level of basic services. This definition shall not apply to those areas of a law enforcement facility that houses inmates or wards that may be receiving outpatient services and are housed separately for reasons of improved access to health care, security, and protection. The health services provided by a correctional treatment center shall include, but are not limited to, all of the following basic services: physician and surgeon, psychiatrist, psychologist, nursing, pharmacy, and dietary. A correctional treatment center may provide the following services: laboratory, radiology, perinatal, and any other services approved by the state department. (Ref: HSC 1250(j)(1)).

Deficiencies

Substantiated allegations for violations of federal and/or state laws or regulations receive deficiencies that cite the violations of noncompliance.

Distinct Part (DP)

A Distinct Part is an identifiable unit of a hospital or a freestanding facility, as defined in subdivision (c), accommodating beds, and related services, including, but not limited to, contiguous rooms, a wing, a floor, or a building that is approved by the department for a specific purpose. (Ref: Title 22 CCR Section 70027).

Electronic Licensing Management System (ELMS) ELMS is a web-based application that allows L&C district offices and headquarters personnel to capture potential health service providers' applications, issue licenses, generate license renewal notices, determine license fees, issue and track state enforcement actions, and generate management reports.

End Stage Renal Disease (ESRD) The federal specification for a Chronic Dialysis Clinic. These facilities treat patients with End Stage Renal Disease (ESRD) and its treatment types are varied and may include the following:

Renal Transplantation Center—A hospital unit that is approved to furnish, directly, transplantation and other medical and surgical specialty services required for the care of ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement. A renal transplantation center may also be a renal dialysis center.

Renal Dialysis Center—A renal dialysis center is a hospital unit that is approved to furnish the full spectrum of diagnostic, therapeutic, and rehabilitative services required for the care of ESRD dialysis patients (including inpatient dialysis furnished directly or under arrangement and outpatient dialysis). A hospital need not provide renal transplantation to qualify as a renal dialysis center.

Renal Dialysis Facility—A renal dialysis facility is a unit that is approved to furnish dialysis service(s) directly to ESRD patients.

Self-Dialysis Unit—A self-dialysis unit is a unit that is part of an approved renal transplantation center, renal dialysis center, or renal dialysis facility, and which furnishes self-dialysis services.

(Ref:<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/DialysisProviders.html>).

Entity Reported Incident (ERI) Federal: An official notification to L&C from a self-reporting facility or healthcare provider (i.e., the administrator or authorized official for the provider).

State: A facility self-reported incident is any report made to CDPH by a representative of a health care facility authorized to speak on behalf of the facility. Facilities are required to report unusual occurrences. Unusual occurrences may include epidemics, outbreaks, disasters, fires, disruption of services, major accidents, or unusual occurrences

that threaten the health and safety of patients, residents, clients, staff, or visitors.

Failure to Report Medical Information Breaches Per HSC Section 1280.15, clinics, health facilities, home health agencies, or hospices are required to report any unlawful or unauthorized access to, use or disclosure of a patient's medical information to the department and the affected patient or the patient's representative, no later than five business days after the access to, use, or disclosure has been detected. If the licensee fails to report the breach, the department may assess a penalty in the amount of \$100/day for each day not reported after the initial five day period.

Federally Qualified Health Center (FQHC) FQHC is a federal designation for certified Primary Care Clinics. They are entities that serve a population that is medically underserved, or a population comprised of migratory and seasonal agriculture workers, the homeless, and/or residents of public housing, by providing care, either through the staff and supporting resources of the center or through contracts or cooperative arrangements. FQHCs provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. FQHCs receive grants under section 254b of the Public Health Service Act. (Ref: Section 330 of the Public Health Service Act. (Ref: Title 42 USCS § 254b)).

Free Clinic (FREEC)

A clinic operated by a tax-exempt, nonprofit corporation supported in whole or in part by voluntary donations, bequests, gifts, grants, government funds, or contributions, that may be in the form of money, goods, or services. In a free clinic there shall be no charges directly to the patient for services rendered or for drugs, medicines, appliances, or apparatuses furnished. No corporation other than a nonprofit corporation exempt from federal income taxation under paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954 as amended, or a statutory successor thereof, shall operate a free clinic; provided, that the licensee of any free clinic so licensed on the effective date of this section shall not be required to obtain tax-exempt status under either federal or state law in order to be eligible for, or as a condition of, renewal of its license. No natural person or persons shall operate a free clinic. (Ref: HSC 1204(a)(1)(B)).

General Acute Care Hospital (GACH) A health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia,

laboratory, radiology, pharmacy, and dietary services. (Ref: HSC 1250(a)).

Health & Safety Code (HSC) The California Health and Safety Code is the code covering the subject areas of health and safety.

Health Facility Consumer Information System (HFCIS) HFCIS is a web-based application that provides profile information for each facility, such as ownership, certification status, (acceptance of Medicare and/or Medi-Cal), and performance history including complaints, facility self-reported incidents, state enforcement actions, and deficiencies identified by L&C staff. It also provides an option to submit a complaint regarding a specific facility; complaints are forwarded to the appropriate L&C District Office for investigation.

Home Health Agency (HHA) A private or public organization, including, but not limited to: any partnership, corporation, political subdivision of the state, or other government agency within the state, which provides, or arranges for the provision of, skilled nursing services, to persons in their temporary or permanent place of residence. (Ref: HSC 1727(a)).

Hospice (HOSP) A specialized form of interdisciplinary health care that is designed to provide palliative care, alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and provide supportive care to the primary caregiver and the family of the hospice patient, and that meets all of the following criteria:

(1) Considers the patient and the patient's family, in addition to the patient, as the unit of care.

(2) Utilizes an interdisciplinary team to assess the physical, medical, psychological, social, and spiritual needs of the patient and the patient's family.

(3) Requires the interdisciplinary team to develop an overall plan of care and to provide coordinated care that emphasizes supportive services, including, but not limited to: home care, pain control, and limited inpatient services. Limited inpatient services are intended to ensure both continuity of care and appropriateness of services for those patients who cannot be managed at home because of acute complications or the temporary absence of a capable primary caregiver.

(4) Provides for the palliative medical treatment of pain and other symptoms associated with a terminal disease, but does not provide for efforts to cure the disease.

(5) Provides for bereavement services following death to assist the family in coping with social and emotional needs associated with the death of the patient.

(6) Actively utilizes volunteers in the delivery of hospice services.

(7) To the extent appropriate, based on the medical needs of the patient, provides services in the patient's home or primary place of residence. (Ref: HSC 1746(d)).

Hospice Facility (HOFA)

A health facility licensed pursuant to this chapter with a capacity of no more than 24 beds that provides hospice services. Hospice services include, but are not limited to, routine care, continuous care, inpatient respite care, and inpatient hospice care as defined in subdivision (d) of Section 1339.40, and is operated by a provider of hospice services that is licensed pursuant to Section 1751 and certified as a hospice pursuant to Part 418 of Title 42 of the Code of Federal Regulations. (Ref: HSC 1250(n)).

Immediate Jeopardy

Federal: A situation where the noncompliance with federal laws and regulations has caused or is likely to cause serious injury, harm, impairment, or death to residents, patients or clients.

State: Per HSC 1280.3(g), a situation in which the licensee's noncompliance with one or more requirements of licensure has caused, or is likely to cause, serious injury or death to the patient.

Intermediate Care Facility (ICF) A health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care. (Ref: HSC 1250(d)).

Intermediate Care Facility/Developmentally Disabled (ICFDD) A facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services. (Ref: HSC 1250(g)).

Intermediate Care Facility/Developmentally Disabled - Habilitative (ICFDDH) A health facility that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous skilled nursing care. (Ref: HSC 1250(e)).

Intermediate Care Facility/Developmentally Disabled - Nursing (ICFDDN) A facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as

not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated. (Ref: HSC 1250(h)).

Long Term Care (LTC)

(a) "Long-Term health care facility" means any facility licensed pursuant to HSC Chapter 2 (commencing with Section 1250) that is any of the following:

(1) Skilled nursing facility.

(2) Intermediate care facility.

(3) Intermediate care facility/developmentally disabled.

(4) Intermediate care facility /developmentally disabled habilitative.

(5) Intermediate care facility/developmentally disabled nursing.

(6) Congregate living health facility.

(7) Nursing facility.

(8) Intermediate care facility/developmentally disabled-continuous nursing.

(b) "Long-term health care facility" also includes a pediatric day health and respite care facility licensed pursuant to Chapter 8.6 (commencing with Section 1760).

(c) "Long-term health care facility" does not include a general acute care hospital or an acute psychiatric hospital, except for that distinct part of the hospital that provides skilled nursing facility, intermediate care facility, intermediate care facility/developmentally disabled, or pediatric day health and respite care facility services.

(d) "Licensee" means the holder of a license issued under Chapter 2 (commencing with Section 1250) or Chapter 8.6 (commencing with Section 1760) for a long-term health care facility. (Ref: HSC 1418(a), (b), (c), and (d)).

Medical Breach

The unlawful or unauthorized access to, and use or disclosure of, a patients' medical information. (Ref: HSC 1280.15(a)).

Non-Long Term Care (NLTC)

A health care facility required to be licensed pursuant to state law that is not a Long Term Care Facility (above), which includes a general acute care hospital or an acute psychiatric hospital, except for that distinct part of the hospital that provide skilled nursing facility, intermediate care facility, or pediatric day health and respite care facility services.

Nursing Home Administrator (NHA) An individual educated and trained within the field of nursing home administration who carries out the policies of the licensee of a nursing home and is licensed in accordance with this chapter. The nursing home administrator is charged with the general administration of a nursing home, regardless of whether he or she has an ownership interest, and whether the administrator's function or duties are shared with one or more other individuals. (Ref: HSC 1416.2(a)(5)).

Nursing Hours Per Patient Day Per HSC 1276.5, the number of actual nursing hours performed per patient day by nursing staff in skilled nursing facilities and intermediate care facilities.

On the Natural This term refers to calculating facility fees based solely on allocating the L&C Program Special Fund (3098) appropriation against each facility type's workload percentage without applying a non-regulated credit and dividing the dollar amount for each facility type by the associated number of facilities or beds within each facility type.

- Determine the adjusted Special Fund (3098) appropriation, comprised of baseline adjustments and mandated credits.
- Project the state workload percentage for each facility type based on mandated workload.
- Apply the individual workload percentage against the BY adjusted appropriation to determine the total amount of revenue to be generated by each facility type.
- For each facility type, divide the total amount to be generated as revenue against the total number of facilities or beds to determine the fee on the natural.

Outpatient/Speech Pathologist (OPT/SP) Outpatient physical therapy services under Medicare include services of a physical therapist in independent practice if the services are furnished in the therapist's office or in the Medicare beneficiary's residence. Reimbursement can be made only for treatment on order of a physician, and the services must be furnished under a physician's plan of care. (Ref: <http://www.cms.gov/>).

Outpatient Therapist Independent Practice (OTIP) Outpatient physical therapy services under Medicare include services of a physical therapist in independent practice if the services are furnished in the therapist's office or in the Medicare beneficiary's residence. Reimbursement can be made only for treatment on order of a physician, and the services must be furnished under a physician's plan of care. (Ref: <http://www.cms.gov/>).

Pediatric Day Health & Respite Care Facility (PDHRCF) A facility that provides an organized program of therapeutic social and day health activities and services and limited 24-hour inpatient respite care to medically fragile children 21 years of age or younger, including terminally ill and technology dependent children. (Ref: HSC 1760.2(a)).

Physical Therapist Independent Practice (PTIP) A physical therapist in independent practice who provides services in the therapist's office or in the Medicare beneficiary's residence. Reimbursement can be made only for treatment on the order of a physician, and the services must be furnished under a physician's plan of care. (Ref: <http://www.cms.gov/>).

Psychology Clinic (PSYCHC) A clinic that provides psychological advice, services, or treatment to patients, under the direction of a clinical psychologist as defined in HSC Section 1316.5, and is operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds, or contributions, which may be in the form of money, goods, or services. In a psychology clinic, any charges to the patient shall be based on the patient's ability to pay, utilizing a sliding fee scale. No corporation other than a nonprofit corporation, exempt from federal taxation under paragraph (3), subsection (c) of Section 501 of the Internal Revenue Code of 1954, as amended, or a statutory successor thereof, shall operate a psychology clinic. (Ref: HSC 1204.1).

Referral Agency (REFLAG) A private, profit or non-profit agency, which is engaged in the business of referring persons for remuneration to any extended care, skilled nursing home, or immediate care facility or distinct part of a facility providing extended care, skilled nursing home care, or immediate care, for a fee. The following additional basic services are: patient screening, facility information, counseling procedures, and referral services. (Ref: HSC 1401).

Rehabilitation Clinic (REHABC) A clinic that, in addition to providing medical services directly, also provides physical rehabilitation services for patients who remain less than 24 hours. Rehabilitation clinics shall provide at least two of the following rehabilitation services: physical therapy, occupational therapy, social, speech pathology, and audiology services. A rehabilitation clinic does not include the offices of a private physician in individual or group practice. (Ref: HSC 1204(b)(3)).

Retaliation/Discrimination (RD) Retaliation is disparate treatment of a patient in response to the patient exercising his or her rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States, and to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.

Discrimination is disparate treatment of an individual based on their actual or perceived membership in a certain group or category. Patients have the right to be free from discrimination based on sex, race, color, religion, ancestry, national origin, sexual orientation,

disability, medical condition, marital status, or registered domestic partner status.

Rural Health Clinic (RHC) An outpatient facility that is primarily engaged in furnishing physicians and other medical and health services, and that meets other requirements designated to ensure the health and safety of individuals served by the clinic. The clinic must be located in a medically under-served area that is not urbanized as defined by the U.S. Bureau of Census. (Ref: <http://www.cms.gov/>).

Skilled Nursing Facility (SNF) A health facility that provides skilled nursing care and supportive care to patients whose primary need is the availability of skilled nursing care on an extended basis. (Ref: HSC 1250(c)).

Special Hospital (SPHOSP) A health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical or dental staff that provides inpatient or outpatient care in dentistry or maternity. (Ref: HSC 1250(f)).

State Fiscal Year (SFY) A 12-month state accounting period that varies from calendar year and federal fiscal year. In California State government, the fiscal year runs from July 1 through the following June 30. (Ref: <http://www.dof.ca.gov/>).

Surgical Clinic (SURGC) A clinic that is not part of a hospital and that provides ambulatory surgical care for patients who remain less than 24 hours. A surgical clinic does not include any place or establishment owned or leased and operated as a clinic or office by one or more physicians or dentists in individual or group practice, regardless of the name used publicly to identify the place or establishment, provided, however, that physicians or dentists may, at their option, apply for licensure. (Ref: HSC 1204(b)(1)).

Transplant Hospital (TRANS) A hospital that furnishes organ transplants and other medical and surgical specialty services required for the care of transplant patients. (Ref: HSC 7150.10(a)(32)).

Unlicensed Facility A facility is referred to as "Unlicensed" if it is operating as a health care facility without a license required by various provisions of the Health and Safety Code.

Willful Material Falsification (WMF) Any entry in the patient health care record pertaining to the administration of medication, or treatments ordered for the patient, or pertaining to services for the prevention or treatment of decubitus ulcers or contractures, or pertaining to tests and measurements of vital signs, or notations of input and output of fluids, that was made with the knowledge that the records falsely reflect the condition of the resident or the care or services provided. (Ref: HSC 1424(f)(2)).

Willful Material Omission (WMO) The willful failure to record any untoward event that has affected the health, safety, or security of the specific patient, and that was omitted with the knowledge that the records falsely reflect the condition of the resident or the care or services provided. (Ref: HSC 1424(f)(3)).

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTHCARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES FY 2014-15

ATTACHMENT A

FACILITY TYPES	ACTIVITIES	LICENSED FACILITY COUNT	SURVEY FREQUENCY RATE	LICENSING SURVEY AUTHORITY	STANDARD AVERAGE HOURS	WORKLOAD SURVEY	WORKLOAD HOURS	STATE MATCH %	STATE WORKLOAD HOURS	PERCENTAGES BY ACTIVITIES	PERCENTAGES BY FACILITY TYPE
ALTERNATIVE BIRTHING CENTERS	RE-LICENSURE	7	33%	HSC 1278. Once every 3 yrs.	24.56	2.33	77.12	100%	77.12	0.01%	0.02%
	COMPLAINT INVESTIGATION				11.01	1.00	14.82	100%	14.82	0.01%	
	Subtotal					3.33	91.94		91.94	0.02%	
ADULT DAY HEALTH CENTER	RE-LICENSURE	270	50%	HSC 1580.5 Once every 2 yrs	50.29	135.00	9,136.25	100%	9,136.25	1.67%	1.78%
	COMPLAINT / ERI INVESTIGATION				34.73	25.00	514.10	100%	514.10	0.09%	
	FIELD VISIT				15.97	4.00	85.96	100%	85.96	0.02%	
	Subtotal					164.00	9,736.31		9,736.31	1.78%	
ACUTE PSYCHIATRIC HOSPITAL	RE-LICENSURE	36	33%	HSC 1279 (c) Once every 3 yrs.	229.28	12.00	3,701.51	100%	3,701.51	0.68%	1.73%
	FIELD VISIT				10.34	1.00	13.91	100%	13.91	0.00%	
	COMPLAINT (or ERI)				7.42	475.00	4,742.97	100%	4,742.97	0.87%	
	COMPLAINT - DEEMED				7.42	9.00	89.87	25%	22.47	0.00%	
	RE-CERTIFICATION				177.50	13.00	3,105.23	25%	776.31	0.14%	
	RE-CERTIFICATION FOLLOW UP / REVISITS				75.86	4.00	408.34	25%	102.09	0.02%	
	LIFE SAFETY CODE				19.57	13.00	342.36	25%	85.59	0.02%	
	Subtotal					527.00	12,404.19		9,444.85	1.73%	
CHRONIC DIALYSIS CLINIC	RE-LICENSURE	5	33%	HSC 1228 (c) Once every 3 yrs.	16.66	2.00	44.84	100%	44.84	0.01%	2.17%
	INITIAL LICENSURE				19.57	14.00	368.70	100%	368.70	0.07%	
	COMPLAINT / ERI INVESTIGATION				9.79	48.00	632.38	100%	632.38	0.12%	
	FIELD VISIT				9.61	6.00	77.59	100%	77.59	0.01%	
	RE-CERTIFICATION				114.16	215.00	33,029.74	25%	8,257.44	1.51%	
	INITIAL CERTIFICATION (New Providers)				29.20	18.00	707.31	25%	176.83	0.03%	
	INITIAL CERTIFICATION - FOLLOW UP				11.34	9.00	137.34	25%	34.34	0.01%	
	RE-CERTIFICATION FOLLOW-UP/REVISITS				39.78	73.00	3,907.87	25%	976.97	0.18%	
	LIFE SAFETY CODE				6.86	215.00	1,984.79	25%	496.20	0.09%	
	LIFE SAFETY CODE SURVEY COMPLAINTS				6.86	9.00	83.08	25%	20.77	0.00%	
	COMPLAINT INVESTIGATION				17.03	130.00	2,979.28	25%	744.82	0.14%	
	Subtotal					739.00	43,952.92		11,830.88	2.17%	
	CHEMICAL DEPENDENCY RECOVERY HOSPITAL	RE-LICENSURE	6	50%	HSC 1279 (b) Once every 2 yrs	103.00	3.00	415.83	100%	415.83	
COMPLAINT / ERI INVESTIGATION					5.56	9.00	67.34	100%	67.34	0.01%	
Subtotal						12.00	483.17		483.17	0.09%	
CONGREGATE LIVING HEALTH FACILITY	RE-LICENSURE	65	50%	HSC 1279(b) Once every 2 yrs	44.50	33.00	1,976.18	100%	1,976.18	0.37%	0.53%
	INITIAL LICENSURE				22.51	6.00	181.75	100%	181.75	0.03%	
	COMPLAINT / ERI INVESTIGATION				17.50	30.00	706.50	100%	706.50	0.13%	
	FIELD VISIT				14.34	1.00	19.30	100%	19.30	0.00%	
Subtotal					70.00	2,883.73		2,883.73	0.53%		

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
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STATE WORKLOAD PERCENTAGES FY 2014-15

ATTACHMENT A

FACILITY TYPES	ACTIVITIES	LICENSED FACILITY COUNT	SURVEY FREQUENCY RATE	LICENSING SURVEY AUTHORITY	STANDARD AVERAGE HOURS	WORKLOAD SURVEY	WORKLOAD HOURS	STATE MATCH %	STATE WORKLOAD HOURS	PERCENTAGES BY ACTIVITIES	PERCENTAGES BY FACILITY TYPE	
COMMUNITY CLINIC/FREE CLINIC	RE-LICENSURE	953	33%	HSC 1228 (a) Once every 3 yrs, except Rural Health Clinics and Accredited Clinics	7.35	314.00	3,105.77	100%	3,105.77	0.57%	1.30%	
	INITIAL LICENSURE				30.70	13.00	537.07	100%	537.07	0.10%		
	COMPLAINT / ERI INVESTIGATION				9.04	184.00	2,238.41	100%	2,238.41	0.41%		
	FIELD VISIT				14.16	7.00	133.39	100%	133.39	0.02%		
	RE-CERTIFICATION (RHC)				48.11	62.00	4,014.02	25%	1,003.51	0.19%		
	INITIAL SURVEY (New Providers)				16.88	12.00	272.59	25%	68.15	0.01%		
	INITIAL FOLLOW UP				7.07	6.00	57.09	25%	14.27	0.00%		
	COMPLAINT INVESTIGATION - NLTC					8.26	4.00	44.46	25%	11.12	0.00%	
	Subtotal					602.00	10,402.80		7,111.69	1.30%		
CORRECTIONAL TREATMENT CENTERS	RE-LICENSURE	18	50%	HSC 1279(b) Once every 2 yrs	156.81	9.00	1,899.19	100%	1,899.19	0.35%	0.72%	
	INITIAL LICENSURE				197.21	2.00	530.78	100%	530.78	0.10%		
	COMPLAINT INVESTIGATION				9.07	120.00	1,464.68	100%	1,464.68	0.27%		
	FIELD VISIT				9.31	2.00	25.06	100%	25.06	0.00%		
		Subtotal					133.00	3,919.71		3,919.71	0.72%	
GENERAL ACUTE CARE HOSPITAL	RE-LICENSURE	434	33%	HSC 1279 (c) Once every 3 yrs	20.43	137.00	3,766.53	100%	3,766.53	0.69%	24.36%	
	PATIENT SAFETY LICENSING				66.79	31.00	2,786.29	100%	2,786.29	0.51%		
	INITIAL LICENSURE				62.34	14.00	1,174.49	100%	1,174.49	0.22%		
	COMPLAINT				9.09	6,344.00	95,362.47	100%	95,362.47	17.48%		
	REVIEW MEDICAL ERROR PLAN MERP				73.22	115.00	11,331.31	100%	11,331.31	2.08%		
	FIELD VISIT				31.55	202.00	8,576.37	100%	8,576.37	1.57%		
	CAL				46.22	6.00	373.19	100%	373.19	0.07%		
	RECERTIFICATION				329.17	26.00	11,159.65	25%	2,789.91	0.51%		
	INITIAL CERTIFICATION FOLLOW UP (NON-ACCREDITED)				220.56	2.00	593.62	25%	148.41	0.03%		
	COMPLAINT SURVEY (NON-ACCREDITED)				9.09	600.00	7,339.52	25%	1,834.88	0.34%		
	INITIAL SURVEY (New Providers - ORGAN TRANSPLANT)				220.56	1.00	296.81	25%	74.20	0.01%		
	COMPLAINT SURVEY (ACCREDITED)				9.09	550.00	6,727.90	25%	1,681.97	0.31%		
	COMPLAINT SURVEYS EMTALA (ACCREDITED)				76.50	17.00	1,750.10	25%	437.53	0.08%		
	COMPLAINT INVESTIGATION NLTC EMTALA (NONACCREDITED)				76.50	3.00	308.84	25%	77.21	0.01%		
	LIFE SAFETY CODE (ACCREDITED)				73.61	34.00	3,367.97	25%	841.99	0.15%		
	LIFE SAFETY CODE (NON-ACCREDITED)				73.61	27.00	2,674.57	25%	668.64	0.12%		
	LIFE SAFETY CODE - FOLLOW UP (ACCREDITED)				13.89	1.00	18.69	25%	4.67	0.00%		
	LIFE SAFETY CODE - FOLLOW UP (NON-ACCREDITED)				13.89	4.00	74.77	25%	18.69	0.00%		
	FOLLOW UP /REVISITS NON-ACCREDITED (COMPLIANCE VERIFICATION)					171.13	17.00	3,914.96	25%	978.74	0.18%	
		Subtotal			-		8,131.00	161,598.05		132,927.49	24.36%	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTHCARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES FY 2014-15

ATTACHMENT A

FACILITY TYPES	ACTIVITIES	LICENSED FACILITY COUNT	SURVEY FREQUENCY RATE	LICENSING SURVEY AUTHORITY	STANDARD AVERAGE HOURS	WORKLOAD SURVEY	WORKLOAD HOURS	STATE MATCH %	STATE WORKLOAD HOURS	PERCENTAGES BY ACTIVITIES	PERCENTAGES BY FACILITY TYPE
HOME HEALTH AGENCIES	RE-LICENSURE	285	100%	HSC 1733 No less than once a year except certified under Title 18 & 19	10.08	285.00	3,865.97	100%	3,865.97	0.71%	5.11%
	RE-LICENSURE FOLLOW UP				3.03	1.00	4.08	100%	4.08	0.00%	
	INITIAL LICENSURE				15.17	84.00	1,714.82	100%	1,714.82	0.31%	
	INITIAL LICENSURE FOLLOW UP				13.25	1.00	17.83	100%	17.83	0.00%	
	COMPLAINT / ERI INVESTIGATION				10.95	176.00	2,593.46	100%	2,593.46	0.48%	
	FIELD VISIT				6.67	8.00	71.81	100%	71.81	0.01%	
	RECERTIFICATION (SURVEY)				115.05	277.33	42,937.45	25%	10,734.48	1.97%	
	Add'l Target Sample & 24.9 mo Avg				115.05	150.00	23,223.66	25%	5,805.91	1.06%	
	COMPLAINT INVESTIGATION - NON-DEEMED				10.95	156.00	2,298.75	25%	574.69	0.11%	
	INITIAL SURVEY (New Providers)				50.54	3.00	204.04	25%	51.01	0.01%	
	INITIAL CERTIFICATION - FOLLOW UP				43.68	1.00	58.78	25%	14.70	0.00%	
	RECERTIFICATION FOLLOW UP / REVISITS				51.79	141.00	9,826.93	25%	2,456.73	0.45%	
	Subtotal						1,283.33	86,817.58		27,905.49	
HOSPICES	RE-LICENSURE	535		HSC 1752 Field OPS estimate	37.64	-	-	100%	-	0.00%	1.31%
	INITIAL LICENSURE				11.77	90.00	1,425.51	100%	1,425.51	0.26%	
	INITIAL LICENSURE FOLLOW UP				12.01	1.00	16.16	100%	16.16	0.00%	
	COMPLAINT / ERI INVESTIGATION				13.77	100.00	1,853.05	100%	1,853.05	0.34%	
	FIELD VISIT				7.78	3.00	31.41	100%	31.41	0.01%	
	RE-CERTIFICATION				105.57	56.00	7,955.75	25%	1,988.94	0.36%	
	RE-CERTIFICATION FOLLOW-UP/REVISITS				51.69	28.00	1,947.68	25%	486.92	0.10%	
	INITIAL SURVEY (New Providers)				48.00	20.00	1,291.89	25%	322.97	0.06%	
	INITIAL SURVEY - FOLLOW UP				48.00	10.00	645.94	25%	161.49	0.03%	
	COMPLAINT INVESTIGATION - NLTC				13.77	96.00	1,778.93	25%	444.73	0.08%	
	LIFE SAFETY CODE				14.12	55.00	1,045.08	25%	261.27	0.05%	
	LIFE SAFETY CODE- FOLLOW UP				14.12	28.00	532.04	25%	133.01	0.02%	
	Subtotal						487.00	18,523.44		7,125.46	
INTERMEDIATE CARE FACILITY	RELICENSURE	5	50%	HSC 1279(b) and 1422 Once every 2 years	290.90	3.00	1,174.40	100%	1,174.40	0.22%	1.09%
	COMPLAINT / ERI INVESTIGATION				8.41	420.00	4,753.33	100%	4,753.33	0.87%	
	FIELD VISIT				6.78	2.00	18.25	100%	18.25	0.00%	
	Subtotal						425.00	5,945.98		5,945.98	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTHCARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES FY 2014-15

ATTACHMENT A

FACILITY TYPES	ACTIVITIES	LICENSED FACILITY COUNT	SURVEY FREQUENCY RATE	LICENSING SURVEY AUTHORITY	STANDARD AVERAGE HOURS	WORKLOAD SURVEY	WORKLOAD HOURS	STATE MATCH %	STATE WORKLOAD HOURS	PERCENTAGES BY ACTIVITIES	PERCENTAGES BY FACILITY TYPE
ICF - DD/ DDH/ DDN	RELICENSURE (SURVEY)	1,182	50%	HSC 1279(b) and 1422 Once every 2 years	46.38	591.00	36,886.80	100%	36,886.80	6.76%	13.99%
	INITIAL LICENSURE				24.49	8.00	263.65	100%	263.65	0.05%	
	COMPLAINT / ERI INVESTIGATION				6.84	1,592.00	14,653.86	100%	14,653.86	2.70%	
	FIELD VISIT				8.16	17.00	186.68	100%	186.68	0.03%	
	RECERTIFICATION				45.88	1,142.00	70,508.63	25%	17,627.16	3.23%	
	INITIAL CERTIFICATION - FOLLOW UP				23.20	5.00	156.10	25%	39.03	0.01%	
	RECERTIFICATION FOLLOW UP / REVISI TS				15.81	46.00	978.68	25%	244.67	0.04%	
	COMPLAINT INVESTIGATION - LTC				7.99	1,040.00	11,182.34	25%	2,795.59	0.51%	
	LIFE SAFETY CODE - FOLLOW UP				3.04	1,142.00	4,671.89	25%	1,167.97	0.21%	
	LIFE SAFETY CODE				6.49	1,142.00	9,973.87	25%	2,493.47	0.46%	
	Subtotal					6,725.00	149,462.50		76,358.88	14.00%	
PEDIATRIC DAY HEALTH RESPITE CARE	RELICENSURE	16		N/A - Field OPS estimate only	39.86	8.00	429.12	100%	429.12	0.08%	0.09%
	INITIAL LICENSURE				31.71	1.00	42.67	100%	42.67	0.01%	
	COMPLAINT / ERI INVESTIGATION				18.26	1.00	24.57	100%	24.57	0.00%	
	Subtotal					10.00	496.36		496.36	0.09%	
PSYCHOLOGY CLINIC	RELICENSURE	22	33%		48.82	7.00	459.88	100%	459.88	0.09%	0.09%
	INITIAL LICENSURE				7.00	1.00	9.42	100%	9.42	0.00%	
	Subtotal					8.00	469.30		469.30	0.09%	
REFERRAL AGENCIES	RELICENSURE	4		N/A - Field OPS estimate only	50.00	-	-	100%	-	0.00%	0.00%
	Subtotal					-	-		-	0.00%	
REHAB CLINIC	RELICENSURE	14	33%	HSC 1228 (c) Once every 3 years	32.00	5.00	215.31	100%	215.31	0.04%	0.21%
	COMPLAINT / ERI INVESTIGATION				4.22	1.00	5.68	100%	5.68	0.00%	
	RECERTIFICATION (OPT)				61.08	29.00	2,383.69	25%	595.92	0.11%	
	RECERTIFICATION (CORF)				48.21	4.00	259.51	25%	64.88	0.01%	
	COMPLAINT INVESTIGATION				1.50	1.00	2.02	25%	0.50	0.00%	
	RECERTIFICATION FOLLOW UP / REVISI TS (OPT)				33.16	20.00	892.48	25%	223.12	0.04%	
	INITIAL CERTIFICATION (OPT)				61.08	2.00	164.39	25%	41.10	0.01%	
	INITIAL CERTIFICATION FOLLOW UP (OPT)				33.16	1.00	44.62	25%	11.16	0.00%	
	Subtotal					63.00	3,967.70		1,157.67	0.21%	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTHCARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
STATE WORKLOAD PERCENTAGES FY 2014-15

ATTACHMENT A

FACILITY TYPES	ACTIVITIES	LICENSED FACILITY COUNT	SURVEY FREQUENCY RATE	LICENSING SURVEY AUTHORITY	STANDARD AVERAGE HOURS	WORKLOAD SURVEY	WORKLOAD HOURS	STATE MATCH %	STATE WORKLOAD HOURS	PERCENTAGES BY ACTIVITIES	PERCENTAGES BY FACILITY TYPE	
SKILLED NURSING FACILITY	RE-LICENSURE	1,270	50%	HSC 1279(b) and 1422 Once every 1 or 2 years	56.39	635.00	48,186.85	100%	48,186.85	8.83%	43.84%	
	RE-LICENSURE FOLLOW UP				3.31	1.00	4.45	100%	4.45	0.00%		
	INITIAL LICENSURE				63.45	5.00	426.93	100%	426.93	0.08%		
	COMPLAINT / ERI INVESTIGATION				11.39	8,850.00	135,649.98	100%	135,649.98	24.86%		
	FIELD VISIT				26.21	49.00	1,728.29	100%	1,728.29	0.32%		
	RECERTIFICATION (Title 19)				182.20	58.00	14,220.97	25%	3,555.24	0.65%		
	RECERTIFICATION FOLLOW UP (Title 19)				45.24	6.00	365.28	25%	91.32	0.02%		
	LIFE SAFETY CODE (Title 19)				16.43	58.00	1,282.38	25%	320.60	0.06%		
	LIFE SAFETY CODE - FOLLOW UP (Title 19)				7.30	2.00	19.65	25%	4.91	0.00%		
	COMPLAINT INVESTIGATION - LTC (Title 19)				11.39	118.70	1,819.40	25%	454.85	0.08%		
	INFORMAL DISPUTE RESOLUTION (Title 19)				4.00	19.00	102.27	25%	25.57	0.00%		
	FEDERAL HEARING (Title 19)				500.00	4.00	2,691.43	25%	672.86	0.12%		
	PRE-REFERRAL HEARING (Title 19)				2.00	4.00	10.77	25%	2.69	0.00%		
	MONITORING VISITS (Title 19)				5.00	4.00	26.91	25%	6.73	0.00%		
	RECERTIFICATION (Title 18 & 19)				182.20	939.00	230,232.54	12.50%	28,779.07	5.27%		
	RECERTIFICATION FOLLOW UP (Title 18 & 19)				45.24	122.00	7,427.37	12.50%	928.42	0.17%		
	INITIAL CERTIFICATION - FOLLOW UP (Title 18 & 19)				16.44	12.00	265.48	12.50%	33.19	0.01%		
	LIFE SAFETY CODE (Title 18 & 19)				16.43	939.00	20,761.36	12.50%	2,595.17	0.48%		
	LIFE SAFETY CODE - FOLLOW UP (Title 18 & 19)				7.30	33.00	324.18	12.50%	40.52	0.01%		
	COMPLAINT INVESTIGATION - LTC (Title 18 & 19)				11.39	4,095.80	62,779.09	12.50%	7,847.39	1.44%		
	INFORMAL DISPUTE RESOLUTION (Title 18 & 19)				4.00	365.00	1,964.74	12.50%	245.59	0.05%		
	FEDERAL HEARING (Title 18 & 19)				500.00	77.00	51,509.99	12.50%	6,476.25	1.20%		
	PRE-REFERRAL HEARING (Title 18 & 19)				2.00	77.00	207.24	12.50%	25.90	0.00%		
	MONITORING VISITS (Title 18 & 19)				5.00	77.00	518.10	12.50%	64.76	0.01%		
	OTHER MISC ACTIVITIES (APPEALS, HEARING, ETC) (Title 18 & 19)				2.50	365.00	1,227.96	12.50%	153.50	0.03%		
	RECERTIFICATION (SPECIAL FOCUS FACILITY)				182.20	24.00	5,884.54	12.50%	735.57	0.13%		
	LIFE SAFETY CODE (SPECIAL FOCUS FACILITY)				16.43	24.00	530.64	12.50%	66.33	0.01%		
	FOLLOW UP / REVISITS (SPECIAL FOCUS FACILITY)				63.66	5.00	428.34	12.50%	53.54	0.01%		
	COMPLAINT INVESTIGATIONS (SPECIAL FOCUS FACILITY)				11.39	3.72	57.05	12.50%	7.13	0.00%		
	Subtotal						16,972.22	590,654.18		239,183.60	43.84%	
	SURGICAL CLINIC	RE-LICENSURE (SURVEY)	4	33%	HSC 1228 (c) Once every 3 years except Ambulatory Surgery Clinics	3.93	1.33	5.29	100%	5.29	0.00%	1.57%
COMPLAINT / ERI INVESTIGATION					8.29	9.00	100.40	100%	100.40	0.02%		
RECERTIFICATION					94.71	198.00	25,235.61	25%	6,308.90	1.16%		
INITIAL SURVEY (New Providers)					72.41	3.00	292.33	25%	73.08	0.01%		
INITIAL SURVEY - FOLLOW UP					16.42	2.00	44.19	25%	11.05	0.00%		
RECERTIFICATION FOLLOW UP					26.27	117.00	4,136.17	25%	1,034.04	0.19%		
COMPLAINT INVESTIGATION					20.10	16.00	432.78	25%	108.20	0.02%		
LIFE SAFETY CODE					12.54	198.00	3,341.30	25%	835.32	0.15%		
LIFE SAFETY CODE - FOLLOW UP					5.28	49.00	348.16	25%	87.04	0.02%		
Subtotal							593.33	33,936.23		8,563.32	1.57%	
GRAND TOTAL						36,954.21	1,135,823.68		545,635.83	100%		

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTH CARE QUALITY - LICENSING AND CERTIFICATION PROGRAM
ANNUAL HEALTH FACILITY LICENSING FEES FY 2014-15

ATTACHMENT B

FACILITY TYPE	STATE FUNDED WKLD RATE	BEGINNING BUDGET FY 13/14 FUND 3098 (ENACTED BUDGET) (92,284,000+395,000) Ref Items: 4265-001-3098 & 4265-003-3098						14/15 BASELINE BUDGET COST ADJUSTMENTS									TOTAL BASELINE BUDGET	BCPs + FINANCE LTRs + NOV ESTIMATE ADJs		CREDITS + PROGRAM RESERVE USED			FACILITY (F) / BED COUNTS (B)					PROPOSED FEES					
		BUDGET L&C PROGRAM AND NHAP	GACH ONLY RELATED PROGRAM (HA)	GACH ONLY RELATED PROGRAM - HAI PUBLIC REPORTING (FY 12/13 BCP HQ-02)	SUB-TOTAL L&C BUDGET	NHAP COST	TOTAL L&C BUDGET	GENERAL SALARY INCREASE	OTHER EMPLOYEE COMP ADJ	PERS RATE ADJ	PRO-RATA	PRO-RATA REMOVAL	FLEET REDUCTION	OVERHEAD REALLOCATION ADJUSTMENT	LEASE REVENUE DEBT SERVICE ADJ	HQ - 03 FY 14/15 MEDICAL PRIVACY BREACH ENFORCEMENT		EXECUTIVE BCP - HEALTH IN ALL POLICIES TASK FORCE	PROGRAM COST TOTAL	MISC. REVENUE CREDIT	PROPOSED SPECIAL FUND SUBTOTAL	PROGRAM RESERVE USED	PROPOSED SPECIAL FUND GRAND TOTAL	NON-STATE OPERATED		STATE OPERATED		TOTAL COUNT	FACILITY FEE RATES	STATE OPERATED FACILITY	LEGISLATIVE APPROVED GF TRANSFER FOR STATE OPERATED FACILITIES		
																								F	B	F	B					AC	AD
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE
1	ALTERNATIVE BIRTHING CENTERS	0.02%	\$ 18,026	\$ -	\$ -	\$ 18,026	\$ -	\$ -	\$ 18,026	\$ 100	\$ 55	\$ 66	\$ 775	\$ (742)	\$ (17)	\$ 18	\$ -	18,281	\$ 50	\$ 22	\$ 18,353	\$ (283)	\$ 18,071	\$ (1,409)	\$ 16,661	7	-	-	-	7	\$ 2,380.19		
2	ADULT DAY HEALTH CENTERS	1.78%	\$ 1,604,298	\$ -	\$ -	\$ 1,604,298	\$ -	\$ 1,604,298	\$ 8,918	\$ 4,877	\$ 5,892	\$ 69,011	\$ (66,056)	\$ (1,513)	\$ 1,602	\$ -	1,627,028	\$ 4,468	\$ 1,940	\$ 1,633,436	\$ (39,004)	\$ 1,594,432	\$ (469,903)	\$ 1,124,528	270	-	-	-	270	\$ 4,164.92			
3	CHRONIC DIALYSIS CLINIC	2.17%	\$ 1,955,801	\$ -	\$ -	\$ 1,955,801	\$ -	\$ 1,955,801	\$ 10,872	\$ 5,946	\$ 7,183	\$ 84,131	\$ (80,529)	\$ (1,845)	\$ 1,953	\$ -	1,983,512	\$ 5,447	\$ 2,365	\$ 1,991,324	\$ (161,810)	\$ 1,829,514	\$ (442,133)	\$ 1,387,380	483	-	3	-	486	\$ 2,862.63	\$ 1,576.31	\$ 4,729	
4	CHEMICAL DEPENDENCY RECOVERY HOSPITALS	0.09%	\$ 81,116	\$ -	\$ -	\$ 81,116	\$ -	\$ 81,116	\$ 451	\$ 247	\$ 298	\$ 3,489	\$ (3,340)	\$ (77)	\$ 81	\$ -	82,265	\$ 226	\$ 98	\$ 82,589	\$ -	\$ 82,589	\$ (9,333)	\$ 73,256	-	383	-	-	383	\$ 191.27			
5	COMMUNITY CLINIC/FREE CLINIC	1.30%	\$ 1,171,678	\$ -	\$ -	\$ 1,171,678	\$ -	\$ 1,171,678	\$ 6,513	\$ 3,562	\$ 4,303	\$ 50,401	\$ (48,243)	\$ (1,105)	\$ 1,170	\$ -	1,188,279	\$ 3,263	\$ 1,417	\$ 1,192,959	\$ (136,768)	\$ 1,056,191	\$ (230,795)	\$ 825,396	1,149	-	-	-	1,149	\$ 718.36			
6	CORRECTIONAL TREATMENT CENTERS	0.72%	\$ 648,929	\$ -	\$ -	\$ 648,929	\$ -	\$ 648,929	\$ 3,607	\$ 1,973	\$ 2,383	\$ 27,914	\$ (26,719)	\$ (612)	\$ 648	\$ -	658,124	\$ 1,807	\$ 785	\$ 660,716	\$ -	\$ 660,716	\$ (361,410)	\$ 299,305	-	196	-	544	740	\$ 573.70	\$ 343.49	\$ 186,860	
7	HOME HEALTH AGENCIES	5.11%	\$ 4,605,596	\$ -	\$ -	\$ 4,605,596	\$ -	\$ 4,605,596	\$ 25,601	\$ 14,001	\$ 16,914	\$ 198,115	\$ (189,632)	\$ (4,344)	\$ 4,599	\$ -	4,670,851	\$ 12,826	\$ 5,570	\$ 4,689,247	\$ (758,421)	\$ 3,930,826	\$ 159,550	\$ 4,090,375	1,481	-	-	-	1,481	\$ 2,761.90			
8	HOSPICE	1.31%	\$ 1,180,691	\$ -	\$ -	\$ 1,180,691	\$ -	\$ 1,180,691	\$ 6,563	\$ 3,589	\$ 4,336	\$ 50,789	\$ (48,614)	\$ (1,114)	\$ 1,179	\$ -	1,197,420	\$ 3,288	\$ 1,428	\$ 1,202,136	\$ (818,779)	\$ 383,357	\$ 410,726	\$ 794,083	534	-	1	-	535	\$ 1,485.43	\$ 864.44	\$ 864	
9	PEDIATRIC DAY HEALTH/RESPIRE CARE	0.09%	\$ 81,116	\$ -	\$ -	\$ 81,116	\$ -	\$ 81,116	\$ 451	\$ 247	\$ 298	\$ 3,489	\$ (3,340)	\$ (77)	\$ 81	\$ -	82,265	\$ 226	\$ 98	\$ 82,589	\$ (1,643)	\$ 80,946	\$ (41,239)	\$ 39,708	-	264	-	-	264	\$ 150.41			
10	PSYCHOLOGY CLINIC	0.09%	\$ 81,116	\$ -	\$ -	\$ 81,116	\$ -	\$ 81,116	\$ 451	\$ 247	\$ 298	\$ 3,489	\$ (3,340)	\$ (77)	\$ 81	\$ -	82,265	\$ 226	\$ 98	\$ 82,589	\$ (802)	\$ 81,788	\$ (49,301)	\$ 32,487	22	-	-	-	22	\$ 1,476.66			
11	REFERRAL AGENCIES	0.00%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11,182	\$ 11,182	4	-	-	-	4	\$ 2,795.53			
12	REHAB CLINIC	0.21%	\$ 189,271	\$ -	\$ -	\$ 189,271	\$ -	\$ 189,271	\$ 1,052	\$ 575	\$ 695	\$ 8,142	\$ (7,793)	\$ (179)	\$ 189	\$ -	191,953	\$ 527	\$ 229	\$ 192,709	\$ (25)	\$ 192,684	\$ (189,053)	\$ 3,631	14	-	-	-	14	\$ 259.35			
13	SURGICAL CLINIC	1.57%	\$ 1,415,027	\$ -	\$ -	\$ 1,415,027	\$ -	\$ 1,415,027	\$ 7,866	\$ 4,302	\$ 5,197	\$ 60,869	\$ (58,263)	\$ (1,335)	\$ 1,413	\$ -	1,435,075	\$ 3,941	\$ 1,711	\$ 1,440,727	\$ (11,341)	\$ 1,429,387	\$ (1,339,855)	\$ 89,532	36	-	-	-	36	\$ 2,487.00			
14	ACUTE PSYCHIATRIC HOSPITALS	1.73%	\$ 1,559,233	\$ -	\$ -	\$ 1,559,233	\$ -	\$ 1,559,233	\$ 8,667	\$ 4,740	\$ 5,726	\$ 67,072	\$ (64,200)	\$ (1,471)	\$ 1,557	\$ -	1,581,325	\$ 4,342	\$ 1,886	\$ 1,587,553	\$ (21,765)	\$ 1,565,788	\$ (340,238)	\$ 25,042,704	-	6,864	-	6,798	101,086	\$ 266.58	\$ 98.49	\$ 1,116,082	
15	GENERAL ACUTE CARE HOSPITALS	24.36%	\$ 21,955,444	\$ 1,444,119	\$ 493,000	\$ 23,892,563	\$ -	\$ 23,892,563	\$ 122,044	\$ 66,746	\$ 80,632	\$ 944,437	\$ (904,000)	\$ (20,706)	\$ 21,924	\$ -	24,203,640	\$ 61,144	\$ 26,552	\$ 24,291,336	\$ (474,183)	\$ 23,817,153			-	82,890	-	4,534					
16	CONGREGATE LIVING HEALTH FACILITY	0.53%	\$ 477,684	\$ -	\$ -	\$ 477,684	\$ -	\$ 477,684	\$ 2,655	\$ 1,452	\$ 1,754	\$ 20,548	\$ (19,668)	\$ (451)	\$ 477	\$ -	484,452	\$ 1,330	\$ 578	\$ 486,360	\$ (73,601)	\$ 412,759	\$ (2,056,099)	\$ 38,454,716	-	525	-	-		\$ 312.00			
17	INTERMEDIATE CARE FACILITY	1.09%	\$ 982,407	\$ -	\$ -	\$ 982,407	\$ -	\$ 982,407	\$ 5,461	\$ 2,987	\$ 3,608	\$ 42,259	\$ (40,450)	\$ (927)	\$ 981	\$ -	996,326	\$ 2,736	\$ 1,188	\$ 1,000,250	\$ (1,482)	\$ 998,768			-	502	-	4,960	127,795	\$ 125.58	\$ 954,812		
18	SKILLED NURSING FACILITY	43.84%	\$ 39,512,589	\$ -	\$ -	\$ 39,512,589	\$ -	\$ 39,512,589	\$ 219,638	\$ 120,122	\$ 145,110	\$ 1,699,677	\$ (1,626,902)	\$ (37,264)	\$ 39,456	\$ -	40,072,426	\$ 110,038	\$ 47,786	\$ 40,230,250	\$ (1,130,963)	\$ 39,099,287			-	119,165	-	2,643					
19	ICF-DD, DDH, DDN	13.99%	\$ 12,609,058	\$ -	\$ -	\$ 12,609,058	\$ -	\$ 12,609,058	\$ 70,090	\$ 38,333	\$ 46,307	\$ 542,392	\$ (519,169)	\$ (11,892)	\$ 12,591	\$ -	12,787,711	\$ 35,115	\$ 15,249	\$ 12,838,075	\$ (140,767)	\$ 12,697,308	\$ (6,584,373)	\$ 6,112,935	-	8,057	-	3,305	11,362	\$ 580.40	\$ 434.69	\$ 1,436,652	
	NURSING HOME ADMINISTRATOR PROGRAM		\$ 612,800	\$ -	\$ -	\$ 612,800	\$ (612,800)	\$ -																									
		100.00%	\$ 90,741,881	\$ 1,444,119	\$ 493,000	\$ 92,679,000	\$ (612,800)	\$ 92,066,200	\$ 501,000	\$ 274,000	\$ 331,000	\$ 3,877,000	\$ (3,711,000)	\$ (85,000)	\$ 90,000	\$ -	\$ 93,343,200	\$ 251,000	\$ 109,000	\$ 93,703,200	\$ (3,771,637)	\$ 89,931,563	\$ (11,533,684)	\$ 78,397,879	4,000	218,846	4	22,784	245,634			\$ 3,700,000	