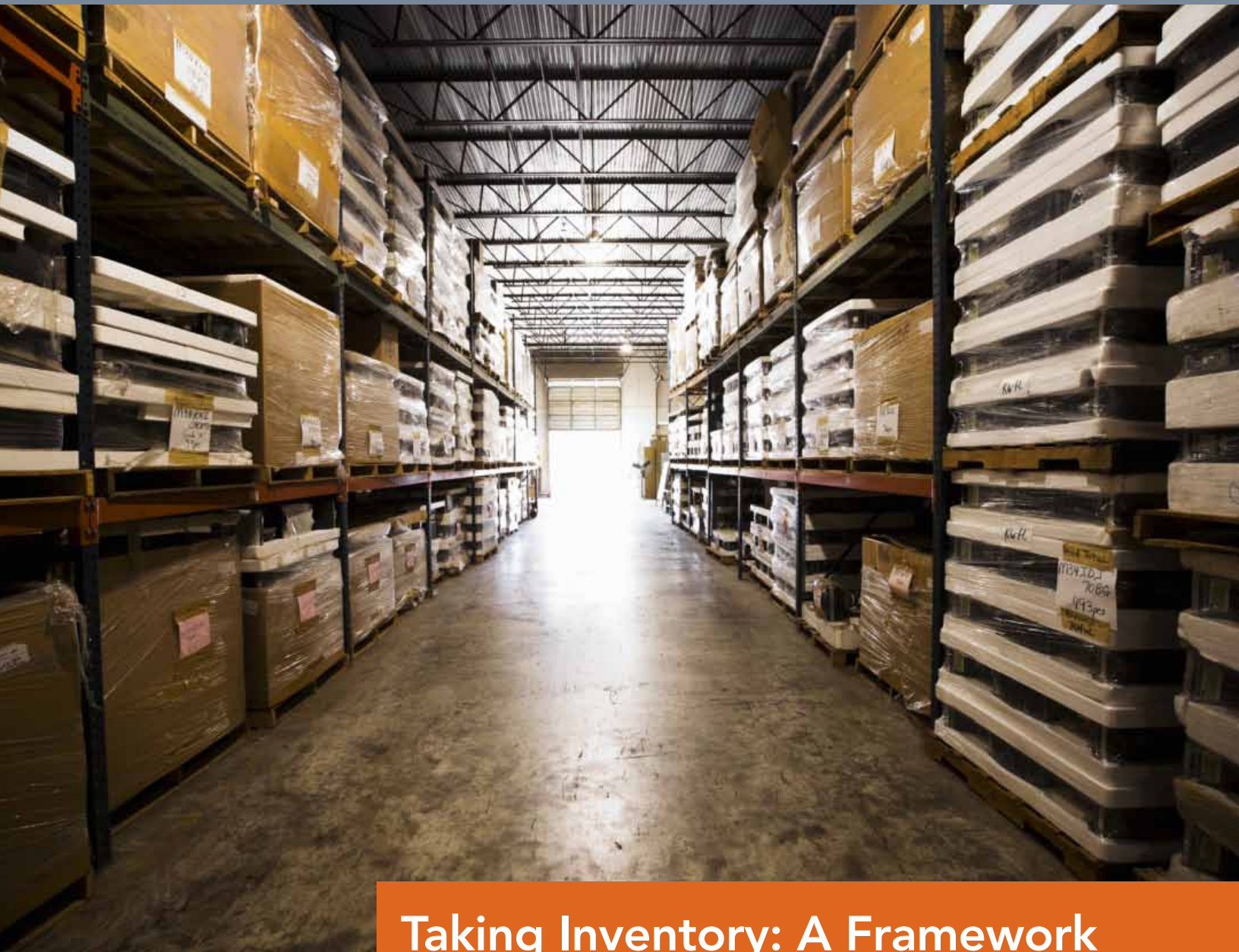




CALIFORNIA HEALTHCARE FOUNDATION



Taking Inventory: A Framework for Understanding Health Care Regulation and Oversight in CA

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About the Foundation

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Introduction

California state government has long been primarily responsible for regulation and oversight of health care facilities and professionals, and of providers of medical devices. These responsibilities are widely distributed among multiple state agencies, departments, boards, bureaus, and commissions. In particular, the California Health and Human Services Agency (CHHS) and the Department of Consumer Affairs (DCA) of the Business, Consumer Services, and Housing Agency are responsible for regulating 73 categories of facilities and facility designations, 87 categories of health care professionals, and one category of medical devices. CHHS's responsibilities are spread over six departments while DCA has 18 largely autonomous boards, committees, and programs that regulate and oversee health care facilities and professionals. (A list of the entities regulated is provided in Appendix A. A list and profile of the CHHS and DCA departments and agencies responsible for regulation and oversight, including those that did not respond to this project's survey request, is provided in Appendix B.)

Given this wide distribution of regulatory authority, it can be difficult to know exactly what is regulated by whom, and how to get basic information or file a complaint about a regulated entity. The focus of this project is to improve understanding of what is regulated, how these various state government agencies work separately or together to oversee the delivery of health care services, and what information about such oversight is available to the public.

The project inventoried the state government's regulatory oversight responsibilities through surveys completed by state departments, boards, committees, and programs. The survey responses provide information about the general characteristics of each program, including the following categories:

- ▶ Regulatory Oversight Responsibilities
- ▶ Initial Applications, Renewals, and Fees
- ▶ Funding for Regulatory Oversight Functions
- ▶ Frequency and Intensity of Oversight
- ▶ Facility Compliance Domains and Currency of Requirements
- ▶ Complaints and Enforcement
- ▶ Data Collected and Information Maintained
- ▶ Public Availability of Information About the Regulated Entity
- ▶ Communication and Data Sharing Between Government Agencies

Project Scope and Methodology

The purpose of this project is twofold: (1) to document and improve awareness of the state government's framework for regulating health care-related facilities, professionals and paraprofessionals, and medical devices and equipment; and (2) to begin identifying opportunities and barriers to improving the efficiency and effectiveness of state regulatory oversight, and thereby ultimately to increase consumer protection. As used in this report, "facilities" includes inpatient and outpatient health care settings, services such as hospice and home health care, and health care-related sites such as drug and medical device manufacturers and pharmacy wholesalers. "Facilities" also includes facility designations — for example, the designation of a hospital as a trauma center or the issuance to a hospital of a certificate of registration for laboratory or radiology.

The scope of the project includes:

- ▶ An inventory of the categories of the regulated community: facilities, professionals, and devices, and general characteristics of the oversight functions related to these categories
- ▶ An inventory of databases and other information maintained about the regulated entities, the uses of that information, and its public availability
- ▶ An inventory of formal and informal communications and working relationships between state government entities with regulatory responsibilities, including interagency agreements and delegation orders
- ▶ Examples of how some health care providers are regulated by multiple federal, state, and local government entities

It should be noted that the scope of this project did not include important state government regulatory

responsibilities related to financing of, or payment for, health care services. Nor did it include responsibilities specifically related to public or environmental health.

The project's inventory and analysis were informed by survey responses received from state government regulatory bodies and by review and comments on the draft of this report by those government entities. Of 73 health care-related licensed facility categories, 68 completed surveys (93%) were received; these included surveys from the agencies for all 61 categories regulated by CHHS. Of 87 categories of professionals, however, only 42 surveys (48%) were submitted. A survey was also submitted for the single category of medical devices/equipment. The analysis in this report is based on the responses. This project was also informed by interviews with key state health care thought leaders. (A more detailed discussion of the methodology used in the project, including the survey tools, can be found in Appendix C.)

While the survey responses from departments that regulate facilities included nearly all facility categories, the lack of response (52%) from some state entities that regulate professionals was significant. In particular, 13 of the 18 boards, bureaus, and committees under the DCA failed to provide survey responses. Consequently, while the report's information about regulation of facilities and designations is clearly representative, information about regulation of professionals is considerably less so. Nevertheless, the information gathered about professionals provides useful indications of the state of their regulation, so this report includes information about them in accordance with those survey responses that were received.

This report provides an overview of the information collected from the survey responses plus findings and opportunities for improving the effectiveness and efficiency of state government oversight of health care facilities, professionals, and devices, based on that information.

Overall Distribution of Regulatory Oversight Responsibilities

Findings

- ▶ Oversight of California's health care facilities, professionals, and medical devices is widely distributed among two state agencies, seven state departments, and 18 largely autonomous boards and commissions. For some regulated entities, different state departments and agencies share responsibility for basic licensure and certification.
- ▶ The wide distribution of responsibilities may present a barrier to an effective and efficient regulatory oversight system unless there is useful, organized communication between state entities.

Opportunities

- ▶ Consider the advantages of consolidating state oversight functions for selected facility/provider categories.
- ▶ Examine the various systems of care and how the state government's oversight of the components of those systems represents an efficient use of public funds, and is well-coordinated and seamless from the standpoints of both consumers and providers of services.
- ▶ Consider the advantages of consolidating health care-related professional licensure/certification under one cabinet official, so that responsibility for facilities and professionals is under the same state agency.

As shown graphically below, there are more than 160 categories of health care facilities or facility designations, professionals, and medical devices regulated by California state government bodies, and this regulation is widely distributed among individual agencies, departments, and programs under both CHHS and DCA. (See Tables 1 and 2 on page 5.)

Table 1. Categories and Total Number of Health Care Facilities, Professionals, and Medical Devices Regulated by California State Agencies

	HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF CONSUMER AFFAIRS	
	Categories	Number of Regulated Entities/ Individuals Reported	Categories	Number of Regulated Entities/ Individuals Reported
Facilities	61	73,354	12	10,973
Professionals	29	454,771*	58	373,349*
Devices	1	80	0	0

*The actual number of professionals is considerably greater than the numbers represented by the survey responses since responses were received from only 48% of state government agencies regulating professionals.

Table 2. Distribution of Health Care Regulatory Oversight Among California State Agencies

	FACILITIES*	PROFESSIONALS	DEVICES
Health and Human Services Agency	61	29	1
Department of Aging	1	0	0
Department of Public Health	40	22	1
Department of Health Care Services†	9	2	0
Department of Social Services‡	7	1	0
Emergency Medical Services Authority	2	3	0
Office of Statewide Health Planning and Development	2	1	0
Department of Consumer Affairs (18 boards, committees, and programs)	12	58	0

*The Department of Forestry and Fire Protection, Office of the State Fire Marshal, is responsible for fire/life safety standards for health facilities, but was not included in the scope of this project.

†The Department of Alcohol and Drug Programs (DADP) provided survey responses. However, as of July 1, 2013, the oversight functions and authority of the DADP were transferred to the Department of Health Care Services (DHCS), so the DADP survey response totals are included under the DHCS figures.

‡The Department of Social Services responses included figures for mental health rehabilitation and psychiatric health facilities. However, as of July 1, 2013, oversight of these entities was transferred to DHCS, so the survey response figures for those entities are included in the DHCS figures.

Responses to the surveys in this project highlight two circumstances in which the wide distribution of regulatory responsibilities might affect the effectiveness and efficiency of oversight programs:

- ▶ Where a single category of provider must deal with multiple state agencies to obtain basic approvals for licensure and certification
- ▶ Instances in which a system of care, and the individual facilities and professionals who work within that system, operate under the authority of multiple state agencies.

Single Category of Provider, Multiple Agencies

Over the years, state government has reorganized the way in which health care is regulated. Some “super departments” have been created to oversee many entity categories within a single system or environment. But smaller departments or subagencies continue to exist that specialize in the provision of services to a specific population, or a specific category of services. Also, regulated facilities or providers themselves may take on multiple components or programs, requiring them to seek separate regulatory approval, sometimes having to

meet different standards with each. At the same time, the different state agencies overseeing the same health care entities may remain isolated from each other, despite their common purposes and site of responsibility. Such overlapping regulatory responsibility can create unnecessary complexity for the regulated entity and confusion or difficulty on the part of the public in obtaining health care from the entity.

The survey responses in this project suggest that there are at least three examples of single categories of provider where basic licensing and certification functions are shared by more than one agency. (This does not include situations in which other types of federal, state, or local approvals are necessary to do business. For a discussion of those issues, see “Role of Federal and Local Governments,” below.) These instances of overlapping authority may present opportunities to consolidate regulatory oversight responsibility, thereby increasing efficiency for the state, decreasing complexity for the entity, and enhancing clarity for the public. An example of such consolidation is the initiative that relocated the Department of Managed Health Care under CHHS.

► **Adult Day Health Care.** Adult day health care centers are licensed by the California Department of Public Health (CDPH), Licensing and Certification. But they may also be certified as Community-Based Adult Services programs by the California Department of Aging (CDA), under arrangement with the Department of Health Care Services (DHCS). Thus, three agencies (CDPH, CDA, and DHCS) may have some licensing jurisdiction over a single dual-certified center.

► **Psychiatric Health Facilities/Mental Health Rehabilitation Centers.** As of the 2013–14 state budget, DHCS is now responsible for licensing and certifying psychiatric health facilities (PHF) and mental health rehabilitation centers (MHRC). Also, the Centers for Medicare & Medicaid Services (CMS) contracts with a private entity to conduct routine federal surveys of PHFs, to determine compliance with the Medicare Conditions of Participation. However, CMS may also request the California CDPH to conduct complaint investigations or validation surveys on its behalf. Also, an MHRC may be licensed either as a separate freestanding facility or as a part of a skilled nursing facility (SNF), which is licensed and certified by CDPH. Or, the facility’s SNF license may be put

into suspense (limiting the types of care that may be provided) in order to license it as an MHRC.

Since CDPH is also responsible for other behavioral health care-related oversight (including licensing acute psychiatric hospitals, chemical dependency recovery hospitals, and psychology clinics), it might be more efficient to centralize oversight responsibilities for all categories of behavioral health facilities under the single CDPH umbrella.

► **Programs for All-Inclusive Care for the Elderly (PACE).** DHCS is the state entity with primary responsibility for regulating PACE. However, PACE organizations are required to hold separate licenses as primary care clinics, adult day health care centers, and home health agencies, all of which are licensed by CDPH.

California law permits PACE organizations to seek exemption from licensure for these three categories if they submit policies and procedures that demonstrate their ability to comply with licensing requirements. If the exemption is granted, they are no longer under the oversight authority of CDPH but are under the exclusive oversight of DHCS. Since this exemption process already permits some PACE organizations to move exclusively under DHCS, there exists an opportunity to streamline oversight of all PACE organizations by doing away with the separate, multiple licensing altogether and vesting exclusive authority over them with DHCS.

Distribution of Responsibility Within Systems of Care

A separate, related issue is the extent to which the distribution of regulatory oversight responsibilities among different agencies helps or hinders broad systems of care for specific populations (based on commonalities of age, diagnosis, or need for services). Examples of such systems of care include programs and services for children, for persons with need for long term care services and support, and for persons with intellectual disabilities. Regulatory structures for facilities and professionals that work within such a particular system of care generally are not designed to be responsive to such systems.

The provision of care for behavioral health/mental health/substance use disorders is an example of the potential for disconnects between the regulation of the facilities

and professionals that provide the services, and the system of care for populations who need those services. The oversight of facilities that treat mental health, behavioral health, and substance use disorders is spread over multiple state departments (see “Regulatory Oversight for Categories Related to Behavioral Health–Related

Systems of Care” below). This extensive multiplicity of regulatory authorities raises an important question: To what extent do these state agencies communicate with each other about common policies regarding scope of services, ease of access, quality of care, and continuity of care?

Regulatory Oversight for Categories Related to Behavioral Health–Related Systems of Care

The following is a list of the distribution for regulatory oversight of facility and professional categories related to behavioral health–related systems of care. These responsibilities are under the jurisdiction of two state agencies and four state departments.

CDPH licenses and/or certifies the following categories:

- ▶ Acute Psychiatric Hospitals
- ▶ Chemical Dependency Recovery Hospitals
- ▶ General Acute Care Hospitals with Psychiatric Units and/or Outpatient Psychiatric Services
- ▶ Primary Care Clinics and other clinics (Rural Health Clinics and FQHCs) that provide integration of primary care and behavioral health treatment
- ▶ Psychiatric Health Facilities (limited oversight upon request by CMS)
- ▶ Psychology Clinics
- ▶ SNFs that operate a Special Treatment Program, a designation now under the authority of DHCS

DHCS licenses and/or certifies the following categories:

- ▶ Alcohol or Drug Counselors in licensed and certified facilities
- ▶ Alcoholism or Drug Abuse Recovery or Treatment Facility
- ▶ Driving-Under-the-Influence Program
- ▶ Mental Health Rehabilitation Centers
- ▶ Narcotic Treatment Program
- ▶ Psychiatric Health Facilities
- ▶ Residential Alcoholism Drug Abuse Recovery or Treatment Facility

DSS licenses the following categories:

- ▶ Adult Residential Facilities
- ▶ Group Homes
- ▶ Social Rehabilitation Facilities

DCA boards and bureaus license related professions:

- ▶ Board of Behavioral Science
- ▶ Board of Registered Nursing
- ▶ Board of Vocational Nursing and Psychiatric Technicians
- ▶ California Board of Psychology
- ▶ Medical Board of California

Role of Federal and Local Governments

While California state government regulates a significant portion of the health care delivery system, the federal and local governments also have a key oversight role.

Federal Government

Other than participation in Medicare and Medi-Cal, the federal government plays no major role in regulating the licensure of health care professionals or facilities, deferring to the state to perform this function. Where federal and state governments do share oversight responsibility, state government requirements may exceed or be more specific than federal requirements.

The following are some of the most significant areas in which the federal government has a significant role in regulating health care facilities and professional practices:

- ▶ Regulation of drugs and medical devices and equipment — the Federal Drug Administration (FDA) has authority over drugs; medical devices; radiation-emitting products; vaccines, blood, and biologics; and other similar products and devices
- ▶ Regulation by CMS of Conditions of Participation (COP) in Medicare and Medicaid for all categories of eligible facilities and professionals, and standards for payment to enrolled providers; under the California State Plan, the federal COP for health care facilities also applies to providers seeking Medi-Cal enrollment
- ▶ Enforcement of federal requirements — the FDA and CMS enforce their own regulations, and the federal Department of Justice participates in cases of prosecution
- ▶ Enforcement of controlled substances laws and regulations by the federal Drug Enforcement Agency
- ▶ Enforcement actions against individuals through reporting to the National Practitioner Data Bank, which centrally stores records of disciplinary actions, including state enforcement actions
- ▶ Coordination of efforts to foster competition in the health care marketplace through the Federal Trade Commission and the Anti-Trust Division of the federal Department of Justice
- ▶ Patenting of drugs or devices through the Patent and Trademark Office

Local Governments

Local governments have jurisdiction over facilities and providers in several areas, including:

- ▶ Local authorities approve new construction or renovations, in accordance with state and local laws.
- ▶ Facilities and providers may be required to obtain a local business license.
- ▶ Local governments oversee the density of certain types of health care facilities in residential areas.
- ▶ Local emergency medical services authorities, in conjunction with other county entities, have authority to approve hospital trauma designations and emergency services plans.
- ▶ Local fire authorities inspect facilities for compliance with local fire safety requirements and issue fire clearances and maximum occupancy permits.
- ▶ Local public health departments have authority to inspect the dietary preparations, services, and spaces in many categories of facilities.
- ▶ Facilities are required to report infectious disease outbreaks to local public health departments.
- ▶ Mandated reporters are required to report alleged instances of abuse or neglect to local law enforcement, adult protective services, child protective services, or local ombudsman programs.
- ▶ All facilities and offices must meet local zoning requirements and building standards for their building category and the types of services provided; however, some categories of health care facilities are under the building authority of the state Office of Statewide Health Planning and Development rather than local building authority.

With regard to medical devices, equipment, and drugs, local governments have minimal direct regulatory oversight authority. However, if a medical device, equipment, or drug presents a public health problem or challenge, a local public health department may become involved to protect the welfare of Californians within its jurisdiction.

Initial Applications, Renewals, and Fees

Findings

- ▶ There is considerable variability in the requirements for initial licensure, certification, and other designations within categories of facilities and professionals.
- ▶ The application and renewal processes do not make full use of available technology that could save both time and costs for the applicant and the state.

Opportunities

- ▶ Examine the processes and requirements for issuance and renewal of licensure for similar categories of professionals and facilities, to ensure that minimum professional requirements/qualifications established in state law are met.
- ▶ Improve the use of technology to provide online access to, and processing of, applications and payment of fees for prospective providers.

State regulatory programs require prospective applicants to meet specific eligibility standards and to submit sufficient documentation and other information. The process is intended to determine the applicant's suitability and eligibility for licensure, certification, or other designation, based on standards for the particular category, and to place appropriate restrictions on them in their operation of a facility or in their performance as a health care professional. The underlying purpose of the requirements is to protect public health and safety.

The process and requirements vary widely by category of facility, profession, or medical device. While in some cases there may be good reasons for the variances, in-depth review may show that certain differences cannot be justified and should be remedied. The following are among the more noteworthy differences among qualifications, as revealed through the surveys.

Facilities

Of the 68 (out of 73) categories of health care facility or other health care site:

- ▶ 57 review prior compliance history
- ▶ 48 include an onsite inspection

Professional Licensure or Certification

Of the 42 (out of 87) categories of health care professional:

- ▶ 16 have age requirements
- ▶ 37 require payment of a fee
- ▶ 28 require criminal record clearance
- ▶ 6 have reciprocity with other states (which may have workforce implications)
- ▶ 21 require a minimum number of hours of education and training

For a more complete overview of application processes and requirements for licensure, certification, registration, or other designation, based on this project's survey responses, see Table 3 on page 10.

In addition to inconsistencies in required application information and eligibility standards, there is considerable variance in the use of online technologies for license or certification application and renewal. (See Table 4 on page 10.)

Ready online access to applications and other forms, as well as online information about the process of initial application for or renewal of state licenses, certifications, registrations, or other designations, can be very helpful to both prospective applicants and the licensing body. But as Table 4 shows, while initial applications are often available to download, applicants may not be able to fill in the application, return the applications, or pay fees online. Also, most state entities use regular mail notification of upcoming renewals. These largely paper processes require more time and costs than necessary for both the applicant and the state entity, particularly given relatively simple existing online technology that can enable these tasks to be performed.

Table 3. Major Requirements for Licensure or Certification

	FACILITIES (68 of 73 categories)	PROFESSIONALS (42 of 87 categories)	DEVICES (1 category)
Application	66	41	1
Fee	56	37	1
Desk Review	37	40	1
Proof of Education/Training	Not applicable	41	Not applicable
Testing	Not applicable	32	Not applicable
Onsite Review/Inspection	48	3	0
Documentation from Other Agency	34	31	0
Age	Not applicable	16	Not applicable
Reciprocity	Not applicable	6	Not applicable
Criminal Background Check	23	28	Not applicable
Prior Compliance History	57	Not asked	Not asked
Minimum Amount of Education/Training	Not asked	21	Not applicable
Other*	15	19	0

*Includes requirements such as business ownership information, federal certifications, financial affidavits, lease/property ownership documentation, and evidence of policies and procedures.

Table 4. Tasks That Applicants Can Perform Online

	FACILITIES (68 of 73 categories)	PROFESSIONALS (42 of 87 categories)	DEVICES (1 category)
Obtain Initial Application	60	37	0
Submit Initial Application	2	9	0
Pay Initial Fees	8	8	0
Obtain Renewal Applications	20	30	0
Submit Renewal Applications	1	8	0
Pay Renewal Fees Online	7	6	0

Funding for Regulatory Oversight Functions

Finding

- ▶ The operational costs of the vast majority of regulatory oversight functions are funded almost entirely by state fees from the regulated community; other categories are funded entirely by federal funds or a combination of federal funds and state fees; only a few categories have funding through the State General Fund.

Opportunities

- ▶ For those regulatory oversight functions funded by the General Fund, there may be opportunities to shift to non-General Fund sources:
 - ▶ Use of allowable Medi-Cal provider taxes could produce a match to federal funds to pay the costs of licensure and/or certification.
 - ▶ Use of licensing fees paid by the regulated community could replace funding by the State General Fund.

Over the past several years, state budget constraints have led to efforts to minimize use of the State General Fund to support regulatory oversight. The most common alternative to the General Fund has been user fees, which pass the cost of state regulatory oversight functions to the regulated community. As a consequence of this increased reliance on fees, the amounts of those fees has tended to increase. When fees were first established for specific categories of facilities or providers, some were set at an amount based on fees paid in other states, or fees paid by analogous categories, but these amounts are now insufficient to make up for the loss of support from the General Fund. Some regulatory oversight agencies must seek legislation to change fees, while others have the authority to change fees through regulation or through the annual budget process.

Also, over time many oversight responsibilities have increased in complexity and/or demand on state resources, in many instances leading to a workload-based setting of fees. Where regulatory oversight programs continue to use the General Fund to pay the cost of regulating facilities or professionals, there may be an

opportunity to reexamine the workload associated with these responsibilities and adjust funding accordingly.

Another source of funding for state regulatory oversight might be Medicaid (Medi-Cal) taxes. For specific categories of providers there has been an increased use of Medicaid provider taxes, or other taxes or fees, to meet state matching funds requirements and thus maximize the federal matching funds available for provider reimbursement. Although the revenue generated from provider taxes cannot be used for the administration of Medi-Cal, it can be used for “other health care items or services . . . on which the State has enacted a licensing or certification fee” subject to specific requirements [42 CFR 433.56(a) (19)]. This seldom-used provision presents an opportunity to identify those regulatory responsibilities related to licensing and certification for which the use of a provider tax would be permitted.

Mixed State and Federal Funding Must Be Considered

It should be noted that some state entities conduct regulatory oversight under federal authority or under both state and federal authority. The funding sources for these responsibilities can vary greatly, with the federal government paying a share of costs for work completed under its authority. For instance, there is a certain percentage of workload associated with hospital licensure and certification under Medicare and Medicaid. Consequently, the sources of funding for hospital oversight depend on the type of oversight activity being performed (whether under state licensing or federal Medicare and/or Medicaid authority). This leads to a somewhat complicated mix of funding sources that must be considered when proposing any changes to state funding sources.

This project’s survey respondents were asked about the funding sources for each regulatory oversight function. Table 5 (on page 12) shows their responses.

Table 5. Funding Sources for State Regulatory Oversight

	FACILITIES (68 of 73 categories)	PROFESSIONALS (42 of 87 categories)	DEVICES (1 category)
Regulation Under State Authority			
100% Fee Supported	43	33	1
Mix of Fees and Federal Funds	2	1	0
Mix of State Funds, Federal Funds, and User Fees	4	0	0
Mix of State and Federal Funds	2	0	0
100% Federal Funds	2	0	0
Other	4	3	0
Not Applicable or Did Not Answer	11	5	0
Regulation Under Federal Authority			
100% Fee Supported	12	0	0
Mix of Fees and Federal Funds	15	0	0
Mix of State and Federal Funds	1	0	0
Mix of State Funds, Federal Funds, and User Fees	0	0	0
Mix of State Funds and Fees	0	0	0
100% Federal Funds	1	0	0
Other (including mix of state plus fees, and state-only)	3	4	0
Not Applicable or Did Not Answer	36	38	1

The following are examples of possible alternative funding sources for selected programs:

- If the licensure and certification of Adult Day Health Care (ADHC) and Community-Based Adult Services (CBAS) centers were consolidated under CDA, the administrative costs of certifying CBAS providers might be paid for by a combination of licensing fees and Medicaid provider taxes (with a federal match).

Alternatively, if a portion of the licensing fees currently paid by ADHCs to CDPH were allocated to CDA to support consolidation of ADHC/CBAS licensing and certification at CDA, the revenue collected might pay for both the ADHC licensing and the state match portion of the CBAS certification oversight functions.

- DHCS administrative costs associated with approving/certifying PACE organizations might meet the criteria for Medicaid provider taxes. If the responsibilities for the required licenses (clinic, ADHC, and home health agency) for PACE organizations were consolidated under DHCS, the Medicaid taxes paid by PACE organizations could not exceed the licensing fees they are currently paying to CDPH. This would result in the regulatory oversight program for PACE organizations being funded by a combination of federal funds and Medicaid provider taxes instead of requiring General Fund monies as a match.

Alternatively, if the fees currently paid by PACE organizations to CDPH for their three-part licensure were instead paid to DHCS (and the oversight functions consolidated), that might make oversight of PACE organizations self-funding, thereby eliminating one barrier to continued growth of the

PACE program. The fees could be prorated based on the number of participants for each organization.

- ▶ Some categories of community care facilities are still supported by a portion of the State General Fund. Additional analysis is required, but calculation of the increased fees necessary to eliminate the General Fund portion could be coupled with a workload analysis of the costs of increased periodic onsite surveys to require the regulated community to pay for the costs of oversight.

Frequency and Intensity of Oversight

Findings

- ▶ Oversight of facilities most often includes an onsite review, while oversight of professionals includes responding to complaints and verification of compliance with continuing education credits.
- ▶ The required frequency of facility onsite reviews varies considerably, from annually to once every seven years; some state entities may not be complying with required oversight intervals.
- ▶ The scope and content of facility onsite reviews, and the qualifications and training of state staff that conduct those reviews, can vary significantly.
- ▶ Some routine oversight functions are contracted or delegated to entities outside the state agency responsible for oversight; delegation is most often made from the state to one or more counties.

Opportunities

- ▶ Review the categories of professionals and facilities that do not have routine oversight conducted to determine if this practice is appropriate, and review the required frequency of oversight where it exists, to determine its sufficiency.
- ▶ Consider providing the authority for state entities to conduct random onsite reviews of professionals who practice from their own offices.

- ▶ Review the extent to which state entities comply with required oversight frequency.
- ▶ Review state staff qualifications and training to conduct oversight activities, and the scope of oversight conducted given the types of services provided.
- ▶ Review the effectiveness and efficiency of contracting out or delegating oversight functions.

Periodic oversight is a common way to determine the extent to which regulated entities comply with the standards for holding a license, certificate, registration, or other state designation. The type of regulated entity, the intensity of services provided by the entity, and the mandates under which state government regulates the entity, all determine the nature and frequency of that required oversight.

Oversight for some programs consists of monitoring the requirements for license renewal (e.g., continuing education requirements and payment of a fee), and/or responding to specific complaints. Onsite inspections are another form of monitoring, and are most often used by state regulators for oversight of facilities.

In some instances, the oversight function is contracted out or delegated. Contracting out or delegation can be for the entire oversight function, but most often it consists of contracting with one or more counties for specific oversight functions. Examples include delegating to counties the designation of trauma centers and emergency medical services plans, contracting with Los Angeles County the responsibility for state licensing and federal certification of health care facilities, and contracting with Los Angeles and San Diego County Radiation Management for oversight of certain categories of professionals who handle equipment with radioactive materials.

Based on this project's survey responses, routine oversight was provided as shown in Tables 7 through 9 on page 14.

Table 7. Periodic Oversight Required and Contracted Out

	REQUIRED*	CONTRACTED OUT†
Facilities (68 of 73 categories)	66	34
Professionals (42 of 87 categories)	28	13
Devices (1 category)	1	Not asked

*The focus of this survey question was whether periodic oversight is required, not if the state agency meets the requirements.

†Can mean in its entirety, for selected function only, or only with one or more counties.

Table 8. Nature of Periodic Oversight

	FACILITIES (68 of 73 categories)	PROFESSIONALS (42 of 87 categories)	DEVICES (1 category)
Any	66	28	1
Contracted Out*	34	13	Not asked
Onsite	52	8	1
Other†	14	20	0
Blank	2	14	0

*Contracting out can include partial contracting out or contracting with a specific county.

†Some indicated “Other” to mean the Legislative Sunset Review process, rather than regulatory oversight of facilities or professionals.

**Table 9. Required Periodic Oversight Cycle for Facilities
(68 of 73 categories)**

	STATE*	FEDERAL
Annual	4	3
Biennial	14	2
Triennial	11	2
Other†	30	14
Not Applicable	8	31
Did Not Answer	1	16

*A single category of facility can have periodic oversight cycles under both state law and federal law. Those cycles may be different.

†Other oversight cycles mentioned in responses include: community care facilities (six categories), which are surveyed no less than once every five years (with a 30% random sample of facilities receiving a more frequent survey); some delegated (by law) oversight depends on the cycle established by the local jurisdiction; some vary according to a system of priority (one to five years); others under contract with the federal government can go up to four, six, or seven years depending on grant requirements.

Periodic state oversight of professionals does not usually involve an onsite review, but random onsite reviews may be appropriate for professionals who work in their own offices. Some state regulatory bodies may have misinterpreted the survey question by indicating that the periodic oversight consists of the Legislative Sunset Review process (once every five years) for the licensing agency itself, rather than oversight of the professionals regulated by the agency; others report that there is no oversight unless there is a complaint; and some indicate that professional certification reviews coincide with facility inspections, which are once every five years. For a summary of survey responses regarding oversight of professionals, see Table 10, and for the single category of medical devices, Table 11.

Table 10. Required Periodic Oversight Cycle for Professionals (42 of 87 categories)

Annual	2
Other*	26
No Response	14

*Includes a 10-year cycle for internal audits; the Legislative Sunset Review process, every four years; no oversight unless there is a complaint; and professional certification reviews to coincide with facility inspections (intervals of five years).

Table 11. Required Periodic Oversight Cycle for Medical Devices (1 category)

Every one, two, or three years, depending on the inspection frequency of the device manufacturer’s radioactive materials license.

Although outside the scope of this project, it is important to better understand the nature of the oversight work completed. Some state agencies may be unable to comply with required oversight cycles; for some categories there may be a disconnect between oversight requirements and the resources the agency has to comply with those requirements. It is also important to examine whether the cycles are sufficiently frequent. In addition, the qualifications and training for state staff who conduct oversight activities varies and should be examined. Also, the content of the onsite oversight review and the length of time it takes to complete the review may be important. Finally, for any particular facility it is important to be able to determine how long it has been since the facility received an onsite review.

Facility Compliance Domains and Currency of Requirements

Finding

- ▶ The regulatory requirements for some categories of facilities and professionals are not current (in the view of the regulators).

Opportunities

- ▶ Regulatory requirements should be updated to eliminate obsolete, conflicting, or irrelevant requirements, and to include new requirements if necessary.
- ▶ Review of regulatory requirements by a broad-based stakeholder group could reduce the potential public perception that such a review was self-serving for providers.

Health care facilities, professionals, and devices in California must meet state minimum standards as a condition of initial and continuing licensure, certification, registration, or other designation. While many types of facilities must comply only with state standards (e.g., congregate living health facilities, pediatric day health facilities, and respite care facilities), some categories of facilities (e.g., hospitals, skilled nursing facilities, and home health agencies) must comply with federal standards as well.

Minimum standards reflect the nature of the services provided. For instance, California hospitals are required to provide eight basic services in order to be state licensed, and have the option to be licensed for certain supplemental services. Clinics that provide only outpatient services, on the other hand, do not need to meet the same minimum standards as hospitals or other facilities that provide inpatient care.

The authority to establish facility categories and state standards are written into state statutes, with a general framework and such specific requirements as the legislature includes. More detailed standards are established through the regulatory process. The content of specific regulations may depend on when the facility category was established. That is because regulations are influenced by public policy, community standards of practice,

and best operational practices, all of which tend to change over time. For example, certain surgeries used to require hospital inpatient stays but are now frequently performed on an outpatient basis. Likewise, other care and services that used to be provided in an institutional inpatient setting are now provided in facilities with a more home-like environment or in a residential setting. State statutes and associated regulations should keep pace with such dynamics within the health care delivery system.

If the facility category qualifies for participation in Medicare and Medi-Cal, an individual facility must meet specific federal CMS COPs. CMS enters into agreements with each state's survey agency (in California, CDPH) to conduct certification work to confirm compliance with these COPs; the state has no authority to change any of these federal COPs or the conditions of the compliance reviews.

The surveys in this project asked state regulating agencies to report on general compliance domains in order to give a sense of what major categories state regulatory requirements include, compared with federal regulatory requirements. Some facility categories have state-only requirements, others have federal-only requirements, and some have both state and federal requirements. Table 12 (on page 16) reports on compliance domains for facilities, based on the survey responses.

It should be noted that a detailed comparative analysis of state and federal requirements and regulations is beyond the scope of this report. It would be extremely useful to both the state and to the facilities — but require considerable effort — if an analysis were made of the extent to which there are duplicative state and federal requirements for the same facility category, and gaps or obsolete requirements in state or federal requirements that should be addressed.

Table 12. Compliance Domains for Facilities Under State and Federal Requirements (68 of 73 categories)

	STATE	FEDERAL
Administrative	31	19
Admission, Transfer, Discharge	34	17
Anesthesia Services	5	2
Assessments/Plan of Care/Treatments	46	19
Building Renovation/New Construction	28	5
Dietary Services	22	3
Disaster Preparedness/Emergency Response	25	2
Equipment and Supplies	25	18
Fire/Life Safety	24	9
Governance	36	18
Infection Control	35	9
Laboratory Services	15	7
Laundry/ Housekeeping	30	16
Medical Records	38	19
Medical Services	28	20
Nursing Services	27	16
Operational Use of Space	15	16
Optional Services	6	16
Patient/Resident/Client Rights	34	16
Pharmaceutical Services	33	18
Policies and Procedures	38	22
Quality Assurance	25	21
Radiologic Services	11	6
Staffing Levels/Requirements/ Competencies	7	18
Surgery Services	6	4
Utilities, Related Mechanical Systems, and Building Maintenance	26	5
Waste Disposal	35	14

In addition to listing the domains in which they must judge compliance, survey respondents were asked to offer a subjective assessment of whether the requirements governing the categories of facilities and professionals for which they have regulatory jurisdiction are current or need to be updated. If minimum standards are not current and do not reflect the best community standards of practice, scope of practice, and changing models of health care delivery, two sets of problems result. One, the facilities may be engaging in practices that are not reviewed adequately, or at all. Two, the facilities may be engaging in compliance efforts — or seeking exemptions or waivers from them — that are outdated and therefore wasteful of both the facilities' time, energy, and funds and those of the state, which must oversee the compliance or act on the waiver requests. And if the exceptions are not requested or the state agency lacks the authority to provide waivers, providers run the risk of being deemed deficient regarding outdated requirements.

Based on these subjective responses, as offered in Table 13, it appears that the requirements for professionals are generally more likely to be current than are the requirements for facilities.

Table 13. Regulatory Requirements Considered Current

	FACILITIES (68 of 73 categories)	PROFESSIONALS (42 of 87 categories)	DEVICES (1 category)
Yes	25	28	1
No	27	2	0
Partially*	9	10	0
Other	1	0	0
N/A	1	0	0
No Response	5	2	0

*Some respondents answered "Partially" to indicate that they were in the process of updating the requirements.

Note: N/A means not applicable.

Complaints and Enforcement

Findings

- ▶ The vast majority of state regulatory agencies have authority to investigate complaints regarding the regulated community.
- ▶ While termination is available as an enforcement consequence for noncompliance in almost all categories of facility and professional oversight, the ability to craft lesser penalties varies considerably among categories.

Opportunities

- ▶ Review those categories without authority to investigate complaints, to determine if authority should be granted under state law.
- ▶ Analyze availability and effectiveness of enforcement remedies for similar categories of provider in order to bring consistency to enforcement practices, and make available to state agencies the broadest appropriate array of enforcement remedies.

If the state issues a license, certificate, registration, or other designation, using specific standards and qualifications, the state can also enforce compliance with those standards. This includes the authority to investigate complaints filed against the regulated facility or professional, and to take remedial or punitive action.

Survey respondents in this project provided information with regard to their authority to investigate complaints, as shown in Table 14.

Table 14. Authority to Investigate Complaints

FACILITIES (68 of 73 categories)	PROFESSIONALS (42 of 87 categories)	DEVICES (1 category)
65	41	1

Note: Some state regulatory programs that report the lack of authority to investigate complaints may be required to defer complaint investigations to the federal government or other entity.

Enforcement tools available to California state agencies (and for comparison, the federal government) for a health care facility, professional, or medical device provider's failure to comply with regulatory standards vary considerably, as shown in Table 15 (facilities), Table 16 (professionals), and Table 17 (medical devices).

Table 15. Enforcement Remedies for Noncompliance: Facilities (68 of 73 categories)

	STATE	FEDERAL*
Findings of Deficiencies with Plan of Correction	50	23
Fines/Monetary Penalties	39	10
More Frequent Oversight	56	20
Probation	19	0
Termination/Revocation	59	21
Temporary Suspension Order	33	3
Ban on Admissions	13	7
Ban on Payment for New Admissions	11	7
Receivership/Temporary Manager	5	7
Other†	27	3

*Not all categories have federal requirements or oversight, hence the lower numbers.

†Includes placement on an exclusion list; disapproval of a facility or county-wide plan; administrative, civil, and/or criminal penalties; onsite monitoring; directed plan of correction; findings of deficiencies; letters of admonishment; and withholding of Medi-Cal payments.

Table 16. Enforcement Remedies for Noncompliance: Professionals (42 of 87 categories)

	STATE	FEDERAL*
Findings of Deficiencies with Plan of Correction	19	2
Fines/Monetary Penalties	25	2
More Frequent Oversight	22	5
Probation, Proctoring, or Preceptorship	35	5
Drug Diversion Program	14	5
Termination/Revocation	41	0
Other†	22	3

*Health care professionals are less likely to be licensed under federal authority; hence, few responses in the "Federal" column.

†See Table 15 footnote.

Table 17. Enforcement Remedies for Noncompliance: Medical Devices (1 category)

	RESPONSE
Findings of Deficiencies with Plan of Correction	Yes
Fines/Monetary Penalties	No
More Frequent Oversight	Yes
Termination/Revocation	Yes
Other	No

Collection and Public Availability of Information

Findings

- State programs maintain information, for various purposes, about the regulated community; some information may be made available to the public under state and federal laws.
- Basic information about the regulated community is not always available online.

Opportunities

- Review the information maintained to identify more information that could be made available to the public in accordance with state and federal laws.
- Provide increased online public access to information about the regulated community. This could include access to basic information about licensure and certification, complaints, the nature and actual text of identified deficiencies, and enforcement actions (fines, probation, diversion, etc.).

State government agencies maintain information about the health care categories they regulate, in order to assist with administration of their oversight functions, to conduct analyses about the regulated community, and to provide information to the public. Data maintained can also track referrals made to other state agencies for instances that involve serious noncompliance.

Based on responses from the 17 General Characteristics surveys received, there are at least 89 separate databases, spreadsheets, or logs maintained by the regulating state agencies for the 68 categories of facilities, 42 categories of professionals, and 1 category of devices for which survey responses were received. The types and purposes of these information sources vary, as shown in Table 18.

Table 18. Types of Content in Information Systems

	NO. OF SYSTEMS
Basic Information (e.g., name, address, ownership, category)	72
Compliance History	39
Workload Analysis	36
Compliance Determinations, History	51
Enforcement Actions	42
Analysis of Regulated Entity	43
Referral to Other Agency, Law Enforcement, etc.	29

Consumers, payers for health care services, public policy decisionmakers, and other stakeholders have an interest in accessing basic information about regulated facilities and professionals. Where consumers have a choice or for other reasons want to know more about the places or professionals that provide their care, it is essential that this information be easily accessible, including online availability. While some state programs have made significant strides in making public information about regulated health care facilities and professionals easily accessible online, others do not make even basic information about health facilities and professionals readily available.

Tables 19 and 20 show the results of survey responses from state agencies regarding information they make available, online and by other means, about regulated facilities and professionals.

Table 19. Information Available to Public, Online or Through Other Means, About Facilities
(68 of 73 categories)

RESPONSE*	ONLINE	OTHER MEANS
No Information Available Online	26	—
Names and Addresses	39	60
Surveys or Investigation Findings	9	59
Number/Types of Complaints	9	50
Final Compliance/Enforcement	12	51
Officers or Executives	5	56
Authorized Beds or Services	22	43
Expiration Date of License/Certification	23	50
Penalties and Fines	19	33
Ownership	22	57
Other†	15	16

*Not all response options are applicable to all facility categories.

†Includes other types of disciplinary actions, reference information about regulatory requirements, designated representatives, and other program-related materials.

Table 20. Information Available to Public, Online or Through Other Means, About Professionals
(42 of 87 categories)

RESPONSE	ONLINE	OTHER MEANS
No Information Available Online	4	—
Names and Addresses	13	26
Survey or Investigation Findings	2	7
Number/Types of Complaints	3	7
Final Compliance/Enforcement	10	19
Expiration Date of License/Certification	33	21
Penalties and Fines	10	15
Ownership	0	1
Other*	28	14

*Includes information about other types of disciplinary actions, reference information about requirements/standards, and other program-related materials.

Communication Between Government Agencies

Finding

- Communication between state health oversight programs varies, the result of which could be a fragmented oversight process potentially leading to harm to patients, clients, or residents.

Opportunities

- Analyze the extent to which state agencies have defined criteria for referral to other state oversight agencies, regularly implement those referral processes, and track referrals made.
- Establish best practices based on those state agencies that currently have effective referral and tracking programs for enforcement actions taken against the regulated community.
- Make better use of interagency agreements, delegation orders, and memoranda of understanding, in conjunction with referrals, data sharing, and other communication between state agencies.

With oversight responsibilities widely distributed among state agencies, effective communication between those agencies can be challenging. Meeting that challenge with effective data sharing and other regularized communication can result in a more efficient use of state resources and a more seamless system of oversight for the protection of the health and safety of Californians.

Ten state departments, divisions, or programs that have regulatory responsibilities within CHHS, and seven boards or committees within DCA, completed a General Characteristics Survey, for a total of 17 such surveys submitted. Of those, 16 stated that they communicate with other state agencies. The nature of that communication is set out in Table 21.

Based on the list of other agencies with which state regulatory agencies communicate (as provided in the survey responses), it appears that a portion of these communications involves the investigation, processing, and prosecution of disciplinary actions taken against their regulated entities. It would seem essential for state agencies to communicate the results of their disciplinary or

enforcement actions to other regulatory bodies, where those actions indicate potential for violations within other regulated categories — for example, the Medical Board of California investigating a complaint against a physician when the facts of the investigation involve that physician’s performance in a hospital.

However, based on the general nature of the survey questions and responses, it cannot be confirmed that this type of interagency relationship exists on a regular basis. The important question remains whether, and if so which, state entities have criteria and tracking processes for referring the results of a completed investigation to an entity responsible for another category of licensure. If not, a complainant would also have to know to file a separate complaint with the other regulatory entity in order to determine if the facility or professional had violated any of that category’s requirements. In the example of a physician’s noncompliance in a hospital setting, a complaint only to the entity regulating physicians could mean that the hospital’s own noncompliance might go undetected and potentially lead to the harm of other patients.

Further, while 16 of the 17 state regulatory agencies responded that they communicate with other agencies, only five stated that they had formal interagency agreements or delegation orders to define respective roles and responsibilities. None of these five involved referrals to other agencies for the purpose of sharing information that could be used by the receiving agency to consider initiation of an investigation, if warranted.

Of the 16 state regulatory agencies that responded to questions about communication with other state agencies, 13 reported that they communicate investigation, enforcement, or compliance information about their regulated entities to other state departments only on an as-needed basis, and 11 reported that their communication with other state agencies is restricted to specific regulated entities.

Table 21. Nature and Purposes of Interagency Communication (17 responding agencies)

Verify Information	16
Share Enforcement Actions*	13
Operational Issues in Common	12
Policy Issues in Common	12
Share Data	10
Other†	3

*Involving the investigation, processing, and/or prosecution of disciplinary actions taken against their own regulated entities.

†Includes assisting other agencies with exemption requests and sharing website licensure and enforcement data.

Appendix A. State-Regulated Categories of Health Care Facilities and Professionals

The following chart provides a list of the categories of health care-related facilities, designations, and professionals in California that are regulated by state agencies. (Designation refers to approval given to a facility to provide specific services, separate from any license for the facility; some designations may be given to facilities not licensed by the designating agency.) The chart arranges the categories under the California Health and Human Service Agency departments and the Business, Consumer Services, and Housing Agency, Department of Consumer Affairs, boards and committees responsible for their regulation and oversight.

Note: The number in brackets indicates the number of facilities or professionals within the category. Categories without a number indicate that the regulating board, committee, or other agency did not respond to the invitation to complete a survey.

FACILITIES OR DESIGNATIONS REGULATED		PROFESSIONALS REGULATED
California Health and Human Services Agency		
California Department of Aging	CBAS [260: 246 open, 16 closed and in suspense]	
California Department of Public Health*	<ul style="list-style-type: none"> ➤ Acute Psychiatric Hospital [38] ➤ Adult Day Health Center [300] ➤ Alternative Birthing Centers [8] ➤ Ambulatory Surgical Centers [771] ➤ Biologics License [220] ➤ Certificate of Registration/Licenses (Laboratory) [14,974] ➤ Certificate of Registration (Radiologic) [approx. 30,000] ➤ Chemical Dependency Recovery Hospital [6] ➤ Chronic Dialysis Clinics [4 licensed only, 571 licensed and certified as ESRD] ➤ Community Clinic [1,127] ➤ Comprehensive Outpatient Rehabilitation Facility [3] ➤ Congregate Living Health Facility (A, B, & C) [55] ➤ Correctional Treatment Centers [19] ➤ Critical Access Hospital [31] ➤ Drug Manufacturer License [453] ➤ End Stage Renal Dialysis [567] ➤ Federally Qualified Health Center or FQHC Look-alike ➤ Free Clinic [43] ➤ General Acute Care Hospital [437] ➤ Home Health Agency [1,451] ➤ Home Medical Device Retail [1,331] ➤ Hospice [435] ➤ Hospice Facility [1] ➤ Intermediate Care Facility [5] ➤ Intermediate Care Facility/Developmentally Disabled [10] 	<ul style="list-style-type: none"> ➤ Bioanalyst [48] ➤ Certified Hemodialysis Technician [5,676] ➤ Certified Home Health Aide [49,172] ➤ Certified Industrial Radiographer [unknown][†] ➤ Certified Nuclear Medicine Technologist [2,229] ➤ Certified Nursing Assistant [163,658] ➤ Certified Radiologic Technologist [24,952] ➤ Certified Supervisor/Operator (Radiologic) [23,859] ➤ Clinical Laboratory Scientist [16,589] ➤ Clinical Laboratory Scientist (Limited) and Cytotechnologist [2,582] ➤ Director License (Laboratory) [167] ➤ Genetic Counselor [464] ➤ Home Medical Device Retail Exemptee [2,806] ➤ Limited Permit X-Ray Technician [4,602] ➤ Medical Laboratory Technician [280] ➤ Medical Physicist [562] ➤ Nursing Home Administrator [2,045] ➤ Occupational Therapist in Independent Practice/Physical Therapist in Independent Practice/Speech Therapist [84] ➤ Phlebotomist [approx. 36,000] ➤ Public Health Microbiologist [1,885] ➤ Sickle Cell Anemia Counselor [4] ➤ Trainee (Laboratory) [1,086]

*In addition to regulating facilities and professionals, the CDPH regulates medical devices that contain a radiologic source: Source and Device Registry (80).

[†]Requires certification by other entity but does not directly issue certificate.

	FACILITIES OR DESIGNATIONS REGULATED	PROFESSIONALS REGULATED
California Department of Public Health,* <i>continued</i>	<ul style="list-style-type: none"> ▶ Intermediate Care Facility/Developmentally Disabled/Habilitative [760] ▶ Intermediate Care Facility/Developmentally Disabled/Nursing [419] ▶ Medical Device Manufacturers License [1,333] ▶ Pediatric Day Health and Respite Care Facility [16] ▶ Prenatal Diagnostic Center [139] ▶ Private Duty Nursing Agency [0] ▶ Psychology Clinic [25] ▶ Radioactive Materials License [approx. 1,800] ▶ Referral Agency [6] ▶ Rehabilitation Clinic [16] ▶ Rural Health Clinic [271] ▶ Skilled Nursing Facility [1,287] ▶ Specialty Hospital [0] ▶ Surgical Clinic [37] ▶ Tissue Bank [646] 	
Department of Health Care Services	<ul style="list-style-type: none"> ▶ Alcoholism or Drug Abuse Recovery or Treatment Facility [1,357] ▶ County Designated Facility Under LPS Act for W&I Code §5150 [159] ▶ California Children's Services (CCS) Approval for Hospitals, PICU/NICU, and Special Care Centers That Meet CCS Standards Requirements [820] ▶ Driving Under the Influence Program [500] ▶ Narcotic Treatment Program [156] ▶ Mental Health Rehabilitation Center [20] ▶ Program for All-Inclusive Care for the Elderly [7] ▶ Psychiatric Health Facility [24] ▶ Residential Alcoholism or Drug Abuse Recovery or Treatment Facility [802] 	<ul style="list-style-type: none"> ▶ Alcohol and Other Drug (AOD) Counselor [approx. 36,000] ▶ California Children's Services Approval for Doctors and Allied Health Professionals [unknown]
Department of Social Services	<ul style="list-style-type: none"> ▶ Adult Residential Facility [5,159] ▶ Adult Residential Facility for Persons with Special Needs [26] ▶ Community Treatment Facility [2] ▶ Residential Care Facility for the Chronically Ill [19] ▶ Residential Care Facility for the Elderly [7,497] ▶ Small Family Home [183] ▶ Social Rehabilitation Facility [26] 	<ul style="list-style-type: none"> ▶ Residential Care Facility for the Elderly, Administrator
Emergency Medical Services Authority	<ul style="list-style-type: none"> ▶ Ambulance and Air Ambulance Zones [338] ▶ Trauma System and Trauma Center Designation (Hospital) [73] 	<ul style="list-style-type: none"> ▶ Advanced Emergency Medical Technician [93] ▶ Emergency Medical Technician [approx. 59,000] ▶ Paramedic [approx. 20,000]
Office of Statewide Health Planning and Development	<ul style="list-style-type: none"> ▶ OSHPD-3 Clinic (Building Construction Permit, Certificate of Occupancy, Certification of Compliance) [varies] ▶ Seismic Standard Compliance [unknown] 	<ul style="list-style-type: none"> ▶ Hospital Inspector Certification [Class A: 848; Class B: 68; Class C: 96]

Business, Consumer Services, and Housing Agency**Department of Consumer Affairs****Acupuncture Board**

- Acupuncturist

Board of Behavioral Sciences

- Associate Clinical Social Worker
- Licensed Clinical Social Worker
- Licensed Marriage and Family Counselor
- Marriage and Family Therapist, Intern
- Professional Clinic Counselor Intern

Board of Chiropractic Examiners

- Chiropractic License

Board of Occupational Therapy

- Occupational Therapist
- Occupational Therapy Assistant

Board of Optometry

- Optometric Practice Branch Office

- Optometrist
- Open Angle Glaucoma Certification
- Lacrimal Irrigation and Dilation Certification
- Therapeutic Pharmaceutical Agent Certification

Board of Pharmacy

- Centralized Packaging Hospital Pharmacy [0]
- Clinic Pharmacy [1,352]
- Hospital Pharmacy [584]
- Hypodermic Needle and Syringe [355]
- Injectable Sterile Compounding [273]
- Injectable Sterile Compounding Pharmacy Located Outside California, Shipping to California [93]
- Pharmacy [6,375]
- Pharmacy Located Outside California, Shipping to California [482]
- Veterinary Food/Drug Retailer [27]
- Wholesaler [625]
- Wholesaler Located Outside California, Shipping to California [807]

- Pharmacist [39,791]
- Pharmacist Intern [5,823]
- Pharmacy Technician [73,890]

Board of Podiatric Medicine

- Doctor of Podiatric Medicine

Board of Psychology

- Psychological Assistant
- Psychologist
- Registered Psychologist

FACILITIES OR DESIGNATIONS REGULATED	PROFESSIONALS REGULATED
Board of Registered Nursing	<ul style="list-style-type: none"> ▶ Clinical Nurse Specialist ▶ Nurse Anesthetist ▶ Nurse Midwife ▶ Nurse Practitioner ▶ Psychiatric/Mental Health Nurse Specialist ▶ Public Health Nurse ▶ Registered Nurse
Board of Vocational Nursing and Psychiatric Technician	<ul style="list-style-type: none"> ▶ Psychiatric Technician ▶ Vocational Nurse
Dental Board of California	<ul style="list-style-type: none"> ▶ Dentist [45,346] ▶ Oral and Maxillofacial Surgery Permit [83]
Dental Hygiene Committee of California	<ul style="list-style-type: none"> ▶ Registered Dental Hygienist ▶ Registered Dental Hygienist in Alternative Practice
Medical Board of California	<ul style="list-style-type: none"> ▶ Midwife [270] ▶ Physician and Surgeon [126,483] ▶ Registered Contact Lens Dispenser [948] ▶ Registered Dispensing Optician [1,170] ▶ Registered Nonresident Contact Lens Seller [10] ▶ Registered Polysomnographic Trainee, Technician, and Technologist [0] ▶ Registered Research Psychoanalyst and Student Research Psychoanalyst [87] ▶ Registered Spectacle Dispenser [2,258]
Naturopathic Medicine Committee	<ul style="list-style-type: none"> ▶ Naturopathic Doctor [589]
Osteopathic Medical Board of California	<ul style="list-style-type: none"> ▶ Osteopathic Physician and Surgeon
Physician Assistant Board	<ul style="list-style-type: none"> ▶ Physician Assistant
Physical Therapy Board of California	<ul style="list-style-type: none"> ▶ Electromyographer Certification ▶ Physical Therapy [40,189] ▶ Physical Therapist Assistant [10,113]
Respiratory Care Board	<ul style="list-style-type: none"> ▶ Respiratory Care Practitioner [21,473]
Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board	<ul style="list-style-type: none"> ▶ Audiologist ▶ Dispensing Audiologist ▶ Hearing Aid Dispenser ▶ Speech-Language Assistant ▶ Speech-Language Pathologist

Appendix B. Profiles of State Health Care Regulatory Bodies

The following is a profile of the departments, boards, committees, and other agencies under the state Health and Human Services Agency and the Business, Consumer Services, and Housing Agency, Department of Consumer Affairs, responsible for regulation and oversight of health care–related facilities, designations, professionals, and medical devices. The profiles include those agencies that did not respond to this project’s survey request.

HEALTH AND HUMAN SERVICES AGENCY

California Department of Aging

The California Department of Aging (CDA) administers programs that serve older adults, adults with disabilities, family caregivers, and residents in long term care facilities. CDA administers funds allocated under the federal Older Americans Act, the Older Californians Act, and Medi-Cal.

CDA contracts with the network of Area Agencies on Aging, which directly manages a wide array of federal and state-funded services that help older adults find employment, support older and disabled individuals to live independently in the community, promote healthy aging and community involvement, and assist caregiver family members. CDA also contracts directly with agencies that operate the Multipurpose Senior Services Program, through the Medi-Cal home and community-based waiver for the elderly, and certifies Adult Day Health Care centers for participation as Community-Based Adult Services (CBAS) providers under Medi-Cal.

California Department of Aging
1300 National Drive, Suite 200
Sacramento, CA 95834-1992
(916) 419-7500
www.aging.ca.gov

For more information about CBAS certification:
www.aging.ca.gov.

Department of Alcohol and Drug Programs

The Department of Alcohol and Drug Programs (ADP) was designated the “single state agency” responsible for administering and coordinating the state’s efforts in alcohol and drug abuse prevention, treatment, and recovery services. ADP was also the primary state agency responsible for interagency coordination of these services.

In partnership with California’s 58 county alcohol and drug programs and in cooperation with numerous private and public agencies, organizations, and individuals, ADP

provided leadership and coordination in the planning, development, implementation, and evaluation of a comprehensive system of statewide alcohol and drug use prevention, intervention, detoxification, treatment, and recovery. Statewide, the treatment, recovery, and prevention network consists of over 850 public and private community-based providers which serve approximately 300,000 clients annually.

After 35 years as a freestanding department, effective July 1, 2013 ADP ceased operations and transferred its licensing and certification functions to the Department of Health Care Services (DHCS).

For contact information and website addresses for the various licensing and certification responsibilities formerly under ADP, refer to the Substance Use Disorder Services website under DHCS: www.dhcs.ca.gov.

California Department of Public Health

The mission of the California Department of Public Health (CDPH) is to:

- ▶ Promote healthy lifestyles for individuals and families in their communities and workplaces
- ▶ Prevent disease, disability, and premature death, and reduce or eliminate health disparities
- ▶ Protect the public from unhealthy and unsafe environments
- ▶ Provide or ensure access to quality, population-based health services
- ▶ Prepare for and respond to public health emergencies
- ▶ Produce and disseminate data to inform and evaluate public health status, strategies, and programs

CDPH has responsibility for regulating a large number of facilities and sites where Californians receive health care, contact health care professionals, and access medical devices.

Physical Address:

California Department of Public Health
1615 Capitol Avenue
Sacramento, CA 95814-5015

Note: Various offices are located throughout the state;
see website for details.

Mailing Address:

PO Box 997377, MS 0500
Sacramento, CA 95899-7377
(916) 558-1784

www.cdph.ca.gov

Food and Drug Branch, Drug Safety Program

1500 Capitol Avenue, MS 7602
PO Box 997435
Sacramento, CA 95899-7435
(916) 650-6500
Consumer Complaints (Drug Products): (800) 495-3232
email: fdbinfoc@cdph.ca.gov
www.cdph.ca.gov

Genetic Disease Screening Program

Program Standards and Quality Assurance Branch
850 Marina Bay Parkway, F-175
Richmond, CA 94804
(510) 412-1502
email: psqagroup@cdph.ca.gov
www.cdph.ca.gov

Laboratory Field Services

LFS Northern California Office
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804
(510) 620-3800

LFS Southern California Office
320 West Fourth Street, Suite 890
Los Angeles, CA 90013
(213) 620-6160
email: lfsweb@cdph.ca.gov
www.cdph.ca.gov

Licensing and Certification Program

PO Box 997377, MS 3000
Sacramento, California 95899-7377
(916) 552-8700 or (800) 236-9747 (toll free)
www.cdph.ca.gov

Complaints

For questions or complaints about hospitals, hospice, health care facilities, or nursing homes, contact the local CDPH Licensing and Certification District Office:

Bakersfield:	(866) 222-1903
Chico:	(800) 554-0350
East Bay:	(866) 247-9100
Fresno:	(800) 554-0351
Los Angeles:	(800) 228-1019
Orange County:	(800) 228-5234
Riverside:	(888) 354-9203
Sacramento:	(800) 554-0354
San Bernardino:	(800) 344-2896
San Diego (North):	(800) 824-0613
San Diego (South):	(866) 706-0759
San Francisco:	(800) 554-0353
San Jose:	(800) 554-0348
Santa Rosa:	(866) 784-0703
Ventura:	(800) 547-8267

Aide and Technician Certification

For information regarding certification as a Certified Nurse Assistant (CNA), Home Health Aide (HHA), or Certified Hemodialysis Technician (CHT), or to lodge a complaint, contact the Aide and Technician Certification Section (ATCS), CNA/HHA/CHT Certification Unit.

ATCS, Certification Unit
PO Box 997416, MS 3301
Sacramento, CA 95899-7377
(916) 327-2445
Message Center (voicemail): (916) 552-8811
Complaints: (916) 492-8232
email: cna@cdph.ca.gov

For information regarding the certification status of other provider types, obtain the correct phone number from this list of CDPH programs: www.cdph.ca.gov.

Radiologic Health Branch

Mailing Address:

PO Box 997414, MS 7610
Sacramento, CA 95899-7414

Physical Address:

1500 Capitol Avenue, Fifth Floor, MS 7610
Sacramento, CA 95814-5006
(916) 327-5106
www.cdph.ca.gov

California Department of Social Services

The mission of the California Department of Social Services is to serve, aid, and protect needy and vulnerable children and adults.

Community Care Licensing Division

The Community Care Facilities Act, administered by the Department of Health, established a statewide system of community care, separate from health care, for persons with mental and developmental disabilities, and socially dependent children and adults. The Department of Health, together with care providers under the Advisory Committee on Community Care Facilities, jointly established regulations for licensing nonmedical out-of-home care facilities.

Community care was originally envisioned as a normalizing and least restrictive environment for people needing basic care and supervision that would assist them in performance of the activities of daily living. The children and adults placed in such settings were envisioned as requiring little more than a healthful, safe, and supportive environment. Community care now also includes care for persons whose needs require the management of severe behavior adjustment problems, serious mental disorders, and significant medical conditions. In order to give emphasis to the different populations served, the Community Care Licensing Program is now governed by three separate licensing acts and a fourth statute that was enacted in 1990.

744 P Street
Sacramento, CA 95814
(916) 651-8848
www.cdss.ca.gov

Adult and Senior Care Program:

744 P Street, MS 8-3-90
Sacramento, California 95814
(916) 657-2592

Children's Residential Program:

744 P Street, MS 8-3-54
Sacramento, CA 95814
(916) 651-5380

For more information about the Community Care Licensing Division, visit www.cclcd.ca.gov.

Department of Health Care Services

The Department of Health Care Services (DHCS) works closely with health care professionals, county governments, and health plans to provide a health care safety net for California's low-income population and persons with disabilities. DHCS finances and administers a number of individual health care service delivery programs including the California Medical Assistance Program (Medi-Cal), California Children's Services, Child Health and Disability Prevention, and Genetically Handicapped Persons Program. Also, effective July 1, 2013, the oversight functions and authority of the Department of Alcohol and Drug Programs over substance use disorder services, as well as mental health rehabilitation and psychiatric health facilities under the Department of Social Services, have been transferred DHCS. DHCS also helps maintain the financial viability of critical specialized care services such as burn centers, trauma centers, and children's specialty hospitals. In addition, DHCS funding helps hospitals and clinics located in underserved areas and those serving underserved populations.

General Information:

(916) 445-4171

California Children's Services, Systems of Care Division:

www.dhcs.ca.gov

Long Term Care Division:

PO Box 997413, MS 0018
Sacramento, CA 95899-7413
(916) 552-9105

For more information about PACE and the Long Term Care Division visit www.dhcs.ca.gov.

Emergency Medical Services Authority

The Emergency Medical Services Authority (EMSA) is charged with providing leadership in developing and implementing EMS systems throughout California and setting standards for the training and scope of practice of various levels of EMS personnel. EMSA also has responsibility for promoting disaster medical preparedness throughout the state and, when required, managing the state's medical response to major disasters.

EMSA oversees the first responders, EMTs, nurses, physicians, and administrators who deliver care to the public and operate the emergency care system. Day-to-day EMS system management is the responsibility of local and regional EMS agencies. EMSA staff work closely with many local, state, and federal agencies and private enterprises with emergency and/or disaster medical services roles and responsibilities.

Emergency Medical Services Authority
10901 Gold Center Drive, Suite 300
Rancho Cordova, CA 95670
(916) 332-4336
Paramedic Program: (916) 323-9875
www.emsa.ca.gov

Office of Statewide Health Planning and Development

The Office of Statewide Health Planning and Development (OSHPD) provides the state with enhanced understanding of the structure and function of its health care delivery systems. OSHPD's role also includes direct delivery of various services to promote health care accessibility. OSHPD collects and disseminates information about California's health care infrastructure and health care outcomes, and promotes an equitably distributed health care workforce. OSHPD also monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities and provides loan insurance to facilitate the capital needs of California's nonprofit health care facilities.

General OSHPD Information

400 R Street
Sacramento, CA 95811-6213
www.oshpd.ca.gov

Facilities Development Division

Sacramento Office, Headquarters
400 R Street, Suite 200
Sacramento, CA 95811-6213
Deputy Director: (916) 440-8381
Deputy Division Chief: (916) 440-8372
www.oshpd.ca.gov/FDD

Los Angeles Office
700 N. Alameda Street, Suite 2-500
Los Angeles, CA 90012
(213) 897-0166

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY, DEPARTMENT OF CONSUMER AFFAIRS

The mission of the Department of Consumer Affairs (DCA) is to protect and serve California consumers while ensuring a competent and fair marketplace. The DCA issues licenses in more than 100 business and 200 professional categories, including doctors and dentists. The DCA includes 36 regulatory bodies (23 boards, six bureaus, four committees, two programs, and one commission) that establish minimum qualifications and levels of competency for licensure. They also investigate complaints and discipline violators. The committees, commission, and boards are semiautonomous bodies whose members are appointed by the governor and the legislature. DCA provides them administrative support. DCA's operations are funded exclusively by license fees.

Consumer Assistance

Department of Consumer Affairs
Consumer Information Division
1625 North Market Boulevard, Suite N 112
Sacramento, CA 95834
(916) 445-1254 or (800) 952-5210 (toll free)
www.dca.ca.gov

To reach a specific regulatory board or other DCA entity, see listings below.

Acupuncture Board

The Acupuncture Board licenses and regulates acupuncturists. The board administers a qualifying examination, issues licenses, approves and monitors students in tutorial programs, approves acupuncture schools and continuing education providers and courses, and enforces the Acupuncture Licensure Act. The board is comprised of seven members: four members of the public and three licensed acupuncturists.

1747 N. Market Boulevard, Suite 180
Sacramento, CA 95834
(916) 515-5200
email: acupuncture@dca.ca.gov
www.acupuncture.ca.gov

Board of Behavioral Science

The Board of Behavioral Science regulates Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, Licensed Educational Psychologists, Licensed Professional Clinical Counselors, MFT Interns, Associate Clinical Social Workers, and Professional Clinical Counselor Interns.

Board of Behavioral Sciences
1625 N. Market Boulevard, Suite S-200
Sacramento, CA 95834
(916) 574-7830
email: bbswebmaster@dca.ca.gov
www.bbs.ca.gov

California Board of Occupational Therapy

The California Board of Occupational Therapy is responsible for the licensure and regulation of Occupational Therapists (OT) and Occupational Therapy Assistants (OTA). Enforcement Program representatives assist with filing a complaint against an OT or OTA, provide copies of public documents, and answer questions pertaining to the enforcement process or disciplinary action taken against a licensee.

2005 Evergreen Street, Suite 2050
Sacramento, CA 95815
(916) 263-2294
email: enfprg@dca.ca.gov
www.bot.ca.gov

For licensing, renewal, and advance practice questions,
email: cbot@dca.ca.gov.

California Board of Optometry

The California Board of Optometry licenses and regulates the profession of optometry, including Optometrists, Open Angle Glaucoma Certification, Lacrimal Irrigation and Dilation Certification, Therapeutic Pharmaceutical Agent Certification, and Optometric Practice Branch Offices.

2450 Del Paso Road, Suite 105
Sacramento, CA 95834
(916) 575-7170 or (866) 585-2666 (toll free)
email: optometry@dca.ca.gov
www.optometry.ca.gov

Board of Pharmacy

The Board of Pharmacy oversees the quality of pharmacists' care and the appropriate use of pharmaceuticals through education, communication, licensing, legislation, regulation, and enforcement. The board's responsibilities include licensure for pharmacists, pharmacist interns, pharmacy technicians, pharmacies, centralized packaging hospital pharmacies, clinic pharmacies, hospital pharmacies, hypodermic needle and syringe providers, injectable sterile compounding providers, injectable sterile compounding located outside California and shipping into California, pharmacies located outside California and shipping into California, and veterinary food/drug retailers.

1625 North Market Boulevard, Suite N219
Sacramento, CA 95834
(916) 574-7900
www.pharmacy.ca.gov

Board of Registered Nursing

The Board of Registered Nursing (BRN) regulates the practice of registered nurses. The BRN issues certificates to eligible public health nurses, nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists. The BRN also maintains a list of eligible psychiatric/mental health nurse specialists.

Physical Address:

1747 North Market Boulevard, Suite 150
Sacramento, CA 95834

BRN Mailing Address:

PO Box 944210
Sacramento, CA 94244-2100
(916) 322-3350
www.rn.ca.gov

Board of Chiropractic Examiners

The Board of Chiropractic Examiners regulates the chiropractic profession. The board is responsible for licensing, continuing education, enforcement, administration, and other regulatory responsibilities.

901 P Street, Suite 142A
Sacramento, California 95814
(916) 263-5355
www.chiro.ca.gov

Dental Hygiene Committee of California

The responsibilities of the Dental Hygiene Committee of California include issuing, reviewing, and revoking licenses; developing and administering examinations; adopting regulations; and determining fees and continuing education requirements for registered dental hygienists and registered dental hygienists in alternative practice.

2005 Evergreen Street, Suite 1050
Sacramento, CA 95815
(916) 263-1978
www.dhcc.ca.gov

Board of Licensed Vocational Nursing and Psychiatric Technicians

This board is responsible for administering the laws related to the practice of licensed vocational nurses and psychiatric technicians.

2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833
(916) 263-7800
email: bvnpt@dca.ca.gov
www.bvnpt.ca.gov

The Medical Board of California

The Medical Board of California licenses and regulates physicians, surgeons, and certain allied health care professionals, and enforces the Medical Practice Act.

2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
www.mbc.ca.gov

Board of Podiatric Medicine

Doctors of Podiatric Medicine are specialists in the foot and ankle. The Board of Podiatric Medicine administers their licensing under the Medical Practice Act.

2005 Evergreen Street, Suite 1300
Sacramento, CA 95815
(916) 263-2647
email: bpm@dca.ca.gov
www.bpm.ca.gov

Physician Assistant Board

The Physician Assistant Board oversees licensing and education of physician assistants and enforces related laws and regulations.

2005 Evergreen Street, Suite 1100
Sacramento, CA 95815
(916) 561-8780
email: pacommittee@mbc.ca.gov
www.pac.ca.gov

Registered Dispensing Optician Program

The Registered Dispensing Optician Program regulates professionals engaged in optical dispensing and is comprised of four sections: Registered Dispensing Opticians (business location), Spectacle Lens Dispensers, Contact Lens Dispensers, and Nonresident Contact Lens Sellers.

Medical Board of California
Attn: RDO Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382
email: webmaster@mbc.ca.gov
www.mbc.ca.gov

Registered Polysomnographic Program

The Registered Polysomnographic Program regulates the professionals engaged in the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. The program registers individuals as polysomnographic trainees, technicians, and technologists.

Medical Board of California
Attn: Registered Polysomnographic Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
(916) 263-2382
email: webmaster@mbc.ca.gov
www.mbc.ca.gov

Osteopathic Medical Board of California

The Osteopathic Medical Board of California licenses osteopathic physicians and surgeons, oversees continuing education requirements, investigates consumer complaints, and uses its enforcement powers to ensure practitioners abide by the provisions of the state Business and Professions Code/Medical Practice Act.

1300 National Drive, Suite 150
Sacramento, CA 95834-1991
(916) 928-8390
email: osteopathic@dca.ca.gov
www.ombc.ca.gov

Naturopathic Medicine Committee

The Naturopathic Medicine Committee, funded by application and licensing fees, is responsible for answering public inquiries; issuing licenses; coordinating legislative, regulatory, and budgetary activities; preparing reports; and administering disciplinary and enforcement activities.

(916) 928-4785
email: naturopathic@dca.ca.gov
www.naturopathic.ca.gov

Physical Therapy Board of California

The Physical Therapy Board of California administers and enforces the Physical Therapy Practice Act, licensing, regulating, and disciplining physical therapists and physical therapist assistants. The board consists of seven members (four licensed physical therapists and three public members).

2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
(916) 561-8200
www.ptbc.ca.gov

Respiratory Care Board of California

Licensed Respiratory Care Practitioners (RCP) perform lifesaving and life support procedures as prescribed by physicians. RCPs provide care directly to the patient in either a hospital setting or the patient's home. The Respiratory Care Board regulates RCPs and administers and enforces the Respiratory Care Practice Act.

3750 Rosin Court, Suite 100
Sacramento, CA 95834
Phone: (916) 999-2190
Toll-free: (866) 375-0386
email: rcbinfo@dca.ca.gov
www.rcb.ca.gov

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board ensures the qualifications and competency of providers of speech-language pathology, audiology, and hearing aid dispensing services. The board promulgates laws and regulations; issues, renews, suspends, and revokes licenses; and imposes disciplinary actions.

SLPAHADB
2005 Evergreen Street, Suite 2100
Sacramento, CA 95815
Phone: (916) 263-2666
email: speechandhearing@dca.ca.gov
www.speechandhearing.ca.gov

Appendix C. Project Methodology

The depth and breadth of state regulatory oversight of the facilities where Californians get health care services, of the professionals who provide services at those facilities and elsewhere, and of the medical devices used, is extensive. These responsibilities are shared among multiple state agencies, departments, board, bureaus, and commissions.

Most of these agencies have a long history of regulating some aspect of health care service delivery. However, the approach to regulatory oversight, the scope of authority, and other oversight characteristics can vary among these agencies, depending on the political and business climate at the time the responsibilities were first established and subsequent issues, problems, information, and media coverage regarding the regulated entities.

For this project, the following methodology was used to gather information about the current landscape of state government regulatory oversight responsibilities for health care delivery.

Preliminary Identification of State Government Agencies and Regulated Communities

Preliminary identification of the state departments, boards, bureaus, and commissions that have oversight responsibilities for regulating facilities, professionals, and medical devices was first accomplished through an Internet search of state government websites. Once these state agencies were identified, there was further review of the websites regarding the specific category of licenses, certificates, registrations, or other designations issued by each entity. Each state government agency was then asked to verify the list of regulated entities for which they are responsible.

Data Collection/Survey Tools

Despite differences in the ways state agencies perform their regulatory duties, data collection for the project began with design of a basic, common framework. This was accomplished through each participating state agency's completion of a survey for each category of facility, profession, or device regulated. In addition, each participating state agency was asked to complete a General Characteristics survey for its entire program.

The survey used an Excel spreadsheet format and contained four parts. Participating agencies reported that each survey part took an average of 15 minutes to

complete. The four surveys may be found at the conclusion of this appendix.

- ▶ **General Characteristics Survey.** One of these surveys was completed per program, board, bureau, or commission. This survey was designed to gather information about:
 - ▶ Data maintained and information collected about the regulated entity
 - ▶ Communication and coordination between state government agencies about the regulated entity
- ▶ **Facilities Survey, Professionals Survey, and Medical Devices Survey.** One survey was completed for each category of facilities/places/sites, professionals, and medical devices. These surveys were designed to gather information about:
 - ▶ Number and types of licenses, certificates, registrations, or other designations issued
 - ▶ Funding sources to support regulatory oversight functions
 - ▶ Applications, renewal, and fees
 - ▶ Standards, compliance, and intensity of oversight
 - ▶ Complaints and enforcement
 - ▶ Public availability of data/information
 - ▶ Statutory and regulatory authority
 - ▶ Website addresses/links

Inventory and Analysis of State Government Approaches to Regulating Facilities, Professionals, and Devices

Based on the survey responses, an inventory of the regulated entities was completed, and various comparative analyses of the major data components contained in the survey were conducted. Major findings from the inventory and analysis were included in this report. In addition, high-level opportunities to improve the effectiveness and efficiency of state government oversight of the regulated entities were identified and included.

Interviews with Key Thought Leaders

Selected state health care thought leaders were invited to share their experiences and perspectives about the state health care regulatory framework. These thought leaders represented a broad spectrum of individuals with significant experience of work within the health care delivery system. The thought leaders who participated in this project are:

- ▶ William Barcellona, senior vice president, government affairs, California Association of Physicians Groups
- ▶ Carmela Castellano-Garcia, CEO and president, California Primary Care Association
- ▶ Robert Edmundson, CEO, On Lok, and president, CalPACE
- ▶ Jim Gomez, CEO and president, California Association of Health Facilities
- ▶ Sally Michaels, CEO, and Heather Harrison, vice president, governmental/regulatory relations, California Assisted Living Association
- ▶ Mitch Katz, MD, director, Los Angeles Department of Health Services
- ▶ Kathleen Kelly, executive director, Family Caregiver Alliance/National Center for Caregivers
- ▶ Jon Roth, CEO and Brian Warren, director, government and professional affairs, California Pharmacists Association

State Government Regulatory Agencies That Participated in This Project

Not all state agencies contacted for this project participated in it. Almost all departments within the California Health and Human Services Agency completed the surveys provided them by the project. A much smaller percentage participated of the departments and boards within the Business, Consumer Services, and Housing Agency, Department of Consumer Affairs. The regulatory agencies that participated were:

California Health and Human Services Agency

- ▶ California Department of Aging
- ▶ California Department of Public Health
 - ▶ Food and Drug Branch, Drug Safety Program
 - ▶ Genetic Disease Screening Program

- ▶ Laboratory Field Services
- ▶ Licensing and Certification Program
- ▶ Radiologic Health Branch
- ▶ Department of Alcohol and Drug Programs (now under the Department of Health Care Services)
- ▶ Department of Health Care Services
 - ▶ Long-Term Care Division
 - ▶ Systems of Care Division, California Children's Services
- ▶ Department of Social Services
 - ▶ Community Care Licensing
- ▶ Emergency Medical Services Authority
- ▶ Office of Statewide Health Planning and Development
 - ▶ Health Facilities Division

Business, Consumer Services, and Housing Agency

- ▶ Department of Consumer Affairs
 - ▶ Dental Board of California
 - ▶ Medical Board of California
 - ▶ Naturopathic Medicine Committee
 - ▶ Board of Pharmacy
 - ▶ Physical Therapy Board of California
 - ▶ Respiratory Care Board

State Government Regulatory Agencies That Did Not Respond to This Project or Did Not Complete Surveys

Fewer than half of the regulatory boards and commissions of the Business, Consumer Services, and Housing Agency responded to invitations to participate in this project or responded but did not complete the project's surveys. These agencies almost all regulate categories of health care professionals. As a result of their failure to participate, the data the project collected about professionals are considerably less complete than the data for facilities. The agencies that did not participate are:

Business, Consumer Services, and Housing Agency

- ▶ Department of Consumer Affairs
 - ▶ Acupuncture Board
 - ▶ Board of Behavioral Sciences
 - ▶ Board of Chiropractic Examiners
 - ▶ Dental Hygiene Committee
 - ▶ Board of Occupational Therapy
 - ▶ Board of Optometry
 - ▶ Osteopathic Medical Board
 - ▶ Physician Assistant Board
 - ▶ Board of Podiatric Medicine
 - ▶ Board of Psychology
 - ▶ Board of Registered Nursing
 - ▶ Speech-Language Pathology, Audiology, and Hearing Aid Dispensers Board
 - ▶ Board of Vocational Nursing and Psychiatric Technicians

General Oversight Characteristics

(All departments, programs, boards or bureaus complete this section once)

Section A. Identifying Information

1. What Department, Program, Division, Branch, Board and/or Bureau do you represent?

Agency
Department
Division/Board/Bureau
Branch/Committee/Section

2. Please provide your contact information.

Name and Title
Telephone Number
E-mail Address

Section B. General Oversight Characteristics

1. Does the oversight function require staff with specialized skills or screening (other than civil service exams)?

Select all that Apply

- ☐ State training and/or testing
☐ Federal training and/or testing
☐ Professional Degrees and/or Licenses
☐ Other (Please Specify)
☐ Other (Please Specify)
☐ Other (Please Specify)

Section C. Data Systems/Information/Spreadsheets/Logs, etc. Maintained for Regulatory Oversight

- 1.

Please provide a list/name of all data, information systems, tracking sheets and/or spreadsheets used to support the regulatory oversight for the program, branch, board or bureau. (exclude administrative systems, such as budgets, personnel, timekeeping, etc.)

Information System 1

Information System 2

Information System 3

Information System 4

Information System 5

Information System 6

Information System 7

Information System 8

2. What are the purposes of these systems?

Select all that Apply				
System 1	System 2	System 3	System 4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic information about regulated entity for license, certificate, or registration & renewal (name, address, ownership, category, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance History
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workload Analysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance Determinations, History
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enforcement Actions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Analysis of regulated entity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referral to other agency, law enforcement, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) <input type="text"/>

Select all that Apply				
System 5	System 6	System 7	System 8	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic information about regulated entity for license, certificate, or registration & renewal (name, address, ownership, category, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance History
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workload Analysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance Determinations, History
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enforcement Actions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Analysis of regulated entity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referral to other agency, law enforcement, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) <input type="text"/>

Section D. Communications between State Governmental Entities

1. Do you communicate information about the regulated entities to other state departments or other programs within your department? If yes, please select the nature of the communication.

Select all that Apply

☐
☐
☐
☐
☐

Verify information
 Share enforcement actions
 Operational issues in common
 Policy issues in common
 Share data
 Other (please specify)

2. If yes, please specify what state departments or programs you communicate with.

3. Do you communicate investigations/enforcement/compliance information about the regulated entities to other state departments on an as-needed basis?

☐

if yes, please specify the other state departments:

4. Is this communication between state agencies restricted to specific regulated entities?

☐

if yes, please list the regulated entities affected:

5. Do you have delegation orders or interagency agreements with other state agencies that outline roles and responsibilities of each agency, and that deal with regulated entities? If so, please provide a copy of the delegation order, or a summary that clearly outlines the respective roles and responsibilities (collected outside spreadsheet)

☐

6. Do you have any other formal mechanism for coordinating oversight responsibilities with other state agencies?

Select all that Apply

☐
☐
☐

Other agency access to databases
 Work group or other established interagency meetings
 Other (Specify)

Devices & Equipment

(Complete this Section for each category of device that you regulate)

Section G. Characteristics of Regulated Entities (Devices & Equipment)

1. What Department, Program, Division, Branch, Board and/or Bureau do you represent?

Agency
Department
Division/Board/Bureau
Branch/Committee/Section

2. Please provide your contact information.

Name and Title
Telephone Number
E-mail Address

- 3a. What is the name of the license, certificate, registration, or other designation for the device or piece of equipment?

--

- 3b. What are the locations for which this device/equipment is approved, if different than indicated in 3a?

Select all that Apply

<input type="checkbox"/> Hospital	
<input type="checkbox"/> Skilled Nursing Facility	
<input type="checkbox"/> Physician's Office	
<input type="checkbox"/> Dental Office	
<input type="checkbox"/> Free-Standing	
<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Other (please specify)	

- 3c. What is the total number of licenses, certifications, registration or other designation issued for this category?

0

4. Is the device/drug/equipment category:

--

if other, please specify:

--

Program Funding

5. Please list the program funding sources to support the regulatory oversight functions for this category of device or equipment under state authority. (Please make sure percentages total 100%)

Select all that Apply and Enter Percentage

<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Special Funds from User Fees + % of total	0.0%
<input type="checkbox"/> Special Funds (Other) + % of total	0.0%
<input type="checkbox"/> General Fund + % of total	0.0%
<input type="checkbox"/> Federal Funds/Grants + % of total	0.0%
<input type="checkbox"/> Other (Specify Below)	0.0%

6. Please list the program funding sources to support the regulatory oversight functions for this category of device or equipment under federal authority. (Please make sure percentages total 100%)

Select all that Apply and Enter Percentage

<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Special Funds from User Fees + % of total	0.0%
<input type="checkbox"/> Special Funds (Other) + % of total	0.0%
<input type="checkbox"/> General Fund + % of total	0.0%
<input type="checkbox"/> Federal Funds/Grants + % of total	0.0%
<input type="checkbox"/> Other (Specify Below)	0.0%

7. Please specify the timeframe for the data provided, by selecting:

--

if other, please specify:

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Initials and Renewals

8. Can the applicant obtain the necessary forms online to apply for initial licensure, certification, or registration?	<input type="text"/>	◆
9. Can the applicant obtain the necessary forms online to apply for renewal licensure, certification, or registration?	<input type="text"/>	◆
10. Can the applicant submit the initial application to the state department online?	<input type="text"/>	◆
11. Can the applicant submit the renewal application to the state department online?	<input type="text"/>	◆
12. Can the applicant pay initial fees online?	<input type="text"/>	◆
13. Can the applicant pay renewal fees online?	<input type="text"/>	◆
14. What is the general process for obtaining initial licensure, certification or registration:		
Select all that Apply		
<input type="checkbox"/> Application		
<input type="checkbox"/> Fee		
<input type="checkbox"/> Desk Review		
<input type="checkbox"/> Onsite Review/Inspection		
<input type="checkbox"/> Documentation from other Agency (specify)	<input type="text"/>	
<input type="checkbox"/> Other (specify)	<input type="text"/>	
15. Is the initial licensing process contracted out or delegated to another entity (partially or wholly), or is this performed by state staff?		
	<input type="text"/>	◆
if contracted out or delegated, please specify: <input type="text"/>		
16. Are the fees associated with initial approval based on: <input type="text"/>		
if other, please specify: <input type="text"/>		
17. Please provide the initial fee amount: <input type="text" value="\$0.00"/>		
18. Is the license, certification or registration required to be periodically renewed as a condition of continued operation of the device or equipment?		
	<input type="text"/>	◆
19. What is the renewal cycle? <input type="text"/>		
if other, please specify: <input type="text"/>		
20. Are there fees for renewals? <input type="text"/>		
If different than initial fee, please specify: <input type="text" value="\$0.00"/>		
21. What is the process for changing the fees?		
Select all that Apply		
<input type="checkbox"/> Administrative		
<input type="checkbox"/> Legislative		
<input type="checkbox"/> Regulatory		
<input type="checkbox"/> Other (specify)	<input type="text"/>	
22. How often are fees changed? <input type="text"/>		
if varies, please specify: <input type="text"/>		
23. When was the most recent change in fees? (Specify month/year or year) <input type="text"/>		
24. Is documentation required for renewals (besides payment of fees)? <input type="text"/>		
if yes, please specify: <input type="text"/>		

Periodic Oversight and Requirements

25. Is other routine, periodic oversight conducted?
26. If yes, is this periodic oversight:
if other, please specify:
27. If yes, what is the required periodic oversight cycle:
if other, please specify:
28. What is the process for updating or clarifying requirements?
Select all that Apply ☐ Statutory
☐ Regulations
☐ Administrative Bulletins or Letters
☐ Legal Opinions
☐ Other (Specify)
29. Is this category of device or equipment required to meet standards in addition to state standards, in order to be licensed, certified or registered?
if other, please specify:
30. Are the regulatory requirements for this category current?
if other, please specify:

Complaints and Enforcement

31. Is there the authority to investigate complaints for this category?
32. What is the annual number of complaints?
33. What are the consequences or enforcement remedies available for noncompliance with standards?
Select all that Apply ☐ Findings of Deficiencies with Plan of Correction
☐ Fines/Monetary Penalties
☐ More frequent oversight
☐ Termination/Revocation
☐ Other (Specify)

Public Availability of Data

34. What types of data or information is available to the public through your website for this category of equipment?
Please provide a link to your website:
- Select all that Apply ☐ Name, addresses of currently-licensed (certified or registered) entities.
☐ Survey/investigation findings
☐ Number/types of complaints
☐ Final Compliance/Enforcement Information
☐ Officers or Executives
☐ Basic demographics about authorized beds/services
☐ Expiration date of license
☐ Penalties and fines
☐ Ownership
☐ Other (Specify)
☐ Other (Specify)
☐ Other (Specify)

35. What types of data or information is available to the public through other means?

Select all that Apply

<input type="checkbox"/>	Name, addresses of currently-licensed (certified or registered) entities.
<input type="checkbox"/>	Survey/investigation findings
<input type="checkbox"/>	Number/types of complaints
<input type="checkbox"/>	Final Compliance/Enforcement Information
<input type="checkbox"/>	Officers or Executives
<input type="checkbox"/>	Basic demographics about authorized beds/services
<input type="checkbox"/>	Expiration date of license
<input type="checkbox"/>	Penalties and fines
<input type="checkbox"/>	Ownership
<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Other (Specify)

36. How is the information made available to the public?

Select all that Apply

<input type="checkbox"/>	Public Records Act request
<input type="checkbox"/>	Online information
<input type="checkbox"/>	Walk-in requests to view files
<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Other (please specify)

37. Is data/information about the regulated entity routinely provided to:

Select all that Apply

<input type="checkbox"/>	Other state agencies
<input type="checkbox"/>	State Legislature
<input type="checkbox"/>	Local Government
<input type="checkbox"/>	Federal Government
<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Other (Specify)

38. How is the information made available to these other entities?

Select all that Apply

<input type="checkbox"/>	Reports/information required by statute or budget control language
<input type="checkbox"/>	Reports/information required by federal grants/contracts
<input type="checkbox"/>	Data exchanges/transmission/access
<input type="checkbox"/>	Upon request
<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Other (please specify)
<input type="checkbox"/>	Other (please specify)

Authorities

39. Please provide the general state statutory cites authorizing oversight of this category.

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40. Please provide the general regulatory citations authorizing oversight of this category. If there are no state regulatory citations, enter "none".

--

41. Please provide the general federal regulatory citations authorizing oversight of this category, if applicable.

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Facilities, Places, Agencies, & Hospice

(Complete this Section for each category that you regulate)

Section E. Characteristics of Regulated Entities (Facilities, Places, Agencies, & Hospice)

1. What Department, Program, Division, Branch, Board and/or Bureau do you represent?

Agency
Department
Division/Board/Bureau
Branch/Committee/Section

2. Please provide your contact information.

Name and Title
Telephone Number
E-mail Address

- 3a. What is the name of the license, certificate, registration, or other similar designation that you issue?

- 3b. Please list the types of facilities or places that can receive this category of license, certificate, registration or designation, if different than specified in 3a.

Select all that Apply

- ☐ Hospital
☐ Skilled Nursing Facility
☐ Physician's Office
☐ Dental Office
☐ Free-Standing
☐ Other (please specify)
☐ Other (please specify)
☐ Other (please specify)
☐ Other (please specify)

- 3c. Please provide the total number of current licenses, certificates, or registrations issued for this category.

0

4. Is the facility/agency category:

if other, please specify:

Please specify the numbers of this category of facility/agency/clinic/hospice:

Licensed Only 0
Certified Only 0
Licensed and Certified 0
Licensed and Certified as a different category 0
Registered 0
Other 0

Total number issued 0

5. If specified on the license, certificate or registration, please specify the number of:

Beds 0
Participants 0

Program Funding

6. Please list the program funding sources to support the regulatory oversight functions for this category of facility, place, agency, or hospice under state authority. (Please make sure percentages total 100%)

Select all that Apply and Enter Percentage

- ☐ Not Applicable
☐ Special Funds from User Fees + % of total 0.0%
☐ Special Funds (Other) + % of total 0.0%
☐ General Fund + % of total 0.0%
☐ Federal Funds/Grants + % of total 0.0%
☐ Other (Specify Below) 0.0%

7. Please list the program funding sources to support the regulatory oversight functions for this category of facility, place, agency, or hospice under federal authority. (Please make sure percentages total 100%)

Select all that Apply and Enter Percentage

<input type="checkbox"/>	Not Applicable	
<input type="checkbox"/>	Special Funds from User Fees + % of total	0.0%
<input type="checkbox"/>	Special Funds (Other) + % of total	0.0%
<input type="checkbox"/>	General Fund + % of total	0.0%
<input type="checkbox"/>	Federal Funds/Grants + % of total	0.0%
<input type="checkbox"/>	Other (Specify Below)	0.0%

8. Please specify the timeframe for the data provided, by selecting:

if other, please specify:

Initials and Renewals

9. Can the applicant obtain the necessary forms online to apply for initial licensure, certification, or registration?

10. Can the applicant obtain the necessary forms online to apply for renewal licensure, certification, or registration?

11. Can the applicant submit the initial application to the state department online?

12. Can the applicant submit the renewal application to the state department online?

13. Can the applicant pay initial fees online?

14. Can the applicant pay renewal fees online?

15. What are the requirements and general processes for obtaining initial licensure, certification or registration?

Select all that Apply

<input type="checkbox"/>	Application
<input type="checkbox"/>	Fee
<input type="checkbox"/>	Desk Review
<input type="checkbox"/>	Onsite Review/Inspection
<input type="checkbox"/>	Documentation from other Agency
<input type="checkbox"/>	Criminal Background Check
<input type="checkbox"/>	Prior Compliance History
<input type="checkbox"/>	Other (specify)

16. Are the fees associated with initial approval based on:

if other, please specify:

17. Please provide the initial fee amount:

18. Is the license, certification or registration required to be periodically renewed to continue to provide services?

19. What is the renewal cycle?

if other, please specify:

20. Are there fees for renewals?

If different than initial fee, please specify:

21. Is documentation required for renewals (besides payment of fees)?

if yes, please specify:

22. What is the process for changing the fees?


Select all that Apply

<input type="checkbox"/>	Administrative
<input type="checkbox"/>	Legislative
<input type="checkbox"/>	Regulatory
<input type="checkbox"/>	Other (specify)

23. How often are fees changed?	<input style="width: 95%;" type="text"/>	◆
	if varies, please specify: <input style="width: 95%;" type="text"/>	
24. When was the most recent change in fees? (Specify month/year or year)	<input style="width: 95%;" type="text"/>	
Periodic Oversight and Requirements		
25. Is other routine, periodic oversight conducted?	<input style="width: 95%;" type="text"/>	◆
26. If yes, is this periodic oversight:	<input style="width: 95%;" type="text"/>	◆
	if other, please specify: <input style="width: 95%;" type="text"/>	
27a. If yes, what is the required periodic oversight cycle that is under state authority:	<input style="width: 95%;" type="text"/>	◆
	if other, please specify: <input style="width: 95%;" type="text"/>	
27b. If yes, what is the required periodic oversight cycle that is under federal authority:	<input style="width: 95%;" type="text"/>	◆
	if other, please specify: <input style="width: 95%;" type="text"/>	
28. Is any part of the oversight of the category contracted (wholly or partially) out or delegated to other entities?	<input style="width: 95%;" type="text"/>	◆
	if yes, please specify: <input style="width: 95%;" type="text"/>	
29. What is the process for updating or clarifying requirements?	<div style="border: 1px solid black; padding: 5px;"> Select all that Apply <div style="display: flex; flex-wrap: wrap;"> <div style="width: 30%;"> <input type="checkbox"/> Statutory <input type="checkbox"/> Regulations <input type="checkbox"/> Administrative Bulletins or Letters <input type="checkbox"/> Legal Opinions <input type="checkbox"/> Other (Specify) </div> <div style="width: 70%; border: 1px solid black; height: 30px; margin-top: 5px;"></div> </div> </div>	
30a. What general compliance domains are included in oversight under state licensing authority?	<div style="border: 1px solid black; padding: 5px;"> Select all that Apply <div style="display: flex;"> <div style="width: 40%; border-right: 1px solid black; padding-right: 10px;"> <input type="checkbox"/> Medical Services <input type="checkbox"/> Nursing Services <input type="checkbox"/> Pharmaceutical Services <input type="checkbox"/> Dietary Services <input type="checkbox"/> Surgery Services <input type="checkbox"/> Laboratory Services <input type="checkbox"/> Radiologic Services <input type="checkbox"/> Anesthesia Services <input type="checkbox"/> Dietary Services <input type="checkbox"/> Optional Services <input type="checkbox"/> Staffing levels/requirements/competencies <input type="checkbox"/> Governance <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Patient/Resident/Client rights <input type="checkbox"/> Other (specify) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Other (specify) </div> <div style="width: 60%; padding-left: 10px;"> <input type="checkbox"/> Admission, Transfer, Discharge <input type="checkbox"/> Administrative <input type="checkbox"/> Policies and Procedures <input type="checkbox"/> Assessments/Plan of Care/Treatments <input type="checkbox"/> Medical Records <input type="checkbox"/> Infection Control <input type="checkbox"/> Disaster Preparedness/Emergency Response <input type="checkbox"/> Building Renovation/New Construction <input type="checkbox"/> Operational Use of Space <input type="checkbox"/> Laundry/Housekeeping <input type="checkbox"/> Equipment and Supplies <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Fire/Life Safety <input type="checkbox"/> Utilities, Related Mechanical Systems, & Building Maintenance <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> </div> </div> </div>	

30b. What general compliance domains are included in oversight under federal authority?

Select all that Apply	
<input type="checkbox"/>	Medical Services
<input type="checkbox"/>	Nursing Services
<input type="checkbox"/>	Pharmaceutical Services
<input type="checkbox"/>	Dietary Services
<input type="checkbox"/>	Surgery Services
<input type="checkbox"/>	Laboratory Services
<input type="checkbox"/>	Radiologic Services
<input type="checkbox"/>	Anesthesia Services
<input type="checkbox"/>	Dietary Services
<input type="checkbox"/>	Optional Services
<input type="checkbox"/>	Staffing levels/requirements/competencies
<input type="checkbox"/>	Governance
<input type="checkbox"/>	Quality Assurance
<input type="checkbox"/>	Patient/Resident/Client rights
<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Admission, Transfer, Discharge
<input type="checkbox"/>	Administrative
<input type="checkbox"/>	Policies and Procedures
<input type="checkbox"/>	Assessments/Plan of Care/Treatments
<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	Infection Control
<input type="checkbox"/>	Disaster Preparedness/Emergency Response
<input type="checkbox"/>	Building Renovation/New Construction
<input type="checkbox"/>	Operational Use of Space
<input type="checkbox"/>	Laundry/Housekeeping
<input type="checkbox"/>	Equipment and Supplies
<input type="checkbox"/>	Waste Disposal
<input type="checkbox"/>	Fire/Life Safety
<input type="checkbox"/>	Utilities, Related Mechanical Systems, & Building Maintenance


31. Is this category of facility required to meet standards in addition to state standards, in order to be licensed, certified or registered? 

if yes, please specify:

32. Are the regulatory requirements for this category current? 

if other, please specify:

Complaints and Enforcement

33. Is there the authority to investigate complaints for this category? 

34. What is the annual number of complaints?

35a. What are the consequences or enforcement remedies available for noncompliance with standards, under state authority?

Select all that Apply	
<input type="checkbox"/>	Findings of Deficiencies with Plan of Correction
<input type="checkbox"/>	Fines/Monetary Penalties
<input type="checkbox"/>	More frequent oversight
<input type="checkbox"/>	Probation
<input type="checkbox"/>	Termination/Revocation
<input type="checkbox"/>	Temporary Suspension Order
<input type="checkbox"/>	Ban on Admissions
<input type="checkbox"/>	Ban on Payment for New Admissions
<input type="checkbox"/>	Receivership/Temporary Manager
<input type="checkbox"/>	Other (Specify)

35b. What are the consequences or enforcement remedies available for noncompliance with standards, under federal authority?

Select all that Apply	
<input type="checkbox"/>	Findings of Deficiencies with Plan of Correction
<input type="checkbox"/>	Fines/Monetary Penalties
<input type="checkbox"/>	More frequent oversight
<input type="checkbox"/>	Probation
<input type="checkbox"/>	Termination/Revocation
<input type="checkbox"/>	Temporary Suspension Order
<input type="checkbox"/>	Ban on Admissions
<input type="checkbox"/>	Ban on Payment for New Admissions
<input type="checkbox"/>	Receivership/Temporary Manager
<input type="checkbox"/>	Other (Specify)

Public Availability of Information

36. What types of data or information is available to the public through your website for this category?

Please provide a link to your website:

Select all that Apply

- ☐ Not Applicable
- ☐ Name, addresses of currently-licensed (certified or registered) entities.
- ☐ Survey/investigation findings
- ☐ Number/types of complaints
- ☐ Final Compliance/Enforcement Information
- ☐ Officers or Executives
- ☐ Basic demographics about authorized beds/services
- ☐ Expiration date of license
- ☐ Penalties and fines
- ☐ Ownership
- ☐ Other (Specify)
- ☐ Other (Specify)
- ☐ Other (Specify)

37. What types of data or information is available to the public through other means?

Select all that Apply

- ☐ Name, addresses of currently-licensed (certified or registered) entities.
- ☐ Survey/investigation findings
- ☐ Number/types of complaints
- ☐ Final Compliance/Enforcement Information
- ☐ Officers or Executives
- ☐ Basic demographics about authorized beds/services
- ☐ Expiration date of license
- ☐ Penalties and fines
- ☐ Ownership
- ☐ Other (Specify)
- ☐ Other (Specify)
- ☐ Other (Specify)

38. How is the information made available to the public?

Select all that Apply

- ☐ Public Records Act request
- ☐ Walk-in requests to view files
- ☐ Other (please specify)
- ☐ Other (please specify)
- ☐ Other (please specify)

39. Is data/information about the regulated entity routinely provided to:

Select all that Apply

- ☐ Other state agencies
- ☐ State Legislature
- ☐ Local Government
- ☐ Federal Government
- ☐ Other (Specify)
- ☐ Other (Specify)
- ☐ Other (Specify)

40. How is the information made available to these other entities?

Select all that Apply

- ☐ Reports/information required by statute or budget control language
- ☐ Reports/information required by federal grants/contracts
- ☐ Data exchanges/transmission/access
- ☐ Upon request
- ☐ Other (please specify)
- ☐ Other (please specify)
- ☐ Other (please specify)

Authorities

41. Please provide the general state statutory cites authorizing oversight of this category.

42. Please provide the general regulatory citations authorizing oversight of this category. If there are no state regulatory citations, enter "none".

43. Please provide the general federal regulatory citations authorizing oversight of this category, if applicable.

Professionals

(Complete this Section for each category of professional that you regulate)

Section F. Characteristics of Regulated Entities (Professionals)


1.	What Department, Program, Division, Branch, Board and/or Bureau do you represent?	
	Agency	<input style="width: 100%;" type="text"/>
	Department	<input style="width: 100%;" type="text"/>
	Division/Board/Bureau	<input style="width: 100%;" type="text"/>
	Branch/Committee/Section	<input style="width: 100%;" type="text"/>
2.	Please provide your contact information.	
	Name and Title	<input style="width: 100%;" type="text"/>
	Telephone Number	<input style="width: 100%;" type="text"/>
	E-mail Address	<input style="width: 100%;" type="text"/>
3.	What is the name of the regulated category of professionals?	<input style="width: 100%;" type="text"/>
4.	Is the professional Category: <input style="width: 60%;" type="text"/>	⬆⬇⬆
	if other, please specify:	<input style="width: 100%;" type="text"/>
	Please specify the numbers of this category of professionals:	<input style="width: 100%;" type="text"/>
5.	Are there restrictions to the locations in which this category of professional can practice? <input style="width: 20%;" type="text"/>	⬆⬇⬆
	if yes, please specify:	<input style="width: 100%;" type="text"/>

Program Funding

6.	Please list the program funding sources to support the regulatory oversight functions for this category of professionals under state authority. (Please make sure percentages total 100%)	
	Select all that Apply and Enter Percentage	
	<input type="checkbox"/> Not Applicable	
	<input type="checkbox"/> Special Funds from User Fees + % of total	<input style="width: 100%;" type="text" value="0.0%"/>
	<input type="checkbox"/> Special Funds (Other) + % of total	<input style="width: 100%;" type="text" value="0.0%"/>
	<input type="checkbox"/> General Fund + % of total	<input style="width: 100%;" type="text" value="0.0%"/>
	<input type="checkbox"/> Federal Funds/Grants + % of total	<input style="width: 100%;" type="text" value="0.0%"/>
	<input type="checkbox"/> Other (Specify Below)	<input style="width: 100%;" type="text" value="0.0%"/>
	<input style="width: 100%;" type="text"/>	
7.	Please list the program funding sources to support the regulatory oversight functions for this category of professionals under federal authority. (Please make sure percentages total 100%)	
	Select all that Apply and Enter Percentage	
	<input type="checkbox"/> Not Applicable	
	<input type="checkbox"/> Special Funds from User Fees + % of total	<input style="width: 100%;" type="text" value="0.0%"/>
	<input type="checkbox"/> Special Funds (Other) + % of total	<input style="width: 100%;" type="text" value="0.0%"/>
	<input type="checkbox"/> General Fund + % of total	<input style="width: 100%;" type="text" value="0.0%"/>
	<input type="checkbox"/> Federal Funds/Grants + % of total	<input style="width: 100%;" type="text" value="0.0%"/>
	<input type="checkbox"/> Other (Specify Below)	<input style="width: 100%;" type="text" value="0.0%"/>
	<input style="width: 100%;" type="text"/>	
8.	Please specify the timeframe for the data provided, by selecting: <input style="width: 40%;" type="text"/>	⬆⬇⬆
	if other, please specify:	<input style="width: 100%;" type="text"/>


Initials and Renewals


9.	Can the applicant obtain the necessary forms online to apply for initial licensure, certification, or registration?	<input type="text"/>	▴ ▾	
10.	Can the applicant obtain the necessary forms online to apply for renewal licensure, certification, or registration?	<input type="text"/>	▴ ▾	
11.	Can the applicant submit the initial application to the state department online?	<input type="text"/>	▴ ▾	
12.	Please provide the initial fee amount:	<input type="text" value="\$0.00"/>		
13.	Can the applicant submit the renewal application to the state department online?	<input type="text"/>	▴ ▾	
14.	Can the applicant pay initial fees online?	<input type="text"/>	▴ ▾	
15.	Can the applicant pay renewal fees online?	<input type="text"/>	▴ ▾	
16.	What are the general requirements for obtaining initial licensure, certification or registration:			
	Select all that Apply			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Fee			
	<input type="checkbox"/> Desk Review			
	<input type="checkbox"/> Proof of Education/Training			
	<input type="checkbox"/> Testing			
	<input type="checkbox"/> Onsite Review/Inspection			
	<input type="checkbox"/> Documentation from other Agency			
	<input type="checkbox"/> Age			
	<input type="checkbox"/> Reciprocity			
	<input type="checkbox"/> Criminal Background Check			
	<input type="checkbox"/> Minimum Number of education/training Hours (Specify)			<input type="text"/>
	<input type="checkbox"/> Other (specify)			<input type="text"/>
17.	Are the fees associated with initial approval based on:	<input type="text"/>	▴ ▾	
	if other, please specify:	<input type="text"/>		
18.	Is the license, certification or registration required to be periodically renewed to continue to provide services as this category of professional?	<input type="text"/>	▴ ▾	
19.	What are the general requirements to renew the license, certificate or registration?			
	Select all that Apply			
	<input type="checkbox"/> Fees			
	<input type="checkbox"/> Evidence of Continuing Education			
	<input type="checkbox"/> Minimum Number of Continuing Education Hours (Specify)			
	<input type="checkbox"/> Other (Specify)			
	<input type="checkbox"/> Other (Specify)			
	<input type="checkbox"/> Other (Specify)			
20a.	What is the renewal cycle that is under state authority?	<input type="text"/>	▴ ▾	
	if other, please specify:	<input type="text"/>		
20b.	What is the renewal cycle that is under federal authority?	<input type="text"/>	▴ ▾	
	if other, please specify:	<input type="text"/>		
21.	Are there fees for renewals?	<input type="text"/>	▴ ▾	
	If different than initial fee, please specify:	<input type="text" value="\$0.00"/>		
22.	What is the process for changing the fees?			
	Select all that Apply			
	<input type="checkbox"/> Administrative			
	<input type="checkbox"/> Legislative			
	<input type="checkbox"/> Regulatory			
	<input type="checkbox"/> Other (specify)			
23.	How often are fees changed?	<input type="text"/>	▴ ▾	
	if varies, please specify:	<input type="text"/>		
24.	When was the most recent change in fees? (Specify month/year or year)			
	<input type="text"/>			


25. Is documentation required for renewals (besides payment of fees)? 
 if yes, please specify:

Periodic Oversight and Requirements

26a. Is other routine, periodic oversight conducted? 

26b. If yes, is this periodic oversight: 
 if other, please specify:


26c. If yes, what is the required periodic oversight cycle: 
 if other, please specify:

27. Is any part of the oversight of this professional category contracted (wholly or partially) or delegated to other entities? 
 if yes, please specify:

28. What is the process for updating or clarifying requirements?


Select all that Apply

- ☐ Statutory
- ☐ Regulations
- ☐ Administrative Bulletins or Letters
- ☐ Legal Opinions
- ☐ Other (Specify)

29. Is this category of professionals required to meet standards in addition to state standards, in order to be licensed, certified or registered? 
 if other, please specify:

30. Are the regulatory requirements for this category current? 
 if other, please specify:

Complaints and Enforcement Authority

31. Is there the authority to investigate complaints for this category? 

32. What is the annual number of complaints?

33a. What are the consequences or enforcement remedies available for noncompliance with standards, under state authority?

Select all that Apply

- ☐ Findings of Deficiencies with Plan of Correction
- ☐ Fines/Monetary Penalties
- ☐ More frequent oversight
- ☐ Probation, Proctoring, or Preceptorship
- ☐ Drug Diversion Program
- ☐ Termination/Revocation
- ☐ Other (Specify)

33b. What are the consequences or enforcement remedies available for noncompliance with standards, under federal authority?

Select all that Apply

- ☐ Findings of Deficiencies with Plan of Correction
- ☐ Fines/Monetary Penalties
- ☐ More frequent oversight
- ☐ Probation, Proctoring, or Preceptorship
- ☐ Termination/Revocation
- ☐ Other (Specify)

Public Availability of Data

34. What types of data or information is available to the public through your website for this category of professional?

Please provide a link to your website:

Select all that Apply

- ☐ Not Applicable
- ☐ Name, addresses of currently-licensed (certified or registered) entities.
- ☐ Survey/investigation findings
- ☐ Number/types of complaints
- ☐ Final Compliance/Enforcement Information
- ☐ Expiration date of license
- ☐ Penalties and fines
- ☐ Ownership
- ☐ Other (Specify)
- ☐ Other (Specify)
- ☐ Other (Specify)

35. What types of data or information is available to the public through other means?

Select all that Apply

- ☐ Name, addresses of currently-licensed (certified or registered) entities.
- ☐ Survey/investigation findings
- ☐ Number/types of complaints
- ☐ Final Compliance/Enforcement Information
- ☐ Expiration date of license
- ☐ Penalties and fines
- ☐ Ownership
- ☐ Other (Specify)
- ☐ Other (Specify)
- ☐ Other (Specify)

36. How is the information made available to the public?

Select all that Apply

- ☐ Public Records Act request
- ☐ Online information
- ☐ Walk-in requests to view files
- ☐ Other (please specify)
- ☐ Other (please specify)
- ☐ Other (please specify)

37. Is data/information about the regulated entity routinely provided to:

Select all that Apply

- ☐ Other state agencies
- ☐ State Legislature
- ☐ Local Government
- ☐ Federal Government
- ☐ Other (Specify)
- ☐ Other (Specify)
- ☐ Other (Specify)

38. How is the information made available to these other entities?

Select all that Apply

- ☐ Reports/information required by statute or budget control language
- ☐ Reports/information required by federal grants/contracts
- ☐ Data exchanges/transmission/access
- ☐ Upon request
- ☐ Other (please specify)
- ☐ Other (please specify)
- ☐ Other (please specify)

Authorities

39. Please provide the general state statutory citations authorizing oversight of this category.

40. Please provide the general regulatory citations authorizing oversight of this category. If there are no state regulatory citations, enter "none".

41. Please provide the general federal regulatory citations authorizing oversight of this category, if applicable.