

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 07/23)

Fiscal Year 2024-25	Business Unit Number 4265	Department California Department of Public Health (CDPH)
Hyperion Budget Request Name 4265-160-BCP-2024-GB		Relevant Program or Subprogram 4050010 – Health Facilities

Budget Request Title

Center for Health Care Quality, Application and Fee Processing Expansion

Budget Request Summary

The California Department of Public Health (CDPH) requests 11.5 positions and \$1.1 million in 2024-25 and \$1.6 million in 2025-26 and ongoing from the State Department of Public Health Licensing and Certification Program Fund (Fund 3098) to support application and fee processing expansion.

Requires Legislation (submit required legislation with the BCP) <input checked="" type="checkbox"/> Trailer Bill Language <input type="checkbox"/> Budget Bill Language <input type="checkbox"/> N/A	Code Section(s) to be Added/Amended/Repealed Health & Safety Code § 1266, Health and Safety Code § 1266.5, Clinics – HSC 1212(a)(10), Home Health Agencies – HSC 1728.1(a)(3), Hospices – HSC 1749(a)(4), HSC 1214, HSC 1214.1	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO N/A	Date N/A

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), the approval date, and the total project cost.

Project No. N/A **Project Approval Document:** N/A

Approval Date: N/A **Total Project Cost:** N/A

If proposal affects another department, does other department concur with proposal? Yes No

Attach comments of affected department, signed and dated by the department director or designee.

Prepared By Eric Ruth	Date 10/26/2023	Reviewed By Phuong La	Date 12/20/2023
Department Director Susan Fanelli	Date 12/22/2023	Agency Secretary Julie Souliere	Date 12/26/2023

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE Dept. of Technology

Principal Program Budget Analyst Nina Hoang	Date submitted to the Legislature. 1/10/2024
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A. Problem Statement

The CHCQ's Centralized Applications Branch (CAB), in coordination with District Offices, processes all applications submitted by health facilities for various licensure changes, including changes of ownership, location, name, beds, and various key personnel such as Administrator and Medical Director. There are over twenty different types of licensure changes and the branch processes nearly 10,000 change applications from facilities each year; however, only four of these application types currently have a fee associated with them. A joint review of this workload with the Department of Finance's Research and Analysis Unit found opportunities to update the application fee schedule that will provide for a more equitable distribution of costs amongst the facilities, align application fee revenue with application workload costs, address stakeholder concerns regarding the Change of Ownership (CHOW) fee as required by Chapter 578, Statutes of 2022 (Assembly Bill (AB) 1502), reduce some cost pressures from the annual licensing fee, and disincentivize the practice amongst some facilities of failing to submit required change applications. This proposal would implement a fee for all licensure changes processed by the department, as well as impose late fees when these changes are not submitted timely. Resources are requested for additional payment processing, late fee assessment, and notification workload.

In addition to processing applications for licensure changes, CAB also processes all health facility applications for initial licensure, license renewals, and conducts activities associated with licensure expiration and license revocation. Completion of this workload often requires branch staff to work with applicants to address incomplete or inaccurate application materials. In recent years, there has been significant growth in the number of facilities within CHCQ's oversight jurisdiction, particularly among Hospice Agencies and Home Health Agencies. This growth, in addition to recent legislation (Chapter 797, Statutes of 2022, AB 2673) has resulted in increased license renewal and licensure change application workload, requiring additional resources within the Provider Licensing Unit (PLU) of CAB.

Background

The CDPH Center for Health Care Quality (CHCQ) is responsible for regulatory oversight of licensed health care facilities and health care professionals to assess the safety, effectiveness, and quality of health care for all Californians. CHCQ fulfills this role by conducting periodic inspections and complaint investigations of health care facilities to determine compliance with federal and state laws and regulations. CHCQ receives funds through Title XVIII and Title XIX grants from the Centers for Medicare and Medicaid Services (CMS) and licensing fees paid by health care facilities. CHCQ licenses and certifies over 8,000 health care facilities and 6,000 health care agencies across California in 30 different licensure and certification categories.

CHCQ evaluates health care facilities for compliance with state and federal laws and regulations, and contracts with the Los Angeles County Department of Public Health (LAC) to license and certify health care facilities located in Los Angeles County.

i. Report of Change Fee Schedule:

AB 1502, known as the Skilled Nursing Facility (SNF) Ownership and Management Reform Act, made significant changes to CHCQ's CHOW process, but most importantly it prohibited anyone from owning or operating a SNF prior to the issuance of a license. This bill was needed because there were prior instances of CHOW applications in pending status for several years while the new, unlicensed owner operated the SNF under the previous owner's license through a "management operating transfer agreement." While apart from the primary focus of the Act, this bill also required CHCQ to convene a stakeholder group prior to April 1, 2023, focused on establishing a new methodology to calculate SNF CHOW fees that reflect departmental costs to process the application.

Pursuant to current law, the fee for a CHOW application is equivalent to the annual license

renewal fee authorized by Health and Safety Code (HSC)1266. The annual license renewal fee is intended to generate revenue sufficient to cover all CHCQ's operating costs, less federal funding, and factoring in the available fund balance in the Licensing and Certification Fund. Due to stagnant federal funding, a series of Budget Change Proposals (BCPs) to expand state staffing to keep up with increased workload, and the contract with Los Angeles County for the oversight of their facilities, this fee has been increasing significantly in recent years such that the current cost for an annual license renewal or CHOW application for a 100 bed SNF is \$106,000 - up from \$20,296 in 2006-07. Nursing home operators have expressed concerns that the cost of the CHOW fee exceeds the cost borne by the department to process the change of ownership, which led to the requirement of the stakeholder group in AB 1502.

In addition to setting the CHOW fee at the annual licensing renewal fee, current law also limits the types of licensure changes for which the department may charge a fee. The equivalent of the annual license renewal fee is also assessed for Change of Location applications, but only for a handful of facility types (including SNFs), even though the approval process for these applications typically requires a costly onsite survey. Change of Bed fees are charged at the annual license renewal fee, prorated by the number of added beds. Other than a nominal \$25 fee for a Change of Name, no other "Change of" applications require the facility to pay a fee. CAB receives thousands of applications annually for which no fee is charged, including Changes for Administrators, Medical Directors, and Directors of Nursing, many of which require a background check. The result is that facilities driving high workload for these lower-level change applications are being subsidized by other revenue sources, such as the annual license renewals and facilities submitting CHOW applications.

The CHCQ's Fiscal Services Branch (FSB) Revenue Collection Unit (RCU) has responsibility for processing all payments, which are submitted via paper check, including all payments received for reported changes. The unit responsibilities include management of all licensing payments, deposits, annual fee notices, renewal applications, payment notifications, citations, reconciliations of deposits and fees, revocations, maintenance of logs, and customer service.

Attachment V provides a detailed list of Revenue Collection Unit responsibilities.

As shown in the workload table below, processing checks for report of change applications is a relatively small component of the unit's workload, but it will grow significantly with the addition of fees for all licensure changes and the imposition of late fees.

Revenue Collection Unit – Workload History

Workload Measure	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
License Renewal Notices (LRN) Distributed	7,420	7,568	7,844	8,176	8,760	9,455
License Renewal Payments	7,424	7,707	7,845	8,138	8,654	9,292
Renewal Late Fees	864	994	970	1,187	1,684	2,007
Report of Change Checks Processed	352	593	471	556	396	568
Report of Change Late Fees	0	0	0	0	0	0

ii. Increases to Existing Workload:

The Centralized Application Branch (CAB) is responsible for various tasks related to licensure

such as reviewing all license renewals, report of change applications, including CHOWs, and initial applications. This branch has experienced steadily increasing workload due to an overall increase in the number of facilities for which CHCQ has oversight and recent legislation, which has made licensure requirements more stringent for certain facility types, particularly Hospices and Nursing Homes. Additionally, a plan of correction resulting from a California State Auditor's audit in 2017 resulted in the development of a license renewal application (LRA) validation process so that licensee/facility information is current and in good standing before a license is renewed. The new LRA process went into effect in May 2020, resulting in new workload to validate the information in the Electronic Licensing Management System (ELMS) database (system of record) against the information on the LRA submitted by the facility. Any discrepancies between ELMS and the LRA must be resolved before issuing a renewed license, which often results in notifying the facility that they are required to submit a report of change application to update their licensure information. The frequency with which the information on the LRA does not match the licensure information in ELMS indicates that many facilities are not reporting these changes timely and are waiting until their annual license renewal to notify the department of the changes. Finally, license renewal workload often includes communication with the local district offices to verify the facility is in good standing. The table below displays workload data for these functions:

Centralized Application Branch-Relevant Workload History

Workload Measure	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Initial and Report of Change Applications Received and Entered into ELMS	7,080	7,210	8,758	11,960	12,299	14,922
Annual License Renewal Applications Processed	7,181	7,359	7,584	7,845	8,224	8,199

Recent legislation was enacted to strengthen CHCQ's oversight of Hospice Agencies, resulting in additional workload for CAB. AB 2673 was enacted in response to a California State Auditor's report which found that CHCQ had failed to take adequate action in the face of significant evidence of fraud where numerous hospice agencies became licensed by the department for the purpose of fraudulently billing Medicare and Medi-Cal for services rendered to ineligible patients, or services not provided at all. The legislation made a number of changes aimed at reducing this fraud, including revising and expanding the licensure requirements for hospice agencies. This included the requirement that each licensee identify an individual for each of the five management positions for the agency (Administrator, Administrator Designee, Director of Patient Care Services, Director of Patient Care Services Designee, and a Medical Director). AB 2673 requires CHCQ to verify the status of professional licensure for these management personnel and validate relevant work history. These new requirements resulted in increased workload for the department to process changes to management personnel at hospice agencies. Limited term resources to assist the department with improving the screening process for hospice license agencies and identify indications of fraud were provided in 2023-24 for a total of 2.0 Associate Governmental Program Analysts and \$167,000 in Licensing and Certification Fund. The table below reveals the dramatic increase in initial licensure applications received by CHCQ in 2020-21 from applicants who were attempting to submit their application prior to the upcoming moratorium on Hospice facilities which went into effect on 1/1/2022 and shows the significant increase in Report of Change applications received in 2022-23 that were likely as a result of AB 2673.

Hospice Agencies – Workload History

Workload Measure	Application Type	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23*
Hospice Applications Received	Initial	102	196	542	2,633	620	19
	Change Of Ownership	8	15	18	21	14	22
	Report Of Change	1,280	1,527	1,709	2,141	3,184	6,378
Hospice Applications Processed	Initial	66	209	389	791	2,694	52
	Change Of Ownership	9	16	21	17	14	25
	Report Of Change	619	1,958	1,914	2,003	2,936	3,496

* Data not available for Quarter 4 of fiscal year 2022-23.

In addition to the Hospice Agencies, CHCQ has also experienced increased workload resulting from growth in the number of Home Health Agencies in recent years. It appears that the growth in the number of initial applications may have slowed in 2022-23, however the increase in the number of report of change applications is likely to be sustained due to the overall growth in the number of agencies.

Home Health Agencies – Workload History

Workload Measure	Application Type	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Home Health Agency Applications Received	Initial	226	370	286	786	1,470	528
	Change Of Ownership	78	174	205	269	188	206
	Report Of Change	1,154	1,184	1,473	1,506	1,973	2,167
Home Health Agency Applications Processed	Initial	100	362	453	384	577	690
	Change Of Ownership	79	160	222	241	187	191
	Report Of Change	732	1,856	1,331	1,533	1,831	1,858

CHCQ Resource History
(Dollars in thousands)

Program Budget	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Authorized Expenditures	\$167,599	\$197,584	\$216,113	\$260,834	\$303,819	\$300,536
Actual Expenditures	\$157,128	\$194,634	\$216,113	\$225,722	\$303,819	\$300,536
Revenues	\$163,641	\$200,028	\$222,567	\$264,126	\$296,583	\$301,718
Authorized Positions	1,301.25	1,342.25	1,418.25	1,477.25	1,536.4	1,539.4
Filled Positions	1,217.25	1,247.25	1,242.25	1,254	1,276.8	1,276.8
Vacancies	84	95	176	223.25	259.6	262.6

B. Justification

This proposal will allow CHCQ to revise its report of change fee schedule to align the revenue received for the various licensure changes to the cost incurred by the department to process these changes. This proposal will result in a more equitable distribution of costs amongst the facilities, as the facilities imposing additional workload for licensure changes will bear the responsibility for the costs resulting from that workload. Updates to license information drive significant workload for the department and because there is no fee associated with most change applications and written notifications, the cost for that workload is primarily covered by the annual licensing fee. As a result, the license fee paid by all facilities currently subsidizes the workload created by a subset of facilities. The following sections describe the major components of the changes to the fee schedule.

Fee Schedule Changes:

Revenue Aligned with Costs. The new fee model will be based on the cost of workload imposed on the department to process the application. To determine the workload impact resulting from these submissions, an analysis was conducted using timekeeping data submitted to CMS and some initial results from a 2023 internal CHCQ timekeeping study. The process for setting the new fees will be discussed more below.

Some Current Fees Reduced. While this proposal will impose new fees for services that were previously free of charge, some of the current report of change fees will be reduced. Pursuant to current law the CHOW fee is equivalent to the Annual Licensing Fee. However, the annual licensing fee is intended to cover the entire cost of the program, including indirect costs. This proposal makes changes to existing law, allowing a reduced CHOW fee that better aligns with the cost of the workload incurred to process the application, including an onsite survey. This results in a significant reduction to CHOW application revenue, with the CHOW fee for a 99- bed SNF reduced from \$105,039 to \$39,700. Similarly, the Change of Bed/Capacity fee is a per bed model based on the Annual Licensing Fee per bed amount. This model is flawed because it does not cover the cost of an onsite survey when a small number of beds are added, but then quickly exceeds the cost for that workload when a significant number of beds are added. This proposal imposes a flat fee for the addition of 1-5 beds to cover the cost of an onsite survey and creates a reasonable per bed fee for the addition of 6 or more beds, resulting in a reduced Change of Bed/Capacity fee for most applications.

Imposes Deadlines and Late Fees. While current law already requires the submission of these change applications and written notifications, it does not always clearly specify when they are due and generally does not provide for any repercussions when these submissions are late or not submitted at all. This proposal adds submission deadlines to all required change applications and written

notifications that are specified in law. In most cases, this will be within 10 business days of implementation of the change. In addition, late fees, which mirror those already in place for annual license renewals, will be imposed. Currently, it is common for staff conducting a survey at a facility to find that changes have occurred that require an update to the facility's license, such as a change of ownership or a change in the management personnel. As discussed above, it is also common for facilities to attempt to update this information during their annual license renewal, rather than as the changes occur. The imposition of late fees is designed to discourage facilities from this practice.

Included in Annual Fee Report. All fees associated with change applications and written notifications will be published in the Annual Fee Report. Health and Safety Code (HSC) 1266 requires the department to publish a list of estimated fees for the upcoming fiscal year by February 1 of each year and exempts the update of these fees from the regulatory and rulemaking requirements of the Government Code. This proposal makes changes to HSC 1266 to include report of change and written notification fees in the definition of program fees, which will allow these fees to be updated annually, along with the annual licensing fee. It is anticipated that these fees will be updated and refined as the department is able to collect additional workload data.

Fee Schedule Methodology:

Data from several sources was used to design a proposed fee schedule that aligns fee revenue with the cost for CHCQ to provide the service. This included onsite survey timekeeping data from CMS' Quality and Certification Oversight Report (QCOR) data repository, initial findings from a time study for CAB workload, self-reported estimates of workload, and average position costs derived from the department's salaries and wages gallery.

The CHOW application was the initial focus for the development of this fee structure because it is the most labor-intensive application and can serve as a benchmark for the development of the other fees. Costs for a CHOW are split between (1) the time/costs associated with processing the application through the CAB unit and (2) the time/costs associated with completing the onsite survey through the respective District Office within CHCQ's Field Operations program. The largest component of the CHOW workload is attributable to the onsite survey, which is also required for Change of Location, Change of Beds (increases), Change of Service (additions), and most License Suspension Reinstatements applications.

The workload associated with a CHOW onsite survey is considerable, but the department's internal timekeeping system does not allow for a reliable estimate of the specific workload attributable to the CHOW. However, the workload required for a CHOW overlaps considerably with a recertification survey and is estimated to take approximately the same amount of time to complete. Extensive timekeeping data on recertification surveys is available from QCOR, which is the central repository for all survey timekeeping data reported nationwide through CMS's Automated Survey Process Environment. This data includes facility and survey specific timekeeping data for recertification surveys. The time per recertification survey in QCOR was used as a proxy for the time required to complete a CHOW survey.

The actual cost for the department to complete a CHOW application for a SNF was estimated by applying the average hours to process a CHOW application for CAB Associate Governmental Program Analysts (AGPAs) (estimated at 48 hours) and hours required to complete recertification surveys by Field Operations Health Facilities Evaluator Nurses (HFENs), which varies based on facility size, to the hourly cost for these classifications (including travel costs). Applying this methodology to SNF's between 80 and 140 beds (representing approximately half of all SNF facilities), results in an average cost per CHOW of \$30,664, with \$27,520 attributable to the onsite survey and \$3,144 attributable to CAB for application processing. By comparison, the current average CHOW fee for facilities this size is \$109,988, revealing that the CHOW application fee significantly exceeds the cost to the department to complete the application. To better align this revenue to the cost incurred by the department, a proposed fee of \$10,000 plus \$300 per bed fee was developed,

which would result in a new CHOW fee of \$40,000 for a 100-bed facility. Based on the available data, this fee structure will cover the costs of most CHOW applications, but not all, as some facilities require significantly longer onsite surveys. We also note that the analysis of estimated costs does not include the 8 percent pay raise for HFENs effective July 1, 2023. Finally, data revealed that there is not a perfect correlation between facility size and hours per survey, however over the more than 1,000 surveys conducted in 2019 the general trend is that larger facilities require longer surveys. Therefore, a costing model that incorporates a per bed component is appropriate.

A proposed fee schedule is attached, which includes changes to the existing fees and new fees for licensure changes that currently do not have a fee. For the CHOW fee, a similar model as described above was used for all facility types with beds, while no change to the CHOW fee is proposed for other facilities because the annual licensing fee was deemed reasonably equivalent to the cost incurred by the department to process the application. Of note in the proposed schedule is that significantly higher fees are proposed when an onsite survey is required. Onsite surveys create significant workload for the department, so this model proposes that licensure changes requiring a survey have a significantly higher fee. In some cases, this results in two different fees for the same application type. For example, a Change of Service application requiring a survey is significantly more than one that does not.

The proposed fee schedule introduces several different calculations designed to best align the revenue collected from the fee to the cost incurred by the department to provide the service. However, if this calculation results in a fee that is higher than the annual licensing fee, the annual licensing fee will be imposed instead. This proposal also incorporates a supplemental fee for facilities located in Los Angeles County as required by HSC 1266. The department contracts with LAC for the oversight of facilities in that county. Current law requires facilities in LA to pay a supplemental fee due to the higher cost of LAC personnel. This proposal includes a 25 percent surcharge to all report of change and written notifications processed which require a survey, as that onsite survey is conducted by LAC personnel.

Proposed Positions:

This proposal would add 4.0 Staff Services Analysts (SSA) and 1.0 Staff Services Manager I (SSMI) position for the CAB Administration Section to address increasing workload. Overall health facility application volume and licensure renewal volume have increased by 28 percent and 16 percent, respectively, between Fiscal Year 2020-21 and Fiscal Year 2022-23. In addition, the implementation of the license renewal validation process has increased the time required to process annual license renewals due to the validation of the information in the renewal application against the information in ELMS. This validation workload is critical for the successful implementation of the proposed fee schedule changes as facilities attempting to submit license updates through the renewal process will need to be informed of the requirement to submit a report of change application and the applicable fees. Following this initial notification, unit staff will need to follow-up with any facilities that fail to submit the required report of change.

This proposal also includes 3.5 AGPAs and 1.0 SSM I position for the Revenue Collection Unit to address the projected 75 percent increase in fee payment processing volume due to the addition of new fees on various types of applications. The fee schedule changes are anticipated to result in an additional 8,000 payments per year for licensure changes, which is in addition to the 11,000 total checks currently processed. The estimated 8,000 additional payments do not include late penalty assessments, which this unit will also be responsible for processing. The number of late penalty assessments is unknown at this time, so additional future resources may be needed to address this workload. To address the additional check deposit workload, 1.0 AGPA is proposed for the Accounting Section of the Administration Division's Financial Management Branch.

Finally, this proposal includes permanent funding and position authority for 1.0 AGPA for workload related to increased hospice application volume associated with AB 2673. Although the sharp

increase in hospice change of management personnel applications is likely one- time, the volume of other types of hospice report-of change applications have more than doubled since 2020-21 and is likely to remain elevated given the current number of hospice providers. One-year limited term funding was provided for this position through a 2023-24 Budget Change Proposal.

Projected Workload – Revenue Collection Unit Check Processing

Workload Measure	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
License Renewal Notices (LRN) Distributed	9,928	10,424	10,945	11,493	12,067	12,671
License Renewal Payments	9,719	10,167	10,634	11,123	11,635	12,170
Renewal Late Fees	1,641	1,723	1,809	1,900	1,995	2,094
Report of Change Checks Processed	659	764	8,506	8,931	9,378	9,847
Report of Change Late Fees	0	0	2,535	2,662	2,795	2,935

Centralized Applications Branch Relevant Workload

Workload Measure	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
Initial and Report of Change Applications Received and Entered to ELMS	14,922	15,220	15,525	15,835	16,152	16,475
Annual License Renewal Applications Processed	8,199	8,363	8,530	8,701	8,875	9,052

C. Departmentwide and Statewide Considerations

This proposal will result in a more equitable distribution of costs amongst the facilities, as the facilities imposing additional workload for licensure changes will bear the responsibility for the costs resulting from that workload. Updates to license information drive significant workload for the department and because there is no fee associated with most change applications and written notifications, the cost for that workload is primarily covered by the annual licensing fee. As a result, the license fees paid by all facilities are subsidizing the workload created by a subset of facilities. Implementing a fee for all required change applications and written notifications will shift the cost for this workload to the facilities creating it.

D. Outcomes and Accountability

The proposed resources will allow the department to address increased workload caused by a growth in health facility licensures and the accompanying growth in license renewals and licensure changes, as well as respond to the increased workload anticipated to occur with the expansion of the report of change fee schedule. This increased workload is detailed in the tables above.

Despite the significant decrease in revenue expected from the reduction of the CHOW fee, overall revenue for the new report of change fee schedule is expected to be 33 to 50 percent above historical levels. Applying the new fee model to the report of change application workload for 2021-22 is estimated to have generated approximately \$8.5 million, while actual revenue for that year was \$6 million. CHCQ's annual licensing fee is adjusted each year to bring in sufficient revenue to cover the total costs of the Center, after accounting for federal funding, fund balance in the Licensing and Certification Fund, and funding from other revenue sources, including report of change submittals. As a result, any increased revenue generated from the new fee model will offset the annual licensing fee.

Upon approval, CHCQ will convert one limited term AGPA position to become permanent to maintain satisfactory service levels in completing the licensure and certification application approval process for Hospices. This is one of 2.0 limited term AGPA positions the Hospice Unit received to process the new workload associated with AB 2673 – Expansion of Hospice Agency Licensure Requirements, Oversight, and Enforcement. In addition, CHCQ will add 4.0 SSA and 1.0 SSM I to create a new Provider Licensing Unit B in CAB due to the steadily increasing amount of workload. In addition, CHCQ will add 1.0 SSM I and 3.5 AGPA positions to RCU to process the new workload associated with the proposed application fee revision. Also, a 1.0 AGPA position will be added to departmental administrative functions to assist with accounting processes related to this proposal.

E. Implementation Plan

Current law requires the CHOW fee to be the equivalent of the annual licensing fee, so the proposed changes to the fee schedule cannot take effect until the Trailer Bill accompanying this Budget Change Proposal (BCP) is enacted. Assuming the statutory changes are effective July 1, 2024, CHCQ will be able to include an updated report of change fee schedule in its February 2025 Annual Fee Report and these new fees would become effective July 1, 2025. The permanent position requested for AB 2673 and three positions for the Provider Licensing Unit would become effective on July 1, 2024, with the remaining positions in this BCP effective January 1, 2025.

Unit	Classification	Starting Date
Provider Licensing Unit	4.0 Staff Services Analysts (SSAs)	2 SSAs start on January 1 st , 2025, and 2 SSAs start on July 1 st , 2024.
Provider Licensing Unit	1.0 Staff Services Manager 1 (SSMI)	Start on July 1 st , 2024.
Hospice Unit/AB 2673	1.0 Associate Governmental Program Analyst (AGPA)	Start on July 1 st , 2024.
Fiscal Monitoring Section	3.5 Associate Governmental Program Analysts (AGPAs)	Start on January 1 st , 2025.
Fiscal Monitoring Section	1.0 Staff Services Manager 1 (SSMI)	Start on January 1 st , 2025.
DPH Admin Division	1.0 Associate Governmental Program Analyst (AGPA)	Start on January 1 st , 2025.
Total Number of Positions	11.5 Positions	

F. Supplemental Information

Attachment I: BCP Fiscal Detail Sheet

Attachment II: Workload Analysis

Attachment III: Current and Proposed Organizational Charts

Attachment IV: Draft Application Fee Proposal

Attachment V: Detailed list of Revenue Collection Unit Responsibilities

Attachment I: BCP Fiscal Detail Sheet

BCP Title: Application and Fee Processing Expansion

BR Name: 4265-160-BCP-2024-GB

Budget Request Summary

Personal Services

Personal Services	FY24 Current Year	FY24 Budget Year	FY24 BY+1	FY24 BY+2	FY24 BY+3	FY24 BY+4
Positions - Permanent	0.0	7.8	11.5	11.5	11.5	11.5
Total Positions	0.0	7.8	11.5	11.5	11.5	11.5
Salaries and Wages Earnings - Permanent	0	530	793	793	793	793
Total Salaries and Wages	\$0	\$530	\$793	\$793	\$793	\$793
Total Staff Benefits	0	308	461	461	461	461
Total Personal Services	\$0	\$838	\$1,254	\$1,254	\$1,254	\$1,254

Operating Expenses and Equipment

Operating Expenses and Equipment	FY24 Current Year	FY24 Budget Year	FY24 BY+1	FY24 BY+2	FY24 BY+3	FY24 BY+4
5301 - General Expense	0	45	68	68	68	68
5302 - Printing	0	16	23	23	23	23
5320 - Travel: In-State	0	62	92	92	92	92
5322 - Training	0	8	12	12	12	12
5342 - Departmental Services	0	109	162	162	162	162
Total Operating Expenses and Equipment	\$0	\$240	\$357	\$357	\$357	\$357

Total Budget Request

Total Budget Request	FY24 Current Year	FY24 Budget Year	FY24 BY+1	FY24 BY+2	FY24 BY+3	FY24 BY+4
Total Budget Request	\$0	\$1,078	\$1,611	\$1,611	\$1,611	\$1,611

Fund Summary

Fund Source

Fund Source	FY24 Current Year	FY24 Budget Year	FY24 BY+1	FY24 BY+2	FY24 BY+3	FY24 BY+4
State Operations - 3098 - State Department of Public Health Licensing and Certification Program Fund	0	1,078	1,611	1,611	1,611	1,611
Total State Operations Expenditures	\$0	\$1,078	\$1,611	\$1,611	\$1,611	\$1,611
Total All Funds	\$0	\$1,078	\$1,611	\$1,611	\$1,611	\$1,611

Program Summary

Program Funding

Program Funding	FY24 Current Year	FY24 Budget Year	FY24 BY+1	FY24 BY+2	FY24 BY+3	FY24 BY+4
4050010 - Health Facilities	0	1,078	1,611	1,611	1,611	1,611
Total All Programs	\$0	\$1,078	\$1,611	\$1,611	\$1,611	\$1,611

**Center for Health Care Quality
Centralized Application Branch
Hospice Unit
Associate Governmental Program Analyst
1.0 Positions**

Activity	Number of Items	Hours per Item	Total Annual Hours
<p>Independently reviews and analyzes health care facility licensing and certification application packets, forms, supporting documents, and forms management system for completeness, accuracy, consistency, and compliance with State and Federal laws, regulations, rules, and Department requirements. Updates the Electronic Licensing Management System (ELMS) timely, accurately, and thoroughly with health care facility application information. Conducts complex research utilizing various databases to verify compliance with State and Federal statutes. Evaluates data against known fraud risk factors to verify compliance with statutory and regulatory requirements for licensing and certification. Researches prospective licensee's performance and ownership in health care facilities, recommends approvals/denials for Initial and Change of Ownership applications, and all Report of Changes. Verifies that all necessary forms and documents are correct and complete prior to approving the application packet and referring the application packet to the CHCQ district office for a licensing survey, life safety code inspections, and fire clearance. Corresponds with the health care facilities stakeholders both in writing and verbally.</p>	720	1	720
<p>Researches, analyzes, and develops policies and procedures so that applicants applying for licensing and certification meet the State and Federal requirements. Researches and evaluates laws, policies, and procedures to analyze changes and issues relative to the Licensing and Certification (L&C) Program and makes recommendations to management. Formulates and implements an action plan for issue resolution and presents problem resolution to management. Implements Federal directives from the Centers for Medicare and Medicaid Services and new Federal statutes and regulations. Develops job aids and other resource materials for the Centralized Applications Branch (CAB) and impacted stakeholders. Prepares technical, analytical reports and reviews public policy issues affecting the Program. Works on joint licensing or regulatory projects. Consults with legal services, provider associations, advocates, and program staff in the development of recommendations for the adoption or for changes in public policy or program procedures. Collaborates with the district offices to resolve compliance issues and in work groups to identify process gaps and develop procedures and process improvements.</p>	630	1	630

Attachment II: Workload Analysis

Activity	Number of Items	Hours per Item	Total Annual Hours
Responds to inquiries regarding current California state licensing requirements and Federal Medicare/Medicaid certification requirements. Provides consultation to the CHCQ district office as well as facility staff on State and Federal standards. Leads system change requests efforts for CAB to improve business practices and enhance accountability.	360	1	360
Responds to inquiries regarding current California state licensing requirements and Federal Medicare/Medicaid certification requirements. Provides consultation to the CHCQ district office as well as facility staff on State and Federal standards. Leads system change requests efforts for CAB to improve business practices and enhance accountability.	360	1	360
Performs other work-related duties as required.	90	1	90
Total hours for workload projected for this classification			1,800
1,800 hours = 1 Position			
Actual number of Positions requested			1.0

**Center for Health Care Quality
Centralized Application Branch
Provider Licensing Unit (B)
Staff Services Analyst
4.0 Positions**

Activity	Number of Items	Hours per Item	Total Annual Hours
Under supervision, performs moderately complex analysis and verifies that all health care facilities and providers submit complete license renewal applications that meet State and Federal laws, regulations, and Department requirements. Analyzes license renewal applications and identifies any changes in licensee ownership and entities in health care facilities for licensing and renewal purposes. Corresponds with providers and CDPH, CHCQ District Office staff to resolve license renewal issues. Confirms all licensing fees are paid, and so that all requested documents are reviewed and approved by the SSM I prior to issuing license renewals. Updates the health care facility licensing information in the Electronic Licensing Management System (ELMS) accurately and thoroughly.	720	4	2,880
Assists in preparing, analyzing, and monitoring moderately complex licensing reports, provisional, and suspended licensing logs so that all health care facilities meet State and Federal laws, regulations and department requirements. Updates and issues second provisional licenses. Receives notification of facility closures and updates ELMS to accurately reflect the closure and reason for closure. Receives bed and license suspension requests from health care facilities, updates ELMS to accurately reflect the type and dates of suspension, and issues updated licenses accordingly.	540	4	2,160
Responds to inquiries from district offices, other State departments, and health care facilities. Corresponds with the health care facilities stakeholders both in writing and verbally. Reviews public policy issues affecting the licensing program. Assists in developing policies and procedures and other resource materials for the Centralized Applications Branch (CAB). Collaborates with CAB and the district offices to resolve compliance issues in work groups to identify process gaps and assists in developing procedures and process improvements.	450	4	1,800
Performs other work-related duties as assigned	90	4	360
Total hours for workload projected for this classification			7,200
1,800 hours = 1 Position			
Actual number of Positions requested			4.0

**Center for Health Care Quality
Centralized Application Branch
Provider Licensing Unit (B)
Staff Services Manager I
1.0 Position**

Activity	Number of Items	Hours per Item	Total Annual Hours
Supervise and manage staff in the review, analysis, and evaluation of licensure and certification requests including initial, change of ownership, and all report of change requests from providers for a variety of health care facilities. Review correspondence to providers so that all requests are accurate, complete, and timely. Make recommendations and monitor staff to assist in the quality improvement process. Determine unit priorities and plan work to meet program deadlines and timeframes.	720	1	720
Respond to emails and phone calls from district offices, state agencies, providers, and the public. Review "approval and denial letters" to providers to verify compliance with the laws, rules, and regulations governing the Licensing & Certification Program for all facility types. Work closely with Legal Services in the preparation of responses to providers for the more complex cases. Coordinate the preparation for appeal hearings as necessary.	450	1	450
Review and approve timesheets. Provide strong leadership to develop and train staff. Evaluate and maintain staff workload using performance metrics. Conduct staff meetings (unit and/or one-on-one meetings) on a regular basis to share information. Develop and edit duty statements, conduct hiring interviews, complete hiring packages, and other personnel actions as necessary. Prepare annual staff performance and probation reports as necessary. Work closely with the Human Resources Branch to issue counseling memos and letters as necessary.	360	1	360
Participate in special assignments related to program and departmental changes as directed. Work with other CDPH programs or contractors to streamline workflow, processes, and procedures and to verify effectiveness, consistency, and timeliness. Attend meetings to represent the program with, or on behalf of, the Section Chief in his/her absence. Prepare presentation materials and present at meetings with other departmental programs, as well as state, federal, and county agencies.	180	1	180
Perform other work-related duties as required.	90	1	90
Total hours for workload projected for this classification			1,800
1,800 hours = 1 Position			
Actual number of Positions requested			1.0

**Center for Health Care
Quality Fiscal Services Branch
Revenue Collection Unit 1 (Deposits)
Associate Governmental Program Analyst
2.5 Positions**

Activity	Number of Items	Hours per Item	Total Annual Hours
Independently administers the Licensing Fee collection activities for all health facilities on an annual basis, as mandated by law. The incumbent uses knowledge acquired through researching and analyzing various health and safety codes (HSC), direction from executive staff, communications with departmental legal staff, information provided in the Electronic Licensing Management System (ELMS), and correspondence with the legislature and public agencies representing the health facilities. Independently, processes licensing payments and updates ELMS with accurate cashier identification number, check number, date of check, and batch date. Records and reconciles non-sufficient fund checks, dishonored checks, and refunds. Provides clear and concise responses to various revenue drills, reports and questions from Department Accounting Office.	1125	1.2	1350
Maintain and organize documentation for the ongoing evaluation of procedures to help identify opportunities for process improvements by utilizing available technology, including Microsoft Office Tools and SharePoint. Perform independent and ongoing auditing functions to verify consistency in collection activities, application of procedures and compliance with the Center's revenue collection standards. This would include coordinating with CHCQ District Offices, CHCQ Headquarters staff, Accounting, Audits and Investigation, Office of Legal Services, and the State Treasurer's Office.	28.5	30	855
Monitors unit's general email account. Conducts research and analysis to resolve licensing fee issues. Provides written and verbal communication to various external and internal customers such as Facility Administrator, or field office staff, and apply professional and knowledgeable customer service skills to obtain a resolution. Communicates with supervisor, or Branch Chiefs, to resolve facility licensing issues. Independently, develops All Facility Letters (AFL) or other correspondence to stakeholders advising of program changes or implementation of new statutory provisions.	810	1	810
Sort, scan, and record payment-related documents received by mail to RCU share drive and SharePoint site. Maintain logs, files, and forms as requested by management. Prepare, mail, and track all correspondence to licensees for annual notifications and collection of outstanding fees.	810	1	810
Develop, implement, and maintain RCU efforts to automate its administrative functions related to the processing and management of licensing fee-related responsibilities.	45	10	450

Attachment II: Workload Analysis

Activity	Number of Items	Hours per Item	Total Annual Hours
Administrative Duties (unit meetings, 1:1's with management, training, and development)	225	1	225
Total hours for workload projected for this classification			4500
1,800 hours = 1 Position			1800
Actual number of Positions requested			2.5

**Center for Health Care
Quality Fiscal Services Branch
Revenue Collection Unit 2(Revocations/Citations)
Associate Governmental Program Analyst
1.0 Position**

Activity	Number of Items	Hours per Item	Total Annual Hours
Independently research, analyze, and prepare support documentation for failure-to-pay invoiced licensing fees leading to possible Revocation. Analyze available documentation by researching licensee's payment history using data from customer documentation, facility files, Electronic Licensing Management System (ELMS). Analyze research findings and prepare written support documents for approval by supervisor. After approval process, prepare, mail, and track all notification letters sent to licensees via certified mail for collection of outstanding fees. If necessary, prepare further documentation using the Medi-Cal Electronic Data System Network (EDSNET) and forward documentation to the Department of Health Care Services (DHCS) Accounting Section Liens & Levy's for Medi-Cal offset collection. Analyze incoming payments from licensees for proper amounts, track all warrants issued by DHCS accounting, and prepare them for normal deposit procedures. If required, prepare necessary documentation to halt Medi-Cal offset collection when past due amounts have been satisfied.	50	10.8	540
Serve as coordinator and attend workgroups as needed. Track issues, perform research, and coordinate key information between stakeholders. Produce reference material, flow maps, and job aides to facilitate procedure evaluation, process improvement and adherence. Maintain documentation regarding decision-making methodology pertaining to the unit's responsibilities. Utilize tracking systems and record keeping in accordance with management directives, applicable policies and procedures, etc. Conduct evaluation, reviews, research, development and/or studies/projects upon management's request to analyze and provide information utilizing appropriate resources to develop issue papers/briefing documents used as planning tools for management decisions.	10	45	450
Independently research issues on a variety of topics related to health facility licensing program fees and prepare responses to correspondence. Develop all facility letters or letters to others advising them of program changes or implementation of new statutory provisions, etc. Prepare reports and analysis of sensitive and complex public policy issues on a variety of health facility related issues. Incumbent may be required to work with other departments on joint licensing or other regulatory projects.	10	36	360
Crosstrain and serve as backup for Citation and Penalty procedures	12	22.5	270

Attachment II: Workload Analysis

Activity	Number of Items	Hours per Item	Total Annual Hours
Administrative Duties (unit meetings, 1:1's with management, training, and development)	180	1	180
Total hours for workload projected for this classification			1,800
1,800 hours = 1 Position			1,800
Actual number of Positions requested			1.0

**Center for Health Care
Quality Fiscal Services Branch
Revenue Collection Unit 2 (Revocations/Citations)
Staff Services Manager I
1.0 Position**

Activity	Number of Items	Hours per Item	Total Annual Hours
Plans, organizes, manages and directs the work of unit staff responsible for all revocation and citation assignments and drills. Provides supervisory direction in developing, implementing and maintaining systems to track, project and report enforcement fees of all health facilities. Monitor staff workload to evaluate consistency, employee performance, and skill level to evenly distribute assignments.	90	5	450
Oversees mandated citation fee and administrative penalty collection functions, which requires in-depth knowledge of State laws, the coordination of fee changes through various legal staff, and serving as the program's representative with State Control Agencies. Reviews and approves supporting documentation provided by staff from the Medi-Cal Electronic Data System Network (EDSNET) and forward documentation to the Department of Health Care Services (DHCS) Accounting office Liens & Levy's for Medi-Cal offset collection.	90	5	450
Oversees the release of for failure-to-pay invoiced licensing fees and revocations. Supervises the research of licensee payment history using data from customer documentation, facility files, Electronic Licensing Management System (ELMS). Reviews research findings and provide recommendations to executive management. Reviews and approves supporting documentation provided by staff from the Medi-Cal Electronic Data System Network (EDSNET) and forward documentation to the Department of Health Care Services (DHCS) Accounting office Liens & Levy's for Medi-Cal offset collection. Oversees the research and analysis of issues on a variety of topics related to health facility licensing program fees. Develops all facility letters or letters to others advising them of program changes or implementation of new statutory provisions, etc.	90	5	450
Prepare reports and analysis of sensitive and complex public policy issues on a variety of health facility related issues. Incumbent may be work with other departments on joint licensing or other regulatory projects. Researches and analyzes customer service issues to resolve licensing issues. Responds to providers with results from background research, analysis, and suggested resolution. Train and support staff so that they provide quality customer service to all external parties.	15	10	150
Develops and edits duty statements, conducts hiring interviews, completes hiring packages and other personnel actions as necessary. Provides supervision to staff in accordance to Bargaining Unit Contracts/Memorandums of Understanding (MOUs) and CalHR laws and rules. Advise employees regarding personnel programs and policies by providing the most current policies and resources, including:	4	37.5	150

Attachment II: Workload Analysis

Activity	Number of Items	Hours per Item	Total Annual Hours
Employee Assistance Program, Family Medical Leave Act and Worker's Compensation.			
Recruits, trains and evaluates staff performance. Approves and/or disapproves Merit Salary Adjustments, alternate changes and other personnel actions. Administers a constructive feedback process with employees and works with the Performance. Management Unit in the Human Resources Division (HRD).	20	5	100
Ad Hoc Assignments and Meetings	10	5	50
Total hours for workload projected for this classification			1,800
1,800 hours = 1 Position			1800
Actual number of Positions requested			1.0

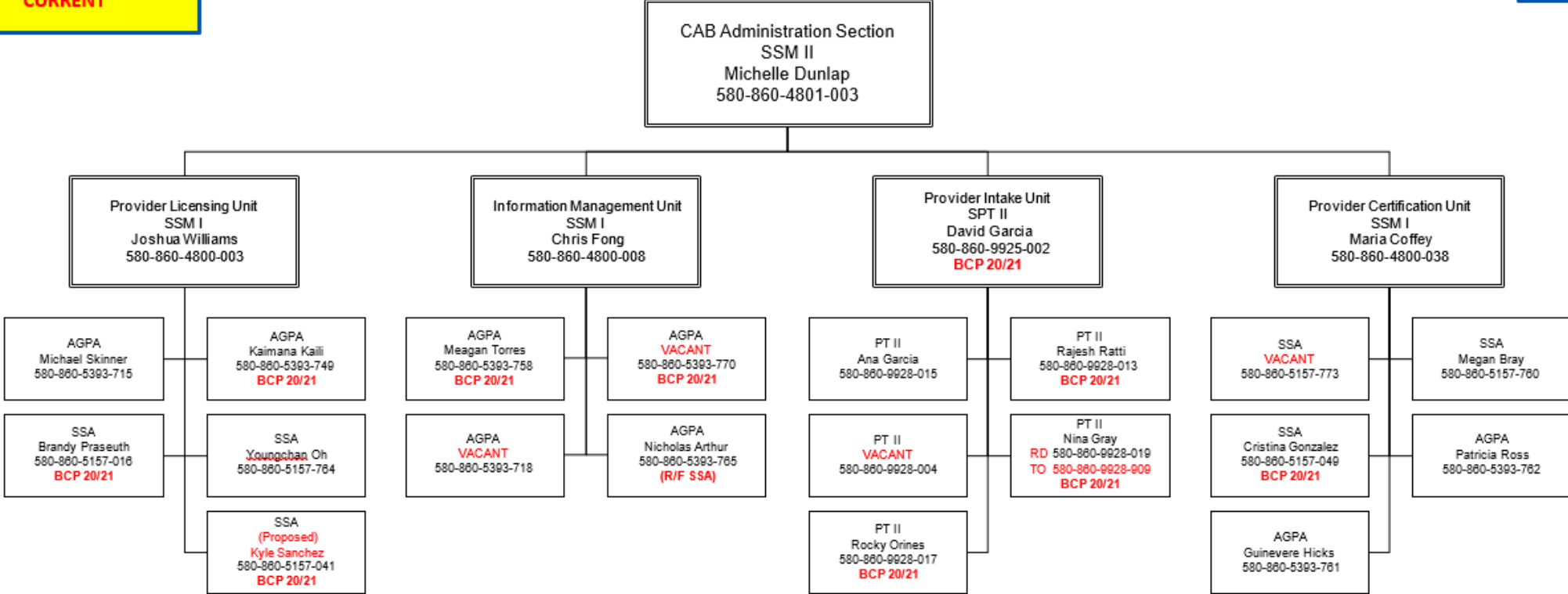
**California Department of Public Health
Financial Management Branch
Accounting Section
Associate Governmental Program Analyst
1.0 Position**


Activity	Number of Items	Hours per Item	Total Annual Hours
Prepares, reviews, and proofreads a variety of written documents, including correspondence, contracts, service orders, procurement documents, reports, manuscripts, and briefs. Prepares the budget galley, supplemental schedules, and Department of Finance (DOF) reports for management review. Reviews, analyzes, and reconciles the budget system to the Finance budget figures.	23	25	575
Monitors appropriation and revenue balances monthly. Reviews FISCal reports and performs monthly appropriation reconciliation. Maintains a Cash Spreadsheet for tracking of revenue received.	143	3	429
Works closely with Accounting and Budget Section managers, supervisors and professional staff, and provides advice and technical assistance on expenditure and/or revenue transactions. Provides a recommendation or plan of action to correct erroneous postings.	33	7	231
Independently studies and analyzes draft, and finalizes new, renewal, and amendment contract and grant agreement packages and develops timely findings and written recommendations for altering and improving those packages to secure departmental and control agency approval. Agreement package requests may include various contract forms, law and policy citation exhibits, contractor instructional attachments, award/selection documentation, control agency policy exception requests, and other materials needed for determining legal sufficiency and policy compliance.	10	40	400
Extracts and/or evaluates data from the Management Information Retrieval System Database to generate a variety of comprehensive accurate personnel reports to be provided to management. Provides guidance and assistance to supervisors and managers relative to varied personnel policies, standards, rules, and procedures.	11	15	165
Total hours for workload projected for this classification			1,800
1,800 hours = 1 Position			1800
Actual number of Positions requested			1.0


California Department of Public Health
Center for Health Care Quality
Licensing and Certification Division
Centralized Applications Branch
CAB Administration Section



CURRENT

Dated 1/1/2025



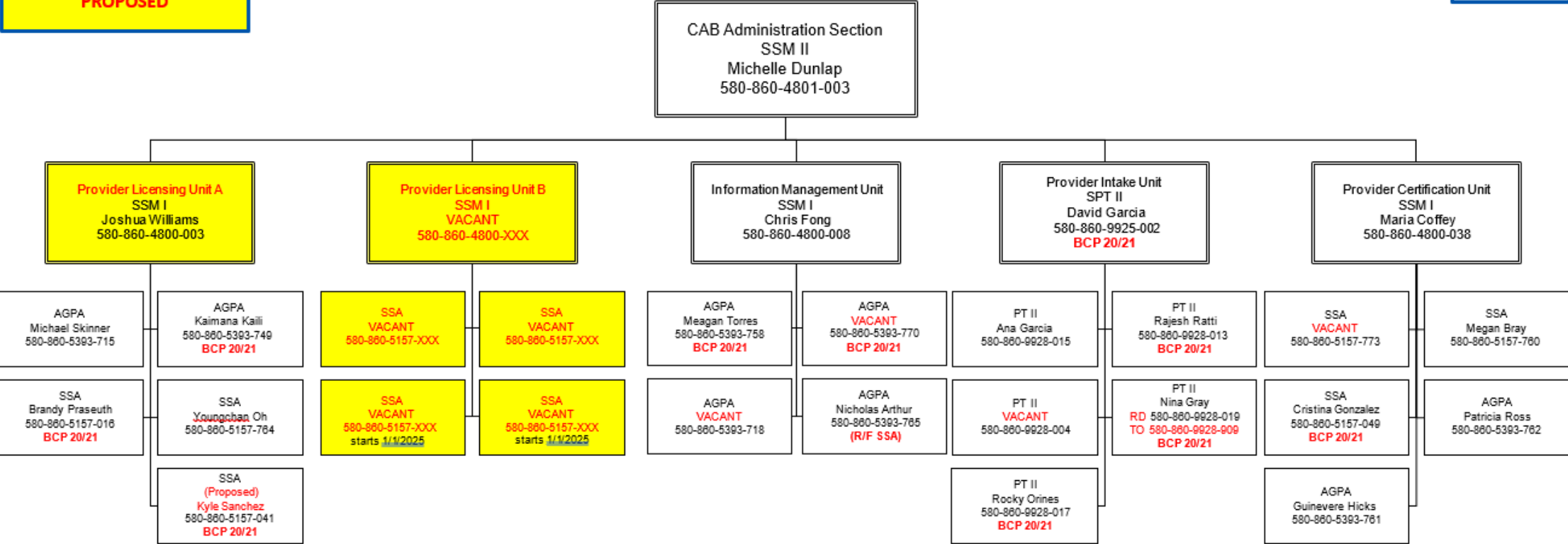


California Department of Public Health
Center for Health Care Quality
Licensing and Certification Division
Centralized Applications Branch
CAB Administration Section



PROPOSED

Dated 1/1/2025



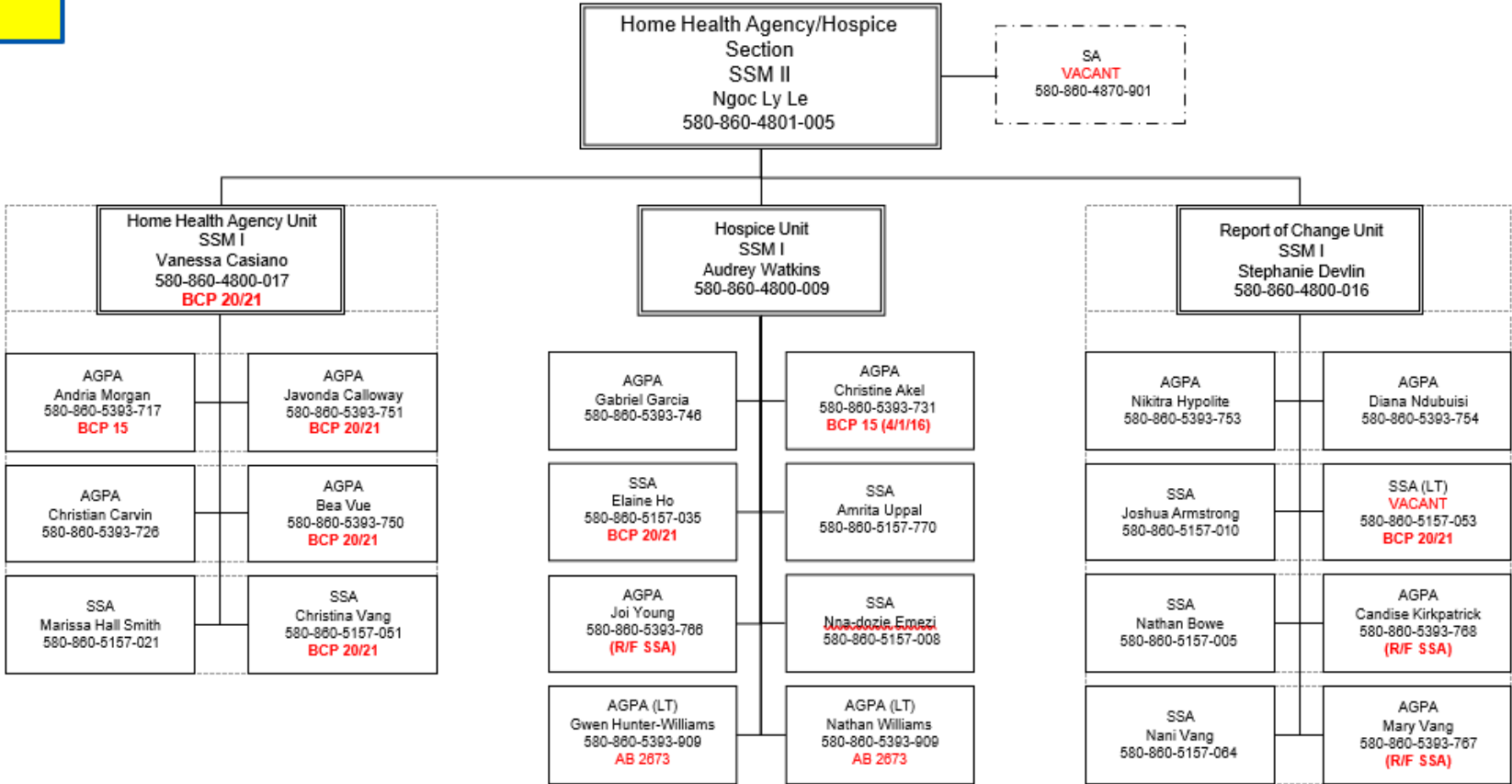


California Department of Public Health
 Center for Health Care Quality
 Licensing and Certification Division
 Centralized Applications Branch
 Home Health Agency/Hospice Section



Dated 1/1/2025

CURRENT



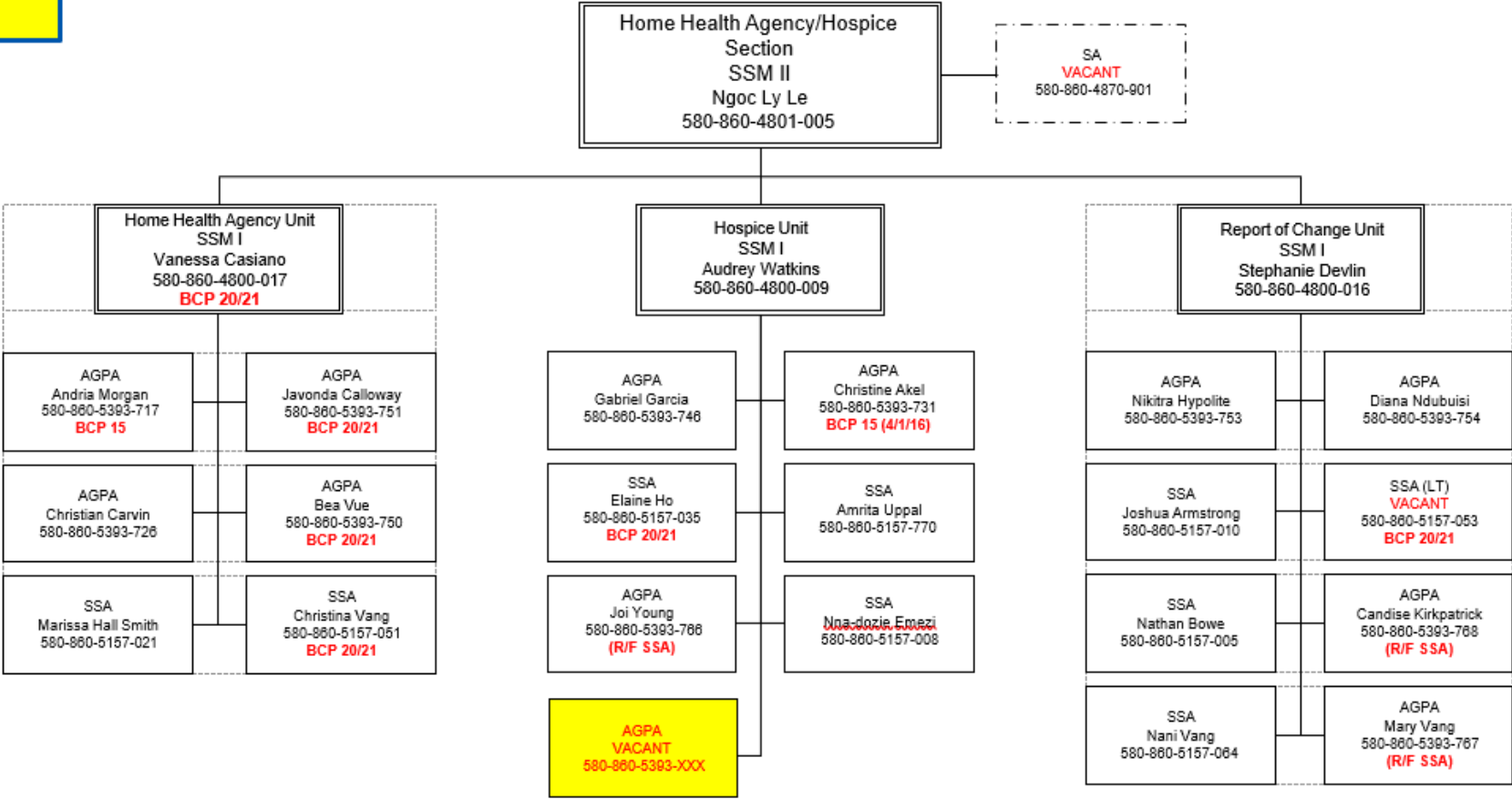


California Department of Public Health
 Center for Health Care Quality
 Licensing and Certification Division
 Centralized Applications Branch
 Home Health Agency/Hospice Section



Dated 1/1/2025

PROPOSED



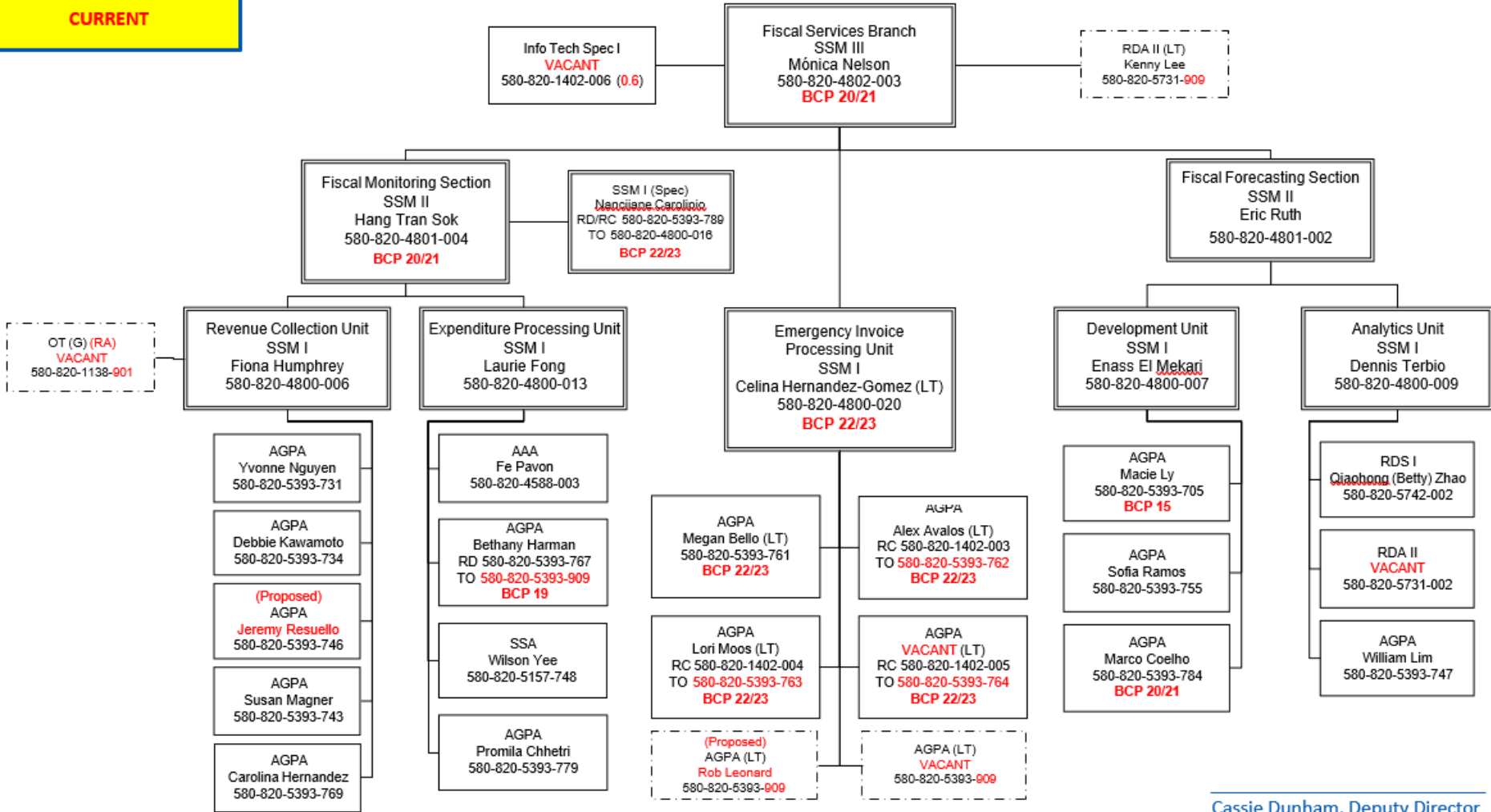


**California Department of Public Health
Center for Health Care Quality
Office of Internal Operations
Fiscal Services Branch**

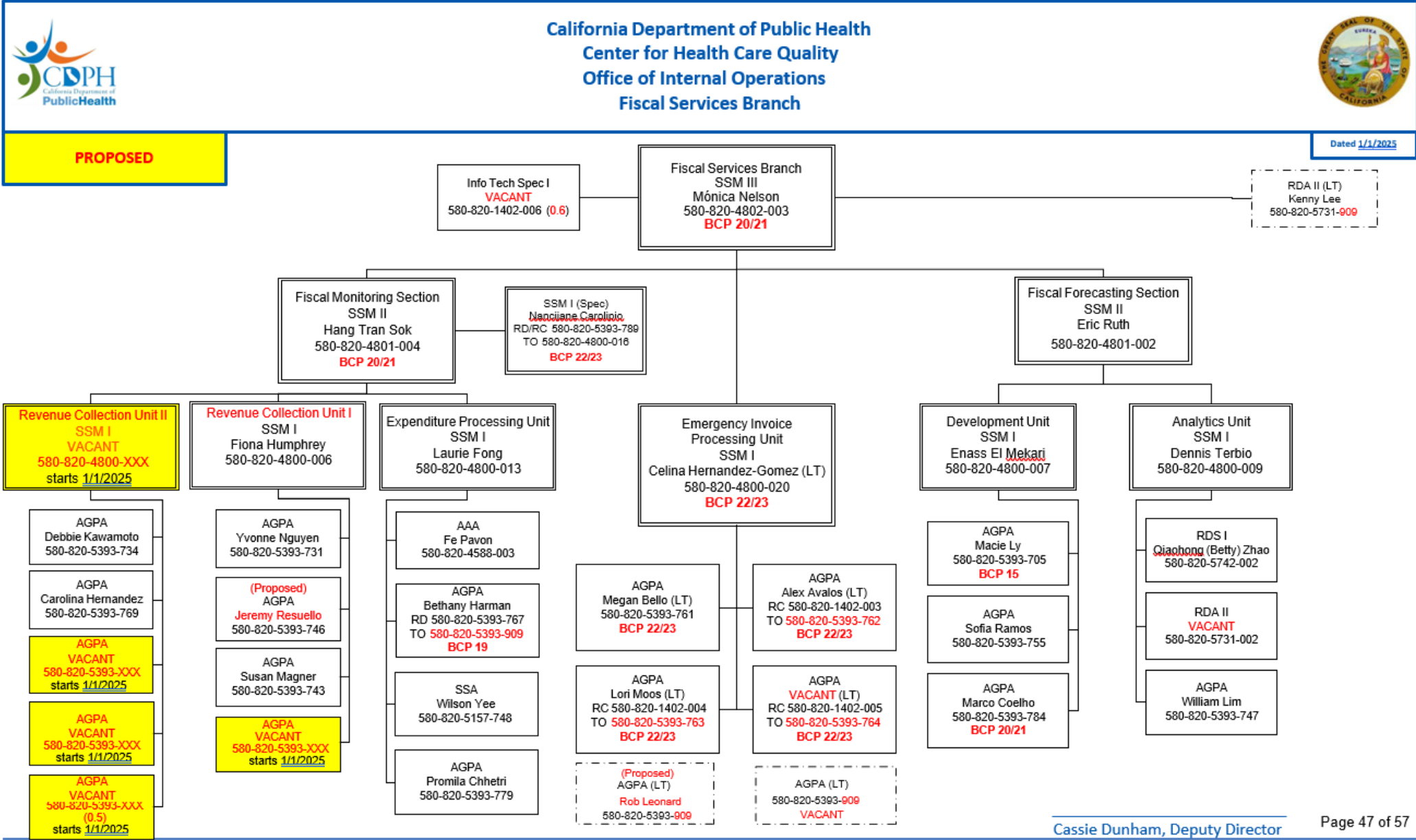


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Dated 1/1/2025



Cassie Dunham, Deputy Director



Attachment IV: Draft Application Fee Proposal

	Renewal	CHOW	CHOL		CHON	CHOB/Change of Capacity			CHOS		License Suspension Reinstatement	License Susp.	Stock Transfer	Ind Owner	Mgmt Co	Gov. Board	Geo Svc Area	Admin	Dir Patient Care Svcs	Prog Dir Med Dir	Dir of Nursing	Admin Design	Dir of Patient Care Svcs Des	Mailing Add	Prop Owner		
	(Reflects 2023-24 Amounts)		Survey Req'd			Survey Req'd			Survey Req'd		Survey Req'd																
			Y	N		Y (1-5)	Y (6+)	N	Y	N	Y	N															
APH	\$953/bed	\$10K + \$300/bed	\$10K + \$300/bed	\$400	\$150	\$3,000	\$500/bed	\$400	\$4,000	\$400	\$4,000	\$150	\$150	\$250	\$250	\$250	\$150	NA	\$150	NA	NA	\$150	\$150	NA	NA	\$150	\$150
ADHC	\$10,800	\$5,000	\$4,000	\$250	\$150	\$2,000	\$400/pers	\$250	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	NA	\$500	NA	\$500	NA	\$500	NA	NA	NA	NA	\$150	\$150
ABC	\$4,201	Annual	\$4,000	\$250	\$150	NA	NA	NA	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	NA	\$150	NA	\$150	NA	NA	NA	NA	NA	NA	\$150	\$150
CDRH	\$369/bed	\$10K + \$200/bed	\$10K + \$200/bed	\$250	\$150	NA	NA	NA	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	NA	\$150	NA	\$150	NA	NA	\$150	\$150	NA	NA	\$150	\$150
CDC	\$4,870	Annual	\$4,000	\$250	\$150	\$2,000	\$400/chair	\$250	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	NA	\$150	NA	\$150	NA	NA	\$150	\$150	NA	NA	\$150	\$150
COMTYC	\$2,566	Annual	Annual	\$250	\$150	NA	NA	NA	Annual	\$250	Annual	\$150	\$150	NA	\$250	NA	\$150	NA	\$150	NA	NA	\$150	NA	NA	NA	\$150	\$150
CLHF	\$1,056/bed	\$7K + \$200/bed	\$7K + \$200/bed	\$250	\$150	\$2,000	\$400/bed	\$250	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	NA	\$150	NA	\$150	NA	NA	NA	\$150	NA	NA	\$150	\$150
GACH	\$953/bed	\$10K + \$300/bed	\$10K + \$300/bed	\$400	\$150	\$3,000	\$500/bed	\$400	\$4,000	\$400	\$4,000	\$150	\$150	\$250	\$250	\$250	\$150	NA	\$150	NA	NA	\$150	\$150	NA	NA	\$150	\$150
HHA	\$2,946	Annual	Annual	\$250	\$150	NA	NA	NA	Annual	\$250	Annual	\$150	\$150	\$500	\$500	NA	\$150	\$150	\$500	\$150	NA	NA	NA	NA	NA	\$150	\$150
HOSPICE	\$2,970	Annual	Annual	\$250	\$150	NA	NA	NA	Annual	\$250	Annual	\$150	\$150	\$250	\$250	NA	\$150	\$150	\$150	\$150	NA	\$150	NA	\$150	\$150	\$150	\$150
HOFA	\$805/bed	\$7K + \$200/bed	\$7K + \$200/bed	\$250	\$150	\$2,000	\$400/bed	\$250	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	NA	\$150	NA	\$150	\$150	NA	\$150	NA	\$150	\$150	\$150	\$150
ICF	\$1,056/bed	\$7K + \$200/bed	\$7K + \$200/bed	\$250	\$150	\$2,000	\$400/bed	\$250	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	\$250	\$150	NA	\$500	NA	NA	NA	\$150	NA	NA	\$150	\$150
ICF/DD	\$2,074/bed	\$7K + \$200/bed	\$7K + \$200/bed	\$250	\$150	\$2,000	\$400/bed	\$250	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	\$250	\$150	NA	\$500	NA	NA	NA	\$150	\$150	NA	\$150	\$150
PDHRC	\$537/bed	\$7K + \$200/bed	\$7K + \$200/bed	\$250	\$150	\$2,000	\$400/bed	\$250	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	NA	\$150	NA	\$150	NA	NA	NA	\$150	NA	NA	\$150	\$150
FREEC	\$2,566	Annual	Annual	\$250	\$150	NA	NA	NA	Annual	\$250	Annual	\$150	\$150	NA	\$250	NA	\$150	NA	\$150	NA	NA	\$150	NA	NA	NA	\$150	\$150
PSYCHC	\$4,146	Annual	\$4,000	\$250	\$150	NA	NA	NA	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	NA	\$150	NA	\$150	NA	NA	NA	NA	NA	NA	\$150	\$150
REFRLAG	\$3,729	Annual	Annual	\$250	\$150	NA	NA	NA	NA	NA	\$3,000	\$150	\$150	\$250	\$250	NA	\$150	NA	\$150	NA	NA	NA	NA	NA	NA	\$150	\$150
REHAB	\$927	Annual	Annual	\$250	\$150	NA	NA	NA	Annual	\$250	\$3,000	\$150	\$150	\$250	\$250	NA	\$150	NA	\$150	NA	NA	NA	NA	NA	NA	\$150	\$150
SNF	\$1,061/bed	\$10K + \$300/bed	\$10K + \$300/bed	\$400	\$150	\$3,000	\$500/bed	\$400	\$4,000	\$250	\$4,000	\$150	\$150	\$400	\$400	\$400	\$150	NA	\$150	NA	NA	\$150	\$150	NA	NA	\$150	\$150
SURG	\$8,885	\$5,000	\$4,000	\$250	\$150	NA	NA	NA	\$3,000	\$250	\$3,000	\$150	\$150	\$250	\$250	NA	\$150	NA	\$150	NA	NA	NA	NA	NA	NA	\$150	\$150

Notes: None of the application fees specified here shall exceed the annual licensing fee for the the facility. If the calculated fee exceeds the annual fee, the annual fee shall be charged There will be a 25% surcharge assessed on all applications requiring a survey for facilities within LA County.

Attachment V: Detailed List of Revenue Collection Unit Responsibilities

RCU staff perform various tasks including but not limited to:

- Preparing and mailing of invoices for notices, revocation letters, and miscellaneous situation-specific communications.
- Preparing Annual License Renewal Payment Notice and Application 120 days prior to the expiration date. RCU generates renewals daily through ELMS as license approaches expiration.
- Processing Late Payment Penalties (LPPs) which are generated when renewals are not received by RCU. There are three subsequent notices. LPP1 is generated on day of license expiration date, LPP2 is sent 30 days later if no payment received, and LPP3 is sent 30 days after LPP2 if no payment received. ELMS sends email with list of LPPs (1-3) daily.
- Reconciling Deposit in ELMS Data with physical check amount totals. Resolving late payment penalties invoices when check has mail date stamp showing it was sent before the due date.
- Maintaining the returned mail log and following directions according to type of returned mail.
- Handling citations which include depositing payments, recording notices, maintaining log, sending notices according to schedule and log, communicating with Office of Legal Services, Administrative Litigation, and Field Office Division (FOD) regarding Citations and Penalties. Updating ELMS records, maintaining documents on SharePoint site, emailing/calling regarding unpaid fees.
- Reconciling fees and payments. Accounting notifies RCU of non-sufficient fund checks by email as they occur. RCU identifies original deposit data and provides coding back to accounting and updates ELMS to show invalid payment. RCU works with CAB to rescind license, if already issued. Additionally, refund processing happens due to overpayments which results in refund processing.
- Pulling Reports to identify licenses with unpaid balances remaining past the due date of third Late Payment Penalty (LPP3) for revocation and adding them to the Revocation Log. If facility type has resident patients, applicable FOD is contacted for advice on next steps. FOD may take over to work with facility so that the business can stay in place or to handle patient transfer if revocation to be completed.
- Maintaining and updating logs for the following items - Check Log, Dishonored Checks, Special Projects, Returned Mail, and Revocation. When an error or situation needing additional research of a check is identified during the deposit process, the check and pages of the electronic record are extracted from their original batch and the data is recorded in Pending check log.
- Performing administrative responsibilities also extend to serving as customer service agents for Licensees, addressing non-payment-related issues. Responding to licensees and providers regarding fee information. This occurs through email, letters, and phone calls. Examples: verify payments received for providers and internal partners like CAB, discuss late penalty fees, problem resolution about timing of payments sent and financial hardships affecting ability to pay. This aspect of the unit's role is steadily expanding, limiting the unit's capacity to implement essential improvements and updates to fiscal procedures.
- Playing a vital role in supporting facility Licensing requirements with CHCQ's CAB in collaboration with District Offices.