August 31, 2018

Scott Vivona, Acting Deputy Director  
California Department of Public Health  
Center for Health Care Quality  
Attn: Regulations Unit, MS 3201  
P.O. Box 99737  
Sacramento, CA 95899-3201

Subject: AFL 18-32 — General Acute Care Hospital License Supplemental Service Approval and Special Permit

Dear Mr. Vivona:

On behalf of our more than 400 member hospitals and health systems, the California Hospital Association (CHA) respectfully offers the following comments on revising certain Title 22 regulations. CHA provided detailed recommendations for each section of Title 22 in 2011; the following recommendations update the sections for which the California Department of Public Health (CDPH) has solicited comments. CHA commends the CDPH Center for Healthcare Quality for beginning the significant and complex process of revising the cardiovascular surgery, cardiac catheterization laboratory, anesthesia services and surgical services sections of Title 22. To assist in that effort, CHA offers the following general recommendations that we believe must be considered to achieve a successful outcome.

As CDPH is aware, the majority of Title 22 regulations are outdated and no longer relevant to current hospital delivery of care. Consequently, Title 22 precludes CDPH’s ability to provide effective oversight. Equally problematic, the current regulations are among the many obstacles California hospitals face in providing high-quality health care under tight financial restrictions, while utilizing the most current technological advancements. CHA applauds CDPH for undertaking the monumental task of rewriting Title 22, and underscores the need to ensure a proper foundation and infrastructure are created to support this endeavor.

It is important that updated regulations: 1) are consistent with existing laws and regulations, as well as national standards; 2) can be readily implemented at the facility and unit levels; 3) allow for innovation in a constantly changing environment, to ensure their requirements remain relevant for decades; and 4) are organized in a manner that facilitates clear understanding of the requirements and compliance. We also encourage CDPH to review existing program flexibility to identify current practice standards.

CHA recommends that CDPH:

Require Hospitals to Adopt and Follow National Standards
CHA strongly urges CDPH to consider aligning Title 22 requirements with the Centers for Medicare & Medicaid Services’ (CMS) Conditions of Participation (CoPs). If the department were to codify the existing CoPs in Title 22, those regulations would become outdated when CMS next updates the CoPs. Instead, CDPH could adopt the standards by reference, to allow Title 22 regulations to remain relevant as CoPs change in the future. In addition, CHA believes that, to keep pace with existing standards of care, hospitals should be required to choose relevant national standards to use as a foundation for their policies and procedures. Facilities would base this decision on their patient population and the services they provide in each clinical service line. This will ensure that, as practice changes, Title 22 requirements remain relevant and hospitals continue to be held to the current community standard. Conformity with the CMS CoPs and the adoption of national standards in hospitals’ policies and procedures will eliminate inconsistencies, inefficiencies and confusion.

Streamline Common Requirements for Basic and Supplemental Services
For each basic and supplemental service, hospitals must establish written policies and procedures have specified equipment and meet other common requirements. CHA recommends that regulations pertaining to administrative policies and procedures be streamlined for basic and supplemental service areas. For example, one section of Title 22 should require each clinical service line to develop and implement policies and procedures based on national standards identified by the hospital; provide sufficient trained and qualified staff; and provide sufficient equipment to serve the needs of the patient population. This will reduce redundancy and improve consistency on the key provisions that are unique to a particular service.

Eliminate Title 24 Building Standards from Title 22
CHA wishes to emphasize that Title 22 should be rewritten to allow California hospitals to provide care and design buildings that meet the needs of modern health care delivery. The Office of Statewide Health Planning and Development has jurisdiction over hospital building standards, including square footage, electrical and ventilation, and other non-operational standards. CHA strongly encourages CDPH to immediately remove those requirements from Title 22, unless the department has identified an operational concern.

Licensing, Supplemental Services and Special Permits
CHA recommends CDPH include automation of the applications process, improving the CDPH database of hospital services to include automated updates when services are changed, added or eliminated in the revision of Title 22. It is also important to ensure that the work coordinated with the Office of Statewide Health Planning and Development (OSHPD), CDPH is specified in Title 22, and that it is concurrent and non-duplicative. In addition, the process for license suspension or revocation should be harmonized with CMS.

CHA has drafted the attached specific regulatory language for the licensing, supplemental services and special permit requirements. We believe this language will streamline the processes by combining some sections (e.g., program flexibility, program flexibility for supplemental services and program flexibility for special services is combined into one section), eliminating outdated requirements and removing requirements under the jurisdiction of OSHPD. In addition, CHA requests clarification on some areas of existing regulations that are unclear...
CHA's recommendations are not an exhaustive list, but an initial submission during this pre-notice period. Moving forward, CHA is ready to assist CDPH in updating the Title 22 regulations to provide a structure for hospitals that supports the safe provision of patient care.

Thank you for the opportunity to comment as the department begins its work on these important regulations. We look forward to working with you. If you have any questions, please do not hesitate to contact me at drogers@calhospital.org or (916) 552-7575.

Sincerely,

[Signature]

Debby Rogers, RN, MS, FAEN
Vice President, Clinical Performance and Transformation

Attachments: Draft regulatory language in response to AFL 18-32
<table>
<thead>
<tr>
<th>Regulation</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>§ 70101. Inspection of Hospitals.</td>
<td>(b) Makes clarifying changes</td>
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<tr>
<td>(a) The Department shall inspect and license hospitals.</td>
<td>(c) Changes the frequency of licensing survey to every three years, consistent with the Health and Safety Code, and eliminates unnecessary language.</td>
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<td>(b) Any officer, employee or agent of the Department may, upon presentation of proper identification, enter and inspect any building or premises at any reasonable time to secure assess compliance with, or to prevent a violation of, any provision of these regulations.</td>
<td>(e) makes conforming changes with existing practice, where the department and the hospital jointly agree on the appropriate plan of correction</td>
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<td>(c) All hospitals for which a license has been issued shall be inspected periodically by a representative or representatives appointed by the Department. Inspections shall be conducted as frequently as necessary, but not less than once every two-three years, to assure that quality care is being provided. During the inspection, the representative or representatives of the Department shall offer such advice and assistance to the hospital as is appropriate. For hospitals of 100 licensed bed capacity or more, the inspection team shall include at least a physician, registered nurse and persons experienced in hospital administration and sanitary inspections.</td>
<td>(f) Requires inspection reports to be made available to the hospital within 10 days of the inspection and requires CDPH to post the inspection reports to the website after the plan of correction is accepted.</td>
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<td>(d) The Department may provide consulting services upon request to any hospital to assist in the identification or correction of deficiencies or the upgrading of the quality of care provided by the hospital.</td>
<td>(g) Eliminates outdated language</td>
</tr>
<tr>
<td>(e) The Department shall notify the hospital of all deficiencies of compliance with these regulations and the hospital and the Department shall jointly agree with the Department upon a plan of corrections which shall give the hospital a reasonable time to correct such deficiencies. If at the end of the allotted time, as revealed by repeat inspection, the hospital has failed to correct the deficiencies, the Director may take action to revoke or suspend the license.</td>
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<td>(f) Reports on the results of each inspection of a hospital shall be prepared by the inspector or inspection Department’s survey team and shall be kept on file in the Department along with the plan of correction and hospital comments. Inspection reports shall be provided to the hospital within 10 days of the completion of the survey. The inspection report may include a recommendation for reinspection. All inspection reports, regardless of which body performs the inspection, lists of deficiencies and plans of correction shall be posted to the CDPH website after the plan of correction has been completed and accepted and open to public inspection without regard to which body performs the inspection.</td>
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<td>(g) The Department shall have the authority to contract for outside personnel to perform inspections of hospitals as the need arises. The Department, when feasible, shall contract with nonprofit, professional organizations which have demonstrated the ability to carry out the provisions of this section. Such organizations shall include, but not be limited to, the California Medical Association Committee on Medical Staff Surveys and participants in the Consolidated Hospital Survey Program.</td>
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<td>(h) CDPH shall establish an adjudication process, available to hospitals when there is a disagreement between the survey team and the hospital about the existence of a violation. The adjudication process shall be available, in real time, during a survey.</td>
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§ 70103. License Required.

(a) No person, firm, partnership, association, corporation, political subdivision of the state or other governmental agency shall establish, operate or maintain a hospital, or hold out, represent, or advertise by any means that it operates a hospital, without first obtaining a license from the Department.

(b) The provisions of this article do not apply to any facility conducted by and for the adherents of any well-recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of the religion of such church or denomination.

(h) Establishes an adjudication process when there is a difference of opinion between the survey team and the hospital about the presence of a violation.


(a) A verified new application shall be forwarded to the Department whenever any of the following circumstances occur:
   (1) Construction of a new or replacement facility or addition to an existing facility.
   (2) Increase or decrease of licensed bed capacity.
   (3) Added service or change from one service to another.
   (4) Change of ownership.
   (5) Change of name of hospital.
   (6) Change of license category.
   (7) Change of location of the hospital.
   (8) Change of bed classification.

(b) § 70127. Report of Changes.
   (1) The licensee shall notify the Department in writing any time a change of stockholder owning ten percent or more of the non-public corporate stock occurs. Such notice shall include the name and principal mailing address of the new stockholder.
   (2) Each licensee shall notify the Department in writing within ten days prior to any change of the mailing address of the licensee. Such notice shall include the new mailing address of the licensee.
   (3) Any change in the principal officer shall be reported in writing within ten days by the licensee to the Department. Such notice shall include the name and principal business address of such officer.
   (4) If a general acute care hospital or an acute psychiatric hospital submits a written application to the Department’s centralized applications unit, the Department shall do both of the following:
      (1) Complete its evaluation and approve or deny the application within 100 days of receiving it, including completing any activities pursuant to paragraph (2).

Combines applications and report of change applications into one section. Establishes timeframes for CDPH to complete its applications work.
(2) Once the written application is approved, the district office of the Department shall, within 30 business days from the date of approval, complete any additional review, including an onsite visit, if applicable, and submit its findings to the Department. If the hospital’s application is approved, the Department shall add it to the hospital’s license and issue a new or revised license on the 31st business day following approval of the written application.

(d)(1) Notwithstanding subdivision (c), if a general acute care hospital or an acute psychiatric hospital submits a written application to expand a service that it currently provides and that is currently approved by the department, the department shall, within 30 business days of receipt of the completed application, approve the expansion, add it to the hospital license, and issue a revised license, unless the hospital is out of compliance with existing laws governing the service to be expanded. A service approved pursuant to this subdivision shall remain licensed for not more than 18 months, unless the Department approves the license for a longer period. The Department shall not be required to conduct an onsite inspection of the service to approve the expansion. This subdivision does not preclude the Department from conducting an onsite inspection of a hospital at any time or denying an application in accordance with this subdivision.

(2) A general acute care hospital or an acute psychiatric hospital that receives a license to modify, add, or expand a service or program pursuant to this section shall comply with all laws related to that service or program.

§ 70107. Content of Application.

(a) Any person, firm, partnership, association, corporation, political subdivision of the state, state agency or other governmental agency desiring to obtain a license shall file with the Department an application on forms furnished by the Department. The application shall contain the following information:

(1) Name of applicant and, if an individual, verification that the applicant has attained the age of 18 years.
(2) Type of facility to be operated and types of services for which approval is requested.
(3) Location of the hospital.
(4) Name of person in charge of the hospital.
(5) If the applicant is an individual, satisfactory evidence that the applicant is of reputable and responsible character.
(6) If applicant is a firm, association, organization, partnership, business trust, corporation or company, satisfactory evidence that the members or shareholders thereof and the person in charge of the hospital for which application for license is made are of reputable and responsible character.
(7) If the applicant is a political subdivision of the State or other governmental agency, satisfactory evidence that the person in charge of the hospital for which application for license is made is of reputable and responsible character.

(5) (6) (7) Seeking clarification regarding what constitutes “reputable and responsible character” and the documentation needed to support that and/or what constitutes not being of “reputable and responsible character.”

(11) Certificate of need has been removed from the Health and Safety Code, therefore this language is outdated and should be deleted.
(8) If the applicant is a partnership, the name and principal business address of each partner.
(9) If the applicant is a corporation, the name and principal business address of each officer and director of the corporation; and for nonpublic corporations, the name and business address of each stockholder owning 10 percent or more of the stock and any corporate member who has responsibility in the operation of the hospital.
(10) Copy of the current organizational chart.
(11) Certificate of Need or a Certificate of Exemption from the Department if required by Chapter 1, Division 7 of this title.
(12) Such other information or documents as may be required by the Department for the proper administration and enforcement of the licensing law and requirements.

§ 70109. Architectural Plans.
Applications submitted for proposed construction of new hospitals or additions to licensed hospitals shall include architectural plans and specifications. The Department, in conjunction with the Office of Statewide Health Planning and Development shall jointly review the architectural plans and specifications along with the functional plan. Information contained in such applications shall be on file in the Department and available to interested individuals and community agencies.

OSHPD is responsible for enforcing building codes and other requirements during the planning and construction of hospitals. This section adds clarity about the joint work and planning of both programs.

§ 70110. Fee.
(a) Each application for a license shall be accompanied by the prescribed fee as authorized by HSC, section 1266.
(b) No fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.
(c) An additional fee of $25.00 shall be paid for processing any change of name. However, no additional fee shall be charged for any change of name, which is processed upon a renewal application or upon an application filed because of a change of ownership.
(d) Fees for licenses which cover periods in excess of 12 months shall be prorated on the basis of the number of months to be licensed divided by 12 months.
(e) Fees shall be waived for any facility conducted, maintained or operated by this state or any state department, authority, bureau, commission or officer or by the Regents of the University of California or by a local hospital district, city or county.

Note: Authority cited: Sections 1266, 1275 and 131200. HSC. Reference: Sections 1266, 131050, 131051 and 131052, HSC.
§ 70115. Safety, Zoning and Building Clearance.

(a) Architectural plans shall not be approved and a license shall not be originally issued to any hospital which does not conform to: the regulations in this chapter; state requirements on seismic safety, fire and life safety and environmental impact; and local fire safety, zoning and building ordinances. Evidence of such compliance shall be presented in writing to the Department.

(b) It shall be the responsibility of the licensee to maintain the hospital in a safe structural condition. If the Department determines that an evaluation of the structural condition of a hospital building is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall establish a basis for eliminating or correcting the structural conditions which are found to be hazardous to occupants.

The Office of Statewide Health Planning and Development is responsible for these requirements.

§ 70117. Issuance, Expiration and Renewal.

(a) Upon verification of compliance with the licensing requirements, the Department shall issue the applicant a license.

(b) If the applicant is not in compliance with the laws or regulations, the Department shall deny the applicant a license and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department’s notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) Each initial license shall expire at midnight, one year three years from the date of issue. A renewal license:

(1) May be issued for a period not to exceed two three years if the holder of the license has been found not to have been in violation of any statutory requirements, regulations or standards during the preceding license period.

(2) Shall reflect the number of beds that meet construction and operational requirements and shall not include beds formerly located in patient accommodation space which has been permanently converted.

(3) Shall not be issued if the hospital is liable for and has not paid the special fees required by Section 90417, Chapter 1, Division 7, of this Title.

(d) The Department shall mail an application form for renewal of license to the licensee at least 45 days prior to expiration of a license. Application for renewal, accompanied by the necessary fees, shall be filed with the Department tri annually and not less than ten days prior to the expiration date. Failure to make a timely renewal application or pay annual fees shall result in expiration of the license.

(e) The Department will issue the renewed license 30 days before the license expires, or within 30 days when there is a change of service, change in the number of beds, change of address, change of name, change of ownership or other changes addressed in section 70105. In the event that the renewed license

Changing the issuance of the hospital license to every three years will coincide with the triannual relicensing survey. There is no change in the annual fees.

Requires the department to issue the hospital license within 30 days. And allows the hospital to use the cancelled check as proof of licensure while awaiting the paperwork.
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<tr>
<th>§ 70119. Provisional Licensing of Distinct Parts.</th>
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<td>(a) The initial license, issued by the Department to an applicant when the hospital includes a distinct part which will function as a skilled nursing, or intermediate care service, acute psychiatric hospital or other distinct part, shall include a separate provisional authorization for the distinct part. The provisional authorization for the distinct part service shall terminate six months from the date of issuance, or 30 days after the completion of a repeat inspection, whichever is later. The Department shall give the distinct part, and supporting elements of the hospital, a full and complete inspection within 30 days prior to termination of the provisional authorization. A regular authorization will be included in the license if the hospital and distinct part meet all applicable requirements for licensure. If the hospital does not meet the requirements for licensure but has made substantial progress toward meeting such requirements, as determined by the Department, the initial provisional license shall be renewed for six months. If the Department determines that there has not been substantial progress toward meeting licensure requirements at the time of the first full inspection provided by this section, or if the Department determines upon its inspection made within 30 days of the termination of a renewed provisional license that there is lack of full compliance with such requirements, no further license shall be issued.</td>
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<td>(b) An applicant who has been denied provisional licensing may contest such denial by filing a statement of issues, as provided in Section 11504 of the Government Code: The proceedings to review such denial shall be conducted pursuant to the provisions of Chapter 5 (commencing with Section 11500), Part 1, Division 3, Title 2, of the Government Code.</td>
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| Seeking clarification: does this apply to a consolidated license? |

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<th>§ 70121. Separate Licenses.</th>
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<td>Separate licenses shall be required for hospitals which are maintained on separate premises even though they are under the same management. This does not apply to outpatient departments or clinics of hospitals designated as such which are maintained and operated on separate premises. Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds.</td>
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<th>§ 70123. Posting.</th>
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<td>The license, or a true copy thereof, shall be posted conspicuously in a prominent location within the licensed premises and accessible to public view.</td>
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Approved supplemental services and special services shall be listed on a reissued license within 30 days of approval.
§ 70125. Transferability.

(a) Licenses are not transferable. The licensee shall notify the Department in writing at least 30 days prior to the effective date of any change of ownership. A new application for license shall be submitted by the prospective new owner and the Department shall complete its review of that application within 100 days.

(b) Special permits are not transferable. The licensee shall notify the Department in writing at least 30 days prior to the effective date of any change of ownership. A new application for special permit shall be submitted by the prospective new owner.

Incorporates special permit transferability and eliminates section 70361.


(a) The licensee shall notify the Department in writing any time a change of stockholder owning ten percent or more of the non-public corporate stock occurs. Such notice shall include the name and principal mailing address of the new stockholder.

(b) Each licensee shall notify the Department in writing within ten days prior to any change of the mailing address of the licensee. Such notice shall include the new mailing address of the licensee.

(c) Any change in the principal officer shall be reported in writing within ten days by the licensee to the Department. Such notice shall include the name and principal business address of such officer.

Consolidates report of changes with the applications section (70105).

Seeking Clarification on subsection (c), this special exception is unclear.

§ 70129. Program Flexibility.

(a) All hospitals shall maintain continuous compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the provisions for safe and adequate care and with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Hospitals which by reason of remoteness are unable to comply with provisions of the regulations for basic services and perinatal or pediatric or other services provided by the hospital, shall submit a written request to the Department for exception. In reviewing such request, special attention may be required regarding qualifications of medical staff and personnel.

(c) Special exceptions may be granted under this section for hospitals required to provide services and accommodations for persons who may have dangerous propensities necessitating special precautions.

Incorporates program flexibility for special services and supplemental services to ensure requirements are the same.
personnel with special qualifications, locked accommodations, special protection for windows, type and location of lighting and plumbing fixtures, signal systems, control switches, beds and other furnishings. This applies to psychiatric units and detention facilities where added protection is necessary for patients, staff members and members of the public.

(d) Any approval of the Department granted under this section, or a true copy thereof, shall be posted immediately adjacent to the facility's license that is required to be posted by Section 70123 or the hospital shall post a sign notifying the public where the program flexibility documentation may be viewed.

(e) The Department shall review and approve or deny all program flexibility requests within 100 days of receipt.

(f) All hospitals shall maintain continuous compliance with the supplemental service or special service requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(g) Any approval granted by the Department pursuant to this section, or a true copy thereof, shall be added to the hospital license within 30 days and the license shall be posted as required by Section 70123.

§ 70131. Voluntary Suspension of License or Licensed Beds.

(a) Upon written request, a licensee may request that his hospital license or licensed beds be put in suspense. The Department may approve the request for a period not to exceed 36 months.

(b) Any license or portion thereof which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active license, including the payment of license renewal fees, during the period of temporary suspension.

(c) Any license suspended pursuant to this section may be reinstated by the Department within 36 months of the date of suspension upon receipt of an application and evidence showing compliance with licensing operational requirements in effect at the time of reinstatement. If the license is not reinstated within the 12 month period, the license shall expire automatically and shall not be subject to reinstatement.

§ 70133. Voluntary Cancellation of License.

(a) The licensee shall notify the Department in writing as soon as possible and in all cases at least 30 days prior to the desired effective date of cancellation of the license.

Making changes consistent with section 70117.
§ 70135. Revocation or Involuntary Suspension of License. Supplemental Service or Special Service.
(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500), Part 1, Division 3, of Title 2, Government Code, the Department may suspend or revoke any license issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, upon any of the following grounds:
(1) Violation by the licensee of any of the provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, or the regulations promulgated by the Department.
(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, or the regulations promulgated by the Department.
(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of the premises or services for which a license is issued.
(b) The license of any hospital against which special fees are required by Section 90417, Chapter 1, Division 7, of this Title shall be revoked, after notice of hearing, if it is determined by the Department that the fees required were not paid within the time prescribed.
(c) The Director may temporarily suspend any license prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.
(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.
(2) Upon receipt of a notice of defense by the licensee, the Director shall set the matter for hearing within 15 days. The hearing shall be held as soon as possible but no later than 30 days after receipt of such notice.
(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.
(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.
(5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, or the regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the license of such organization or may suspend the license as to any individual person within such organization who is responsible for such violation.
(d) The withdrawal of an application for a license shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground, unless the Department consents in writing to such withdrawal.
(e) The suspension, expiration or forfeiture of a license issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the license upon any ground provided by law or to enter an order suspending or revoking a license or otherwise taking disciplinary action against the licensee on any such ground.

Note: Authority cited: Section 208(a), HSC. Reference: Section 1296, HSC.


When considering the denial, suspension or revocation of a license based on the conviction of a crime in accordance with Section 1265.1 or 1294 of the HSC, the following criteria shall be considered in evaluating rehabilitation:

1. The nature and the seriousness of the crime(s) under consideration.
2. Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.
3. The time which has elapsed since commission of the crime(s) or conduct referred to in subdivision (1) or (2).
4. The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanction lawfully imposed against the applicant.
5. Any rehabilitation evidence submitted by the applicant.

Note: Authority cited: Sections 208(a), 1265.2 and 1275, HSC. Reference: Sections 1265.1, 1265.2 and 1294, HSC.

§ 70137. Bonds.

(a) Each licensee shall file or have on file with the Department a bond issued by a surety company admitted to do business in this State if the licensee is handling or will handle money in the amount of $25 or more per patient or $500 or more for all patients in any month.

1. The amount of the bond shall be according to the following schedule:

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<th>Amount Handled</th>
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<tr>
<td>$750 or less</td>
<td>$1,000</td>
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<tr>
<td>$751 to $1,500</td>
<td>$2,000</td>
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<td>$1,501 to $2,500</td>
<td>$3,000</td>
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(2) Every further increment of $1,000 or fraction thereof shall require an additional $1,000 on the bond.

This section is unnecessary and outmoded because hospital have insurance policies that would cover these situations.
(b) Each application for an original license or renewal of license shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles or will handle money of patients and the maximum amount of money to be handled for any patient and for all patients in any month.

(c) No licensee shall either handle money of a patient or handle amounts greater than those stated in the affidavit submitted by him without first notifying the Department and filing a new or revised bond if required.

This database is current through 7/20/18 Register 2018, No. 29

22 CCR § 70137, 22 CA ADC § 70137

§ 70301. Supplemental Service and Special Permit Approval Required.

(a) Any licensee desiring to establish or conduct, or who holds out, represents or advertises by any means the provision of a supplemental service, or providing special services per health and safety code section 1255 shall obtain prior approval from the Department or a special permit if required by Section 70351.

(b) The provisions of this Article shall apply only to any supplemental service for which a special permit is not required.

(c) Any licensee who offers a supplemental service or special service for which approval is now required under these regulations is authorized to continue furnishing such service without obtaining approval until the Department inspects and evaluates the quality of the service and determines whether such service meets the requirements for the service contained in these regulations. If the Department determines that the service meets such requirements, it shall notify the licensee in writing. If the Department determines that the service does not meet the requirements, it shall so notify the licensee of all deficiencies of compliance with these regulations and the hospital shall agree with the Department upon a plan of corrections which shall give the hospital a reasonable time to correct such deficiencies. If at the end of the allotted time, as revealed by repeat inspection, the hospital has failed to correct the deficiencies, the licensee shall cease and desist all holding out, advertising or otherwise representing that it furnishes such recognized service.

§ 70303. Application.

Any licensee desiring approval for a supplemental service or special service shall file with the Department an application on forms furnished by the Department.

§ 70305. Issuance, Expiration and Renewal.

(a) The Department shall list on the hospital license each supplemental service and special service for which approval is granted.
(b) If the applicant is not in compliance with the laws and regulations, the Department shall deny the applicant approval and shall immediately notify the applicant in writing. Within 20 days of receipt of the Department's notice, the applicant may present his written petition for a hearing to the Department. The Department shall set the matter for hearing within 30 days after receipt of the petition in proper form. The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) Each supplemental service and special service approval shall expire on the date of expiration of the hospital license. A renewal of the approval may be issued for a period not to exceed two years if the holder of the approval has been found not to have been in violation of any statutory requirements, regulations or standards during the preceding approval period.

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<th>6.70307. Program Flexibility.</th>
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<td>(a) All hospitals shall maintain continuous compliance with the supplemental service requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.</td>
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<td>(b) Any approval granted by the Department pursuant to this section, or a true copy thereof, shall be posted immediately adjacent to the facility's license required to be posted by Section 70123.</td>
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<th>6.70309. Revocation or Involuntary Suspension of Approval.</th>
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| (a) Pursuant to provisions of Chapter 5 (commencing with Section 11500) Part 1, Division 3, Government Code, the Department may suspend or revoke the approval of a supplemental service issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, upon any of the following grounds:
| (1) Violation by the licensee of any provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, or of the supplemental service regulations promulgated by the Department. |
| (2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, or of any supplemental service regulations promulgated by the Department. |
| (3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of a supplemental service. |
| (b) The Director may temporarily suspend any supplemental service approval prior to any hearing when, in his opinion, such action is necessary to protect the public welfare. |

Incorporated into section 70129.

Incorporated into section 70135 for because the requirements are the same.
The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.

Upon receipt of a notice of contest by the licensee, the Director shall set the matter for hearing within 30 days after receipt of such notice.

Temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.

If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

If the provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, or the supplemental service regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the approval of such organization or may suspend the approval as to any individual person within such organization who is responsible for such violation.

The withdrawal of an application for approval shall not deprive the Department of its authority to institute or continue a proceeding against the applicant for the denial of the approval upon any group provided by law or to enter an order denying the approval upon any such ground, unless the Department consents in writing to such withdrawal.

The suspension, expiration or forfeiture of an approval issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking approval or otherwise taking disciplinary action against the licensee on any such ground.

A licensee whose approval has been revoked or suspended may petition the Department for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition.

§ 70351. Special Permit Required.

(a) Any licensee desiring to establish or conduct, or who holds out, represents or advertises by any means, the performance of a special service shall obtain a special permit from the Department.

(b) The following supplemental services are also special services for which a special permit is required:

1. Basic emergency medical service.
2. Burn center.
3. Cardiovascular surgery service.
4. Chronic dialysis unit.
5. Comprehensive emergency medical service.
7. Psychiatric unit.

Incorporated into section 70301 because the requirements are the same.
### § 70353. Application.
Any licensee desiring to obtain a special permit shall file with the Department an application on forms furnished by the Department. Such other information or documents as may be required for the proper administration and enforcement of the licensing law and requirements shall be submitted with the application.

Incorporated into section 70301 because the requirements are the same.

### § 70357. Issuance, Expiration and Renewal.
(a) Upon verification of compliance with the supplemental service requirements for any service which is a special service, the Department shall issue a special permit except that no special permit shall be issued for new special services for which there is no valid, subsisting, and unexpired Certificate of Need or Certificate of Exemption.

Incorporated into section 70305 because the requirements are the same.

### § 70359. Posting.
The special permit, or a true copy thereof, shall be posted conspicuously in a prominent location within the licensed premises and accessible to public view.

Incorporated into section 70135 because the requirements are the same.

### § 70361. Transferability.
Special permits are not transferable. The licensee shall notify the Department in writing at least 30 days prior to the effective date of any change of ownership. A new application for special permit shall be submitted by the prospective new owner.

Incorporates special permit transferability into section 70125.

### § 70363. Program Flexibility.
(a) All hospitals shall maintain continuous compliance with the special permit requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects provided such exceptions are carried out with the prior written approval of the Department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request plus supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Any approval granted by the Department pursuant to this section, or a true copy thereof, shall be posted immediately adjacent to the facility's license required to be posted by Section 70123.

Incorporated into section 70307 because the requirements are the same.
§ 70365. Voluntary Suspension of Special Permit.
(a) Upon written request and good cause, a licensee may request that a special permit be put in suspense. The Department may approve the request for a period not to exceed 12 months.
(b) Any special permit which has been temporarily suspended by the Department pursuant to this section shall remain subject to all renewal requirements of an active special permit, including the payment of renewal fees, during the period of temporary suspension.
(c) Any special permit suspended pursuant to this section may be reinstated by the Department within 12 months of the date of suspension upon receipt of an application and evidence showing compliance with supplemental service requirements in effect at the time of reinstatement. If the special permit is not reinstated within the 12-month period, the special permit shall expire automatically.

§ 70367. Voluntary Cancellation of Special Permit.
(a) The licensee shall notify the Department in writing as soon as possible and in all cases at least 30 days prior to the effective date of cancellation of a special permit.
(b) Any special permit cancelled pursuant to this section may be reinstated by the Department on receipt of an application along with evidence showing compliance with supplemental service requirements.

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§ 70369. Revocation or Involuntary Suspension of Special Permit.
(a) Pursuant to provisions of Chapter 5 (commencing with Section 11500), Part 1, Division 3, Title 2, Government Code, the Department may suspend or revoke any special permit issued under the provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, upon any of the following grounds:
(1) Violation by the licensee of any provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, or of the supplemental service regulations promulgated by the Department.
(2) Aiding, abetting or permitting the violation of any provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, or supplemental service regulations promulgated by the Department.
(3) Conduct inimical to the public health, morals, welfare or safety of the people of the State of California in the maintenance and operation of a supplemental service.
(b) The Director may temporarily suspend any special permit prior to any hearing when, in his opinion, such action is necessary to protect the public welfare.
(1) The Director shall notify the licensee of the temporary suspension and the effective date thereof and at the same time shall serve such licensee with an accusation.
(2) Upon receipt of a notice of contest by the licensee, the Director shall set the matter for hearing within 30 days after receipt of such notice.

Incorporated into section 70135 because the requirements are the same.
(3) The temporary suspension shall remain in effect until such time as the hearing is completed and the Director has made a final determination.

(4) If the Director fails to make a final determination within 60 days after the original hearing has been completed, the temporary suspension shall be deemed vacated.

(5) If the provisions of Chapter 2 (commencing with Section 1250), Division 2, HSC, or the regulations promulgated by the Director are violated by a licensee which is a group, corporation or other association, the Director may suspend the special permit of such organization or may suspend the special permit as to any individual person within such organization who is responsible for such violation.

(c) The withdrawal of an application for a special permit shall not deprive the Department of its authority to institute or continue a proceeding against the applicant upon any ground provided by law or to enter an order suspending or revoking a special permit or otherwise taking disciplinary action against the licensee, except as provided in this subdivision.

(d) The suspension, expiration or forfeiture of a special permit issued by the Department shall not deprive the Department of its authority to institute or continue a proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking a special permit or otherwise taking disciplinary action against the licensee, except as provided in this subdivision.

(e) A person whose special permit has been revoked or suspended may petition the Department for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition.