

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 10/20)

Fiscal Year FY 2022-23	Business Unit 4260	Department Health Care Services	Priority No.
Budget Request Name 4260-080-BCP-2022-GB		Program 3960	Subprogram 3960050

Budget Request Description

Compliance Oversight of Insurance Policies for Licensed Alcohol and Drug Abuse Recovery or Treatment Facilities (AB 1158)

Budget Request Summary

The Department of Health Care Services (DHCS) requests 4.0 permanent positions and expenditure authority of \$626,000 in Residential Outpatient Licensing Fund (ROPLF) upon approval of a proposed fee increase, in fiscal year (FY) 2022-23 and \$590,000 ROPLF in FY 2023-24 and ongoing to address increased workload associated with monitoring the compliance of insurance policies for licensed alcohol and other drug recovery or treatment facilities, as required by AB 1158 (Chapter 443, Statutes of 2021). DHCS requests corresponding approval to increase ROPLF fees for residential and outpatient recovery and/or treatment programs effective July 1, 2022.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Department CIO	Date

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

Project No. **Project Approval Document:**

Approval Date:

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

Prepared By Jessica Bogard	Date 1/10/2022	Reviewed By Erika Sperbeck	Date 1/10/2022
Department Director Michelle Baass	Date 1/10/2022	Agency Secretary Brendan McCarthy for Mark Ghaly, CalHHS Secretary	Date 1/10/2022

Department of Finance Use Only

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

PPBA Iliana Ramos	Date submitted to the Legislature 1/10/2022
-----------------------------	---

Analysis of Problem

A. Budget Request Summary

The Department of Health Care Services (DHCS), Licensing and Certification Division (LCD), requests 4.0 permanent positions and expenditure authority of \$626,000 in Residential Outpatient Licensing Fund (ROPLF) upon approval of a proposed fee increase, in fiscal year (FY) 2022-23, \$590,000 ROPLF in FY 2023-24 and ongoing to implement the requirements as outlined in Assembly Bill (AB) 1158 (Chapter 443, Statutes of 2021). These resources will allow DHCS to monitor the compliance of insurance policies for licensed alcohol and other drug (AOD) recovery or treatment facilities and the promulgation of regulations to enable the enforcement of AB 1158 specifications. As part of this request, DHCS requests a ROPLF licensure and certification fee increase for residential and outpatient recovery and/or treatment programs effective July 1, 2022.

The enactment of AB 1158 creates new workload for DHCS. The bill requires DHCS to conduct compliance reviews of AOD recovery or treatment facilities and administer penalties or disciplinary action for non-compliance. Staff would need to establish new internal policies and procedures to align existing enforcement of regulations with the enforcement needed to comply with provisions of AB 1158.

B. Background/History

DHCS has the sole authority to license, certify, and monitor AOD recovery or treatment facilities to support the health and safety of program clients (Health and Safety Code, Division 10.5, Chapter 7.5, Sections 11830.1, 11834.01 and 11834.30). The statutory and regulatory requirements focus on the health and safety of individuals served in these facilities. DHCS is responsible for all activities associated with facility licensure and/or certification, compliance with statutory and regulatory requirements, and client-related health and safety issues. These activities include, but are not limited to, initial facility application and on-site reviews, renewal processes, on-site monitoring compliance reviews, and complaint investigations of facilities and counselors.

Licensed AOD recovery or treatment facilities provide residential non-medical services to individuals who are recovering from problems related to AOD misuse or abuse. Licensure is required when one or more of the following treatments services is provided: incidental medical services, detoxification, individual sessions, group sessions, educational sessions, or alcoholism or drug abuse treatment or recovery planning. These services can be provided by a variety of providers such as alcohol and drug counselors, mental health therapists, social workers, psychologists, nurses, and physicians.

Recovery residences, sometimes referred to as sober living environments/transitional housing, are homes for people in recovery from a substance use disorder. It may serve as support for individuals undergoing treatment, but it does not provide treatment services or care. Current laws and licensing requirements that govern treatment and care facilities do not currently include recovery residences. Therefore, DHCS does not keep a list of registered recovery residences, conduct inspections of recovery residences, or perform any of the other activities associated with licensing facilities. A recovery residence may be completely self-governed or have formal on-site management, but in the latter case, the managers' duties relate to the administration of the house rather than the tenants or their recovery (as in "case management"). The tenants of a recovery residence pay rent and abide by house rules, which always include maintenance of sobriety and participation in a self-help program.

Analysis of Problem

Additionally, the Department has the statutory authority to adjust licensure and certification fees for residential and outpatient recovery and/or treatment programs. Specifically, the Health and Safety Code section 11833.02 provides as follows:

- (a) The department shall charge a fee to all programs for licensure or certification by the department, regardless of the form of organization or ownership of the program.
- (b) The department may establish fee scales using different capacity levels, categories based on measures other than program capacity, or any other category or classification that the department deems necessary or convenient to maintain an effective and equitable fee structure.
- (c) Licensing and certification fees shall be evaluated annually, taking into consideration the overall cost of the residential and outpatient licensing and certification activities of the department, including initial issuance, renewals, complaints, enforcement activity, related litigation, and any other program activity relating to licensure and certification, plus a reasonable reserve.
- (d) The department shall submit any proposed new fees or fee changes to the Legislature for approval no later than April 1 of each year as part of the spring finance letter process. No new fees or fee changes shall be implemented without legislative approval.
- (e) The department shall issue a provider bulletin pursuant to subdivision (a) of Section 11833.04 setting forth the approved fee structure. The department shall, on an annual basis, publish the current fee structure on the department's Internet Web site.
- (f) Unless funds are specifically appropriated from the General Fund in the annual Budget Act or other legislation to support the division, the Licensing and Certification Division, no later than the beginning of the 2010–11 fiscal year, shall be supported entirely by federal funds and special funds

Resource History

(Dollars in thousands)

Licensing and Certification Division

Program Budget	2016-17	2017-18	2018-19	2019-20	2020-21
Authorized Expenditures	N/A	N/A	N/A	\$13,254	\$15,163
Actual Expenditures	N/A	N/A	N/A	\$12,746	\$13,850
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	N/A	N/A	N/A	130.0	132.0
Filled Positions	N/A	N/A	N/A	107.6	125.3
Vacancies	N/A	N/A	N/A	22.4	6.7

*Effective FY 2019-20 Licensing and Certification Division split from Substance Use Disorder – Program, Policy, and Fiscal Division, Substance Use Disorder – Compliance Division, and Mental Health Services Division.

Analysis of Problem

Workload History

Workload Measure	2016-17	2017-18	2018-19	2019-20	2020-21
Complaints Investigated	539	482	692	641	580
New licenses issued	68	80	110	69	98
Licenses Renewed	229	252	297	332	407

C. State Level Consideration

This proposal provides the necessary staffing to establish, monitor and oversee DHCS licensed facilities and complaints investigations to provide wellness and safety for program residents and the general public. This proposal supports the goals of AB 1158, which was enacted to verify licensed AOD recovery or treatment facilities maintain specified minimum insurance levels.

Furthermore, this proposal fully supports DHCS' mission to improve, maintain and preserve the overall health and well-being through effective prevention and intervention. This is achieved by providing high-quality health care, including substance use disorder treatment services. LCD is also responsible for making certain that all people in recovery from substance use disorders are safe and secure throughout their recovery, and in doing so DHCS must preserve the availability of quality recovery services to encourage recovery and stability for all.

D. Justification

The chaptered bill amends Section 11834.10 of the Health and Safety Code, and adds Section 11853.5, relating to the insurance coverage required by alcoholism or drug abuse recovery or treatment facilities. The bill requires a licensee operating an alcoholism or drug abuse recovery or treatment facility and serving more than six residents to maintain specified insurance coverages, including, among others, commercial general liability insurance and employer's liability insurance. The bill requires a licensee that serves six or fewer residents to maintain general liability insurance coverage.

Furthermore, the bill requires any government entity that contracts with a privately owned recovery residence or an alcoholism or drug abuse recovery or treatment facility to provide, respectively, recovery services or treatment services for more than six residents, to require the contractor to maintain those specified insurance coverages. If a residence or facility provides services for six or fewer residents, this bill requires the government entity to require the contractor to maintain general liability insurance coverages, as specified. The bill makes these provisions applicable to contracts entered into, renewed, or amended on or after January 1, 2022.

Currently, DHCS regulations do not require licensed AOD recovery or treatment facility providers to obtain or maintain insurance coverage. However, comprehensive (general) liability insurance is typically obtained by providers because it protects their business against general liability claims. Insurance is often identified on the provider's line item budget which they must provide to the department as a requirement for licensure.

Analysis of Problem

AB 1158 requires a more in-depth level of review and analysis for all licensed AOD recovery or treatment facilities. This new requirement increases the overall volume of workload for DHCS to monitor licensed AOD recovery or treatment facilities for compliance. This responsibility includes ensuring licensed AOD recovery or treatment facilities' compliance by obtaining and maintaining the required minimum insurance policies set forth in this bill.

AB 1158 requires DHCS staff to monitor AOD recovery or treatment facilities' insurance coverage, which includes additional analysis during initial application review, expansions, renewals and population changes as well as monitoring of existing providers. If DHCS absorbs the new workload required by the bill within its current staff, it could result in increased backlogs and delays in the oversight functions for DHCS' licensed and certified AOD recovery or treatment facilities, which could lead to compromised client safety due to the inability of DHCS staff to respond to its licensed and certified facilities in a timely manner.

Under the new requirements of AB 1158, DHCS will be responsible for promulgating regulations and DHCS staff will incur additional travel expenses, such as weekly airfare, per diem, taxi fares, and hotel rentals associated with compliance monitoring and investigations of insurance complaints against AOD recovery or treatment facilities. This bill will also add time to licensing activities, inspections, and renewals which cannot be absorbed with existing staff. For the implementation of this bill, DHCS will need to hire and train 4.0 staff members, as specified below. These positions will need to be permanent to support the additional ongoing workload addressed in by AB 1158.

The requested ROPLF fund source is a more appropriate funding source than the General Fund. Although DHCS is still working on the final proposed fee increase, DHCS estimates the increase to all residential licensure and certification fees will be approximately 45 percent. For reference, the initial combined residential licensure and certification application fee would increase from \$4,068 to \$5,899. This increase is needed because license and certification fees for residential and outpatient programs have not been adjusted since the enactment of Senate Bill (SB) 857 (Chapter 31, Statutes of 2014), which authorized DHCS to set forth a new fee structure. The proposed increase would be effective July 1, 2022 and help address the ongoing deficiency in the fund that has been exacerbated by impacts of the current public health emergency.

LCD – (4.0 Permanent Positions)

3.0 Associate Governmental Program Analyst (AGPA)

1.0 Health Program Specialist II (HPS II)

- **Complaints Section:** 1.0 full-time permanent AGPA. Based on DHCS' average of 478 annual complaints for about 2,000 AOD recovery or treatment facilities, DHCS estimates a roughly 10% increase in complaints as a result of this bill, which would mean approximately 48 additional complaints annually. The typical caseload for a complaint analyst is roughly 30 complaints per year. There is currently limited room in analyst caseload for the expected increase in workload associated with this bill.
- **Licensing Section:** 2.0 full-time permanent AGPAs. DHCS estimates that the review of the various insurance policies for compliance with AB 1158 (Chapter 443, Statutes of 2021) would increase the time it would take to complete licensure, inspections, and renewals for AOD recovery or treatment facilities. This could add anywhere from 30 minutes to over 90 minutes for more complex cases. DHCS receives roughly 150 new licensure requests for AOD recovery or treatment facilities per year, and

Analysis of Problem

completes renewals for existing AOD recovery or treatment facilities every two years. This makes for a total of 1,150 license applications and renewals each year.

- Licensing Section: 1.0 full-time permanent HPS II. This position would be required to verify the accuracy and compliance of insurance policies in accordance with AB 1158 (Chapter 443, Statutes of 2021), and to promulgate regulations.

E. Outcomes and Accountability

This proposal seeks to provide the resources necessary to meet the requirements of AB 1158. With staff dedicated to complaint investigation, facility licensing, developing information notices and regulations, DHCS can implement the provisions of this bill timely and maintain compliance on an ongoing basis. Additionally, if the proposed positions and funding are approved, the following outcomes will be achieved.

- DHCS will have the necessary resources to conduct the increased workload associated with AB 1158.
- DHCS will be able to meet licensing requirements for licensed AOD recovery or treatment facilities.
- AB 1158 requirements will be clarified through regulations, policies and procedures, resulting in improved provision of service.
- DHCS will be able to continue to provide uninterrupted support to AOD recovery or treatment facilities and its clients.
- Initial and annual licensing onsite reviews will be conducted in a timely manner to comply with programmatic regulations and statutes.
- DHCS will be able to increase provision of technical assistance and training to providers.
- DHCS will have sufficient staff to maintain its statutory requirements related to the required oversight and monitoring functions for AOD recovery or treatment facilities.

Analysis of Problem

Projected Outcomes

Workload Measure	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Develop provider bulletins, or similar instructions to provide guidance	1	1	As needed	As needed	As needed	As needed
Monitor and provide appropriate oversight to providers	2,000	2,000	2,000	2,000	2,000	2,000
Process new applications/amend licenses to include insurance requirements ¹	0	2,000	150	150	150	150
Process bi-annual license renewals	1,000	1,000	1,000	1,000	1,000	1,000
Provide ongoing technical assistance to providers	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing	Ongoing
Investigate provider complaints ²	0	48	48	48	48	48
Develop and maintain enforcement action tracking log	0	1 log	Ongoing	Ongoing	Ongoing	Ongoing
Develop and promulgate regulations	0	1 package begins	Continued development	Continued development	1 package complete by July 1, 2025	0

¹ DHCS estimates that the review of the various insurance policies for compliance with AB 1158 (Chapter 443, Statutes of 2021) would increase the time it would take to complete licensure, inspections, and renewals for AOD recovery or treatment facilities. This could add anywhere from 30 minutes to over 90 minutes for more complex cases. DHCS receives roughly 150 new licensure requests for AOD recovery or treatment facilities per year, and completes renewals for existing AOD recovery or treatment facilities every two years. This makes for a total of 1,150 license applications and renewals each year.

² DHCS has averaged 478 complaints annually for licensed and certified AOD recovery or treatment facilities, counselors, and unlicensed facilities. Based on DHCS' average of 478 annual complaints for about 2,000 AOD recovery or treatment facilities, DHCS estimates a roughly 10% increase in complaints as a result of this bill, which would mean approximately 48 additional complaints annually. The typical caseload for a complaint analyst is roughly 30 complaints per year.

Analysis of Problem

F. Analysis of All Feasible Alternatives

Alternative 1: Approve 4.0 permanent positions and expenditure authority of \$626,000 in ROPLF, pending approval of a fee increase, in FY 2022-23, \$590,000 ROPLF in FY 2023-24 and ongoing to implement the requirements as outlined in AB 1158 (Chapter 443, Statutes of 2021).

Pros:

- DHCS will have the necessary resources to conduct the increased workload to avoid backlog.
- DHCS will be able to promulgate necessary regulations and clarify policies and procedures.
- DHCS will be able to increase provision of technical assistance to providers.
- Quality monitoring will increase and program integrity will improve.
- Increases access to quality care for individuals in crisis.

Cons:

- Increases state personnel resources, including general fund expenditures.
- Expands state government.
- Time and resources for training and hiring would be increased.

Alternative 2: Approve three-year limited-term (LT) resources equivalent to 4.0 positions and expenditure authority of \$626,000 ROPLF in FY 2022-23 and \$590,000 ROPLF in FY 2023-24 through FY 2024-25 to support the additional workload that would be required by AB 1158 (Chapter 443, Statutes of 2021).

Pros:

- DHCS will have the necessary resources to conduct the increased workload to avoid backlog.
- DHCS will be able to promulgate necessary regulations and clarify policies and procedures.

Cons:

- Once the LT resources end a backlog may develop.
- This workload is ongoing, and subject matter experts will be needed for its ongoing success.

Alternative 3: Redirect existing staffing.

Pros:

- Redirected staff will learn new workloads.
- Utilizes existing resources.

Cons:

- Due to other important workload, DHCS may not be able to redirect the estimated number of needed staff.
- There would be no resources to do the work the redirected staff have been doing, which will result in a backlog of work.
- Will delay the implementation and oversight requirements of the bill.

Analysis of Problem

G. Implementation Plan

The positions requested in this proposal would be established effective July 1, 2022, with those positions beginning immediately in order to complete the activities described. Upon approval of funds, DHCS will begin the work of drafting and implementing supporting processes, procedures, systems and forms, including, but not limited to, amending license application and renewal processes, developing new licensing standards, and promulgating regulations.

H. Supplemental Information

The request includes one-time funding for office automation and cubicle buildouts, including cabling of \$36,000 ROPLF. The request also includes travel costs of \$39,000 ROPLF for FY 2022-23 and ongoing.

Attachment A: Workload Standards

Attachment B: Fiscal Detail Sheet

Attachment C: Proposed Fee Increases

Attachment D: Current and Proposed Organizational Charts

I. Recommendation

Alternative 1: Approve 4.0 permanent positions and expenditure authority of \$626,000 in ROPLF, pending approval of a fee increase, in FY 2022-23, \$590,000 ROPLF in FY 2023-24 and ongoing to implement the requirements as outlined in AB 1158 (Chapter 443, Statutes of 2021).

Attachment A

WORKLOAD STANDARDS
Licensing and Certification Division
3.0 Associate Governmental Program Analyst
808-954-5393-XXXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Establish polices related to updating license application, renewal and review procedures.	4 yearly	120	480
Assist with coordinating training, collaborating with contractors for trainings, developing training materials.	3 yearly	40	120
Independently process, track and maintain license and certification applications: <ul style="list-style-type: none"> • Receive, review and analyze license applications and supporting documents • Prepare, review and issue various written correspondences related to the application process • Prepare and track legal service request • Respond to American Society of Addiction Medicine certification inquiries, phone calls, fax, and email • Update insurance requirements information in the LCS database • Prepare reports derived from on-site reviews. Develop and write reports on findings, as related to statutory and regulatory requirements, within specified timeframes; determine areas requiring corrective action. 	12 yearly	50	600
Independently conduct biennial license reviews to determine and promote compliance with AB 1158 requirements: <ul style="list-style-type: none"> • Manage assigned caseload to assure timely completion of compliance reviews • Prepare compliance review documents • Audit provider documentation • Evaluate insurance requirements • Conduct exit interviews to discuss inspection findings • Prepare reports derived from compliance reviews 	24 yearly	100	2,400
Investigating complaints for licensed and certified AOD Recovery or treatment facilities.	12 yearly	150	1,800
Total hours worked			5,400
1,800 hours = 1.0 Position			
Actual number of Positions requested			3.0

WORKLOAD STANDARDS
Licensing and Certification Division
1.0 Health Program Specialist II
808-954-8336-XXXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Develop, promulgate, and maintain updates to regulations related to AB 1158. Ongoing work with the DHCS Office of Regulations and Office of Legal Services to verify compliance with regulatory standards.	2 yearly	300	600
Verify the accuracy and compliance of insurance policies in accordance with AB 1158. Review and analysis of appropriate Insurance codes for applicability. Coordinate and collaborate with Department of Insurance to verify accuracy and alignment with current insurance code.	14 yearly	40	560
Develop and conduct internal and external training for staff and stakeholders regarding the requirements for compliance and oversight of AB 1158.	3 yearly	80	240
Independently conduct license reviews to provide technical assistance and determine and promote compliance with AB 1158 requirements: <ul style="list-style-type: none"> • Prepare compliance review documents • Audit provider documentation • Evaluate insurance requirements • Conduct exit interviews to discuss inspection findings Prepare reports derived from compliance reviews	6 yearly	40	240
Prepare written correspondence, Information Notices, issue papers, briefing materials, legislative proposals, budget change proposals, and other written products related to AB 1158 development and ongoing oversight.	5 yearly	32	160
Total hours by classification			1,800
1,800 hours = 1 Position			
Actual number of Positions requested			1.0

Attachment B

BCP Fiscal Detail Sheet

BCP Title: Compliance Oversight of Insurance Policies for Licensed Alcohol and Drug Abuse Recovery or Treatment Facilities (AB 1158)

BR Name: 4260-080-BCP-2022-GB

Budget Request Summary

Personal Services

Personal Services	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Positions - Permanent	0.0	4.0	4.0	4.0	4.0	4.0
Total Positions	0.0	4.0	4.0	4.0	4.0	4.0
Salaries and Wages Earnings - Permanent	0	310	310	310	310	310
Total Salaries and Wages	\$0	\$310	\$310	\$310	\$310	\$310
Total Staff Benefits	0	165	165	165	165	165
Total Personal Services	\$0	\$475	\$475	\$475	\$475	\$475

Operating Expenses and Equipment

Operating Expenses and Equipment	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5301 - General Expense	0	24	16	16	16	16
5302 - Printing	0	8	8	8	8	8
5304 - Communications	0	8	8	8	8	8
5320 - Travel: In-State	0	39	39	39	39	39
5322 - Training	0	4	4	4	4	4
5324 - Facilities Operation	0	36	36	36	36	36
5344 - Consolidated Data Centers	0	4	4	4	4	4
539X - Other	0	28	0	0	0	0
Total Operating Expenses and Equipment	\$0	\$151	\$115	\$115	\$115	\$115

Total Budget Request

Total Budget Request	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Total Budget Request	\$0	\$626	\$590	\$590	\$590	\$590

Fund Summary

Fund Source

Fund Source	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
State Operations - 3113 - Residential and Outpatient Program Licensing Fund	0	626	590	590	590	590
Total State Operations Expenditures	\$0	\$626	\$590	\$590	\$590	\$590
Total All Funds	\$0	\$626	\$590	\$590	\$590	\$590

Program Summary

Program Funding

Program Funding	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
3960050 - Other Care Services	0	626	590	590	590	590
Total All Programs	\$0	\$626	\$590	\$590	\$590	\$590

Personal Services Details

Positions

Positions	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2022)	0.0	3.0	3.0	3.0	3.0	3.0
8336 - Hlth Program Spec II (Eff. 07-01-2022)	0.0	1.0	1.0	1.0	1.0	1.0
Total Positions	0.0	4.0	4.0	4.0	4.0	4.0

Salaries and Wages

Salaries and Wages	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2022)	0	222	222	222	222	222
8336 - Hlth Program Spec II (Eff. 07-01-2022)	0	88	88	88	88	88
Total Salaries and Wages	\$0	\$310	\$310	\$310	\$310	\$310

Staff Benefits

Staff Benefits	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5150350 - Health Insurance	0	74	74	74	74	74
5150600 - Retirement - General	0	91	91	91	91	91
Total Staff Benefits	\$0	\$165	\$165	\$165	\$165	\$165

Total Personal Services

Total Personal Services	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Total Personal Services	\$0	\$475	\$475	\$475	\$475	\$475

Attachment C

Proposed Residential Licensure Fees Increase

APPLICATION TYPE		45% INCREASE	
RESIDENTIAL LICENSURE	CURRENT FEE	INCREASE	NEW FEE
Initial Residential Licensure Application	\$3,050	\$1,373	\$4,423
Initial Biennial Residential Licensure	\$324 (per bed)	\$146	\$470
Biennial Residential Licensure Extension	\$324 (per bed)	\$146	\$470
Adolescent Waiver Application	\$1,507	\$678	\$2,185
Dependent Children Application (if not requested during initial licensure application)	\$1,054	\$474	\$1,528
Supplemental Application (Increase or Decrease in Bed Capacity, Target Population change, Program Name change, Removal of Address or Suite, Legal Entity Name change, Addition or Removal of Services - i.e., Incidental Medical Services, Detoxification, Co-ed.)	\$1,034	\$465	\$1,499
Facility Address Update (Facility Relocation, Adding Additional Address or Suite number(s))	\$1,008	\$454	\$1,462

Proposed Certification Fees Increase

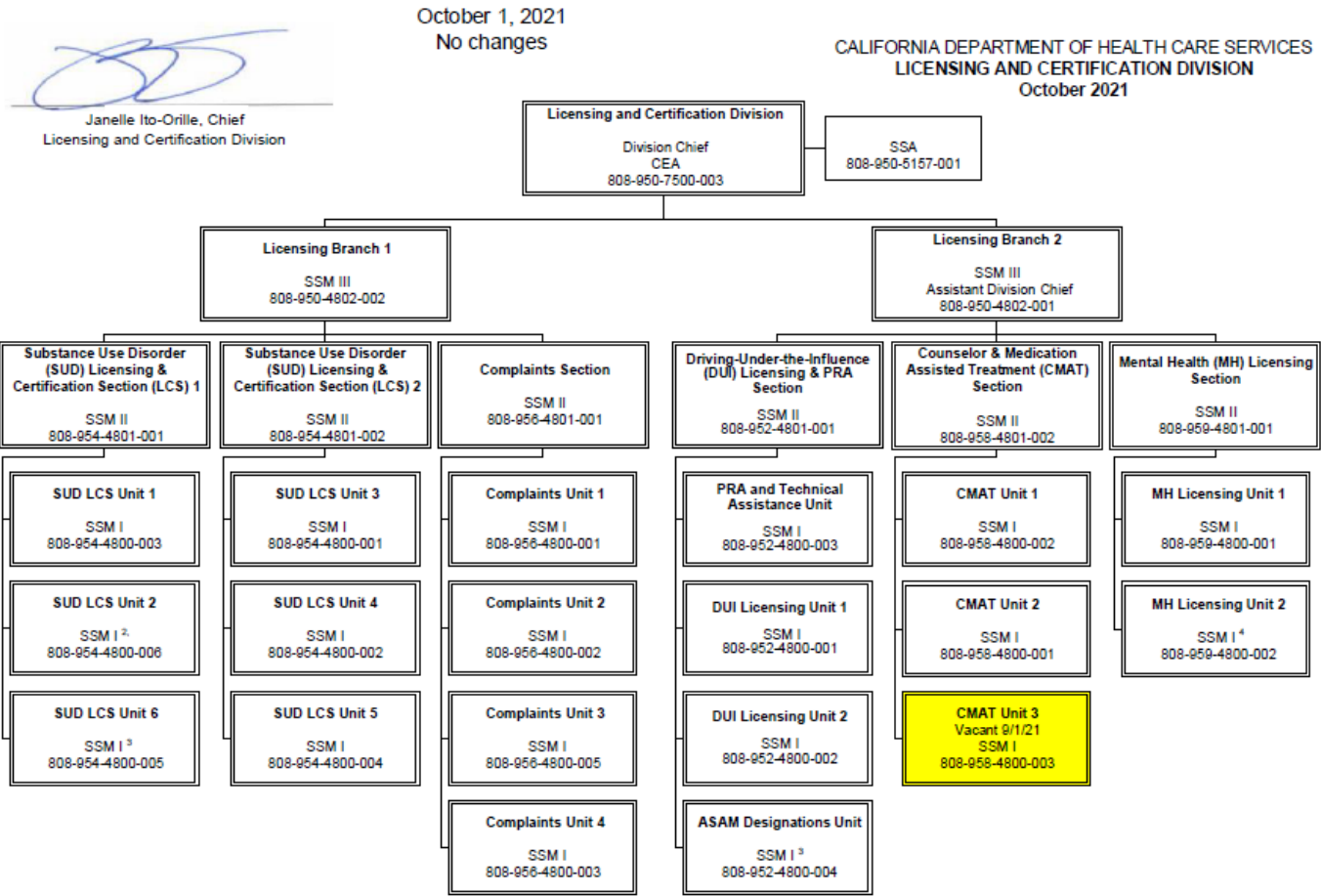
CERTIFICATION	CURRENT FEE	INCREASE	NEW FEE
Initial Outpatient Certification Application	\$2,931	\$1,319	\$4,250
Initial Biennial Outpatient Certification	\$3,798	\$1,709	\$5,507
Biennial Outpatient Certification Extension	\$3,798	\$1,709	\$5,507
Biennial Residential Certification (for facilities having a residential license issued by another State Department). The maximum fees for beds will not exceed the biennial certification fee	\$324 (per bed, with a maximum of \$3,798)	\$146	\$470 (per bed, with a maximum of \$5,507)
Supplemental Application (Target Population change, Program Name change, Removal of Address or Suite, Legal Entity Name change, Addition or Removal of Services - i.e., Intensive Outpatient, Outpatient, Residential, Detoxification)	\$1,034	\$465	\$1,499
Facility Address Update (Facility Relocation, Adding Additional Address or Suite number(s))	\$1,008	\$454	\$1,462

Proposed Combined Residential Licensure and Certification Fees Increase

COMBINED RESIDENTIAL LICENSURE AND CERTIFICATION	CURRENT FEE	INCREASE	NEW FEE
Initial Combined Residential Licensure and Certification Application	\$4,068	\$1,831	\$5,899
Initial Biennial Combined Residential Licensure and Certification	\$324 (per bed)	\$146	\$470
Biennial Combined Residential Licensure and Certification Extension	\$324 (per bed)	\$146	\$470

Attachment D

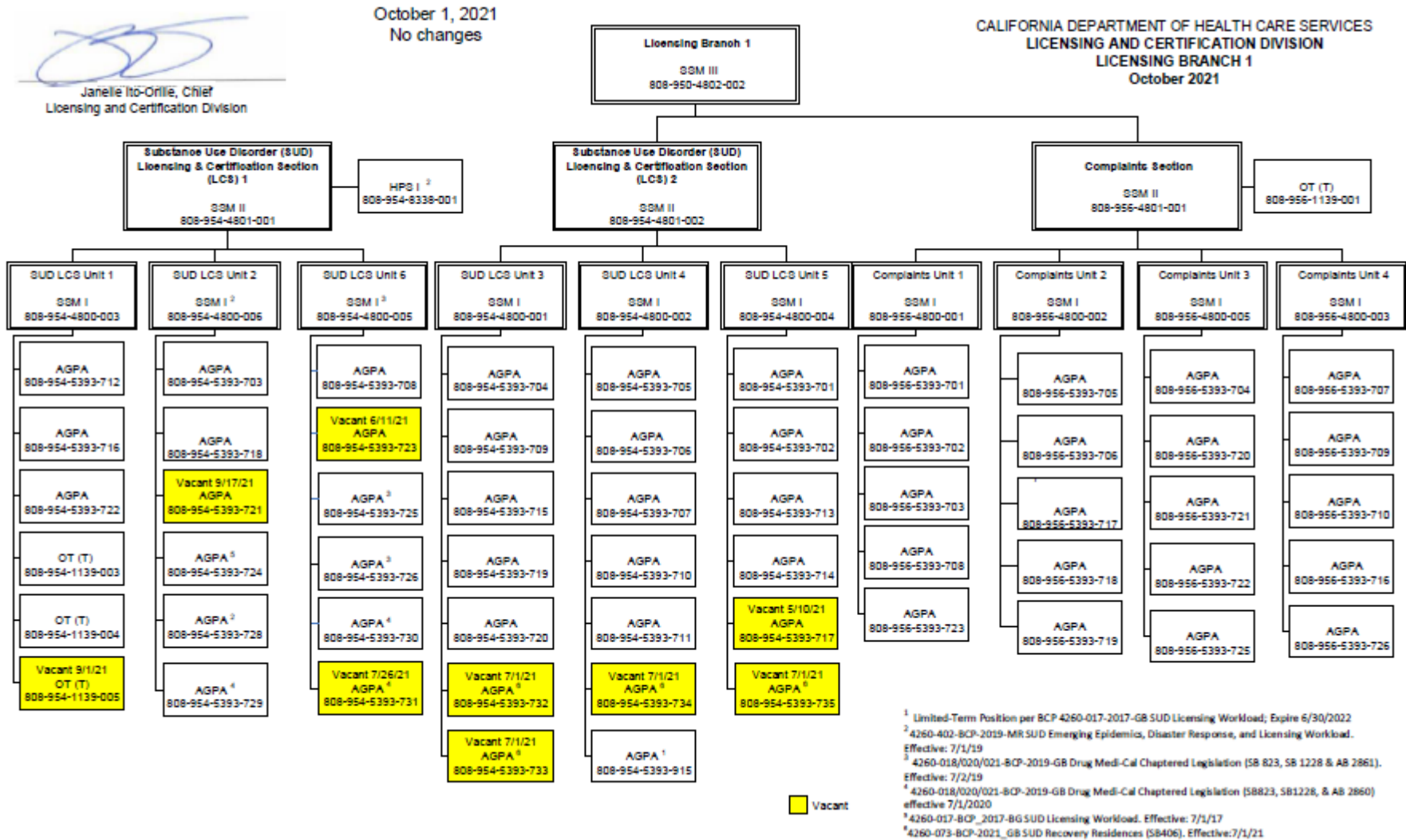
Current Organizational Chart
 Department of Health Care Services
 Licensing and Certification Division



¹ Limited-Term Position per BCP 4260-017-2017-GB SUD Licensing Workload; Expire 6/30/2022
² 4260-402-BCP-2019-MR SUD Emerging Epidemics, Disaster Response, and Licensing Workload. Effective 7/1/19
³ 4260-018/020/021-BCP-2019-GB Drug Medi-Cal Chaptered Legislation (SB 823, SB 1228 & AB 2861). Effective: 7/1/19
⁴ 4260-004/005-BCP-2018-GB Unusual Occurrence-Complaint Investigations and Disaster Response. Effective: 7/1/19

Vacant

Current Organizational Chart
 Department of Health Care Services
 Licensing and Certification Division
 Licensing Branch 1

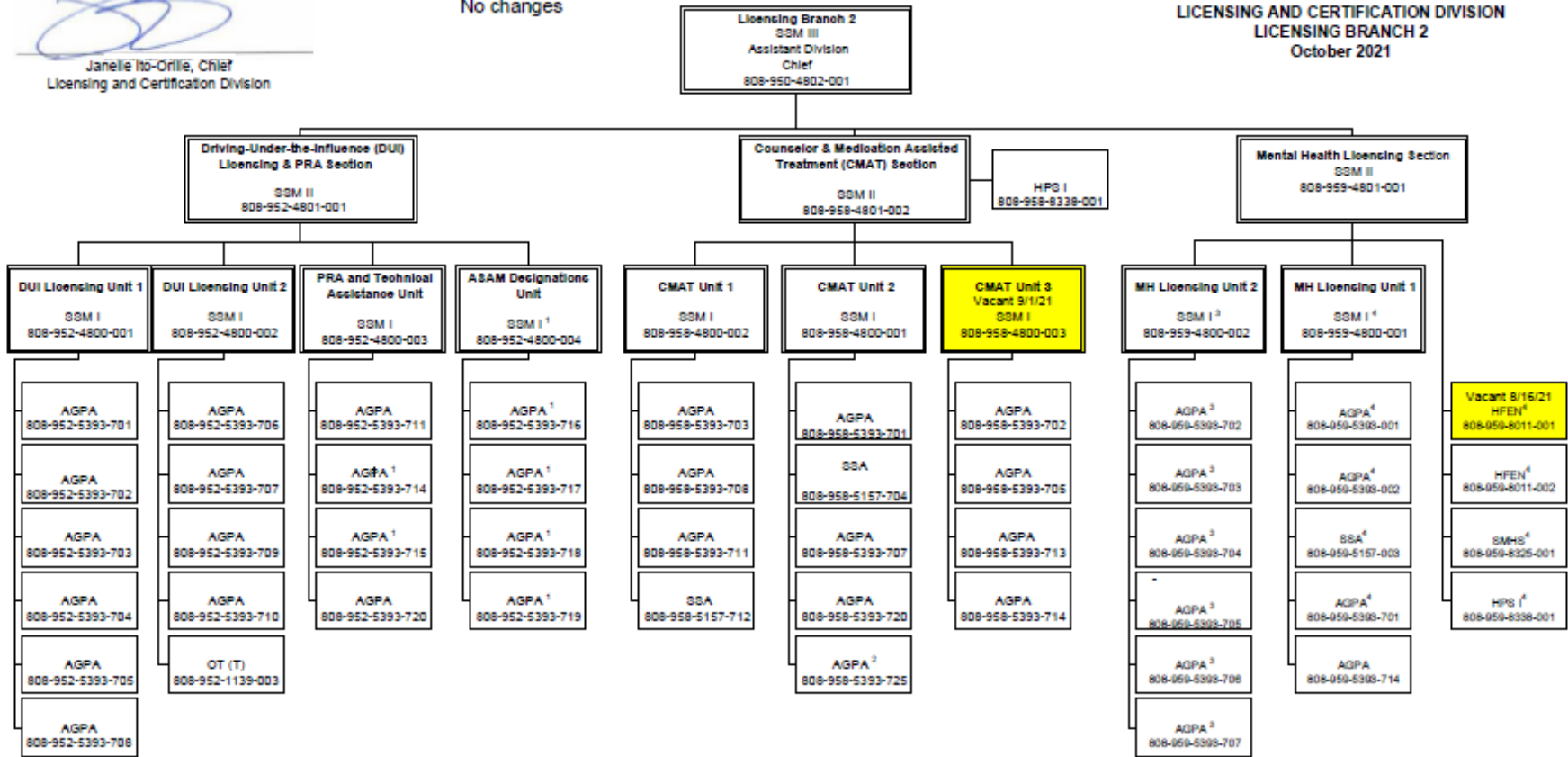


Current Organizational Chart
 Department of Health Care Services
 Licensing and Certification Division
 Licensing Branch 2



October 1, 2021
 No changes

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
 LICENSING AND CERTIFICATION DIVISION
 LICENSING BRANCH 2
 October 2021



¹ 4280-018/020/021-BCP-2019-GB Drug Medi-Cal Chaptered Legislation (SB 823, SB 1228 & AB 2961). Effective: 7/1/19
² 4260-402-BCP-2019-MR SUD Emerging Epidemics, Disaster Response, and Licensing Workload. Effective: 7/1/19
³ 4260-004/005-BCP-2018-GB Unusual Occurrence-Complaint Investigations and Disaster Response. Effective: 7/1/19
⁴ FY 2019-20 MHSUDS Reorg. Effective: 7/1/19



Vacant

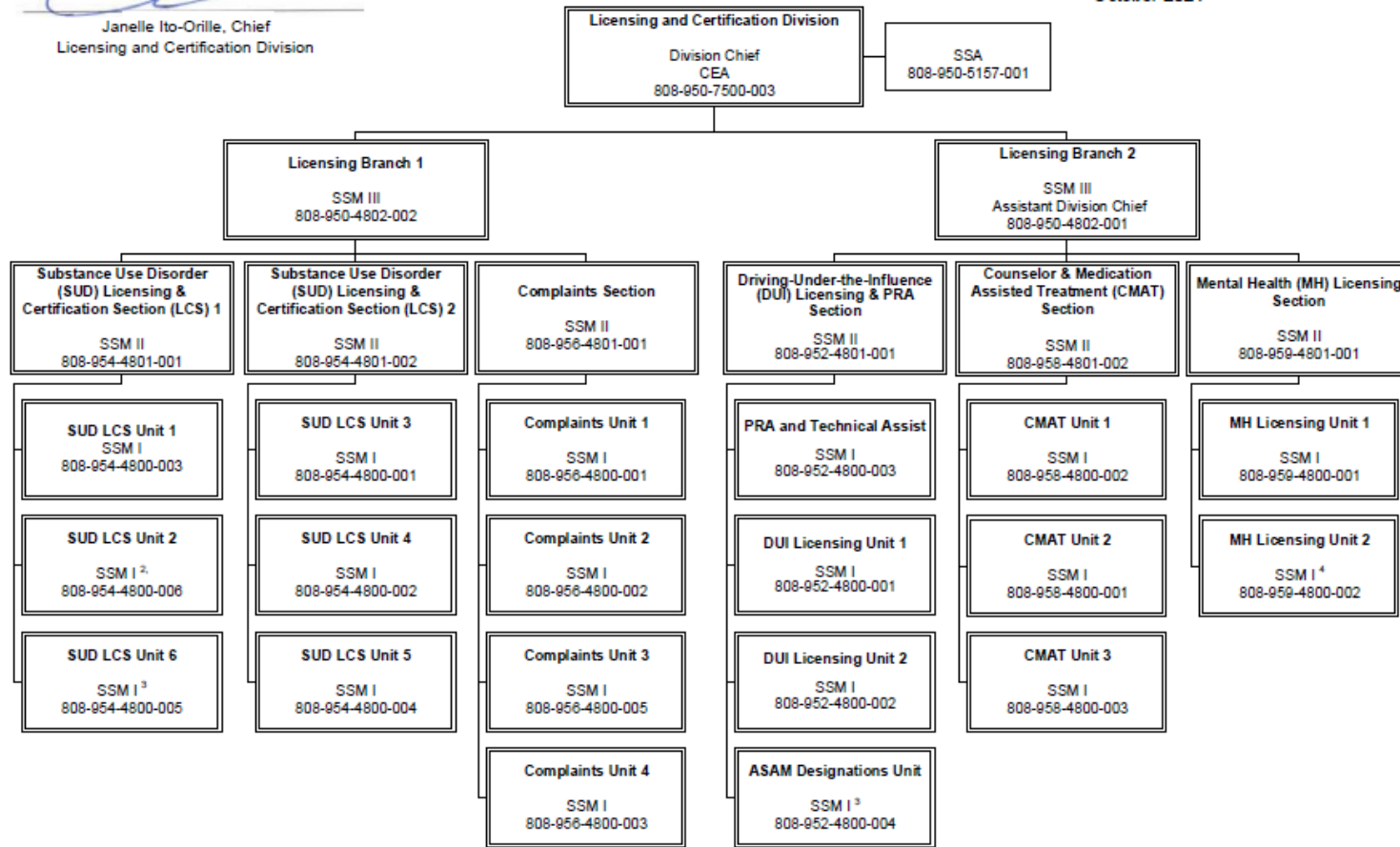
Proposed Organizational Chart
 Department of Health Care Services
 Licensing and Certification Division



Janelle Ito-Orille, Chief
 Licensing and Certification Division

October 5, 2021

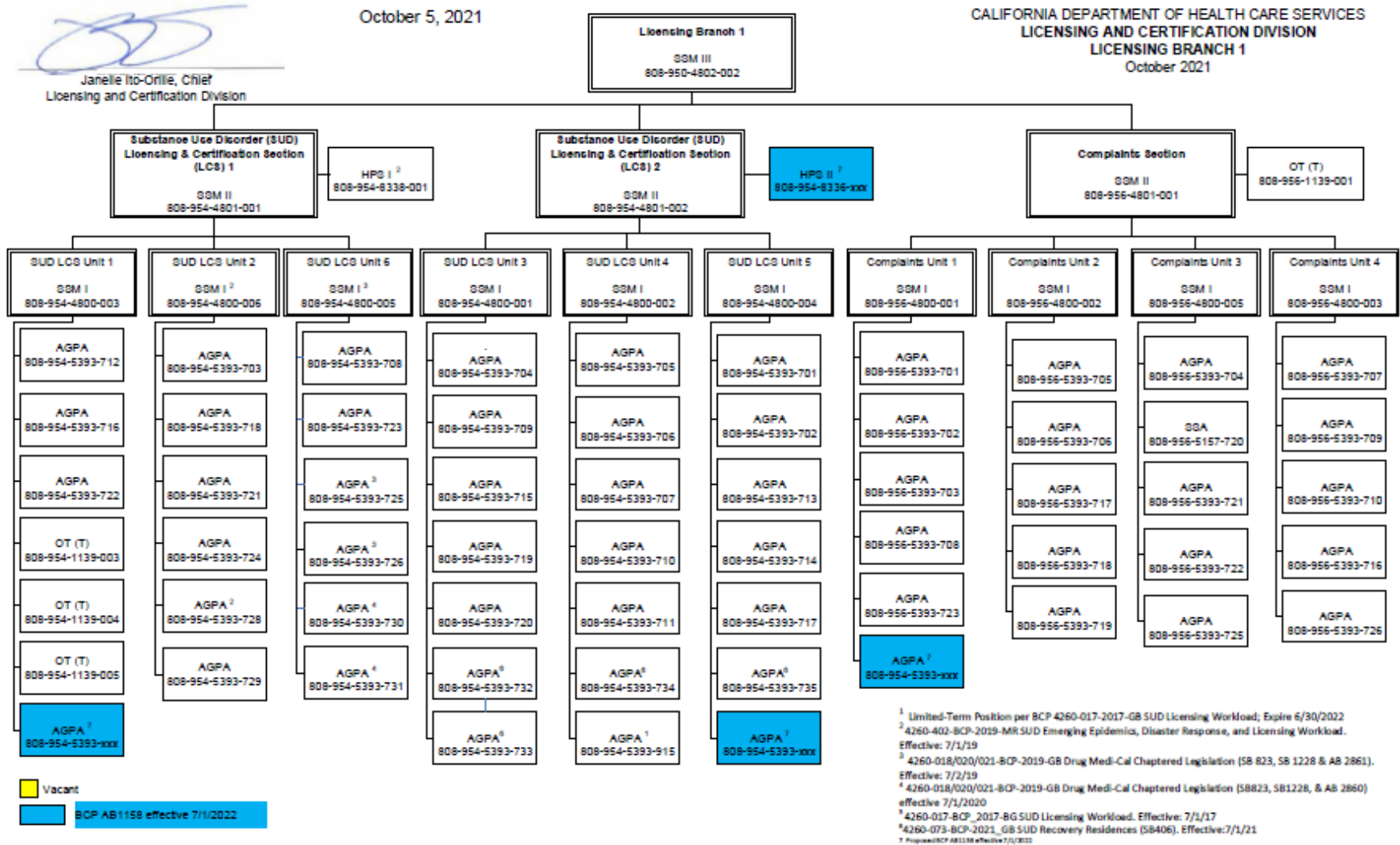
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
 LICENSING AND CERTIFICATION DIVISION
 October 2021



Vacant

¹ Limited-Term Position per BCP 4260-017-2017-GB SUD Licensing Workload; Expire 6/30/2022
² 4260-402-BCP-2019-MR SUD Emerging Epidemics, Disaster Response, and Licensing Workload
³ 4260-018/020/021-BCP-2019-GB Drug Medi-Cal Chaptered Legislation (SB 823, SB 1228 & AB 2861)
⁴ 4260-004/005-BCP-2018-GB Unusual Occurrence-Complaint Investigations and Disaster Response

Proposed Organizational Chart
 Department of Health Care Services
 Licensing and Certification Division
 Licensing Branch 1



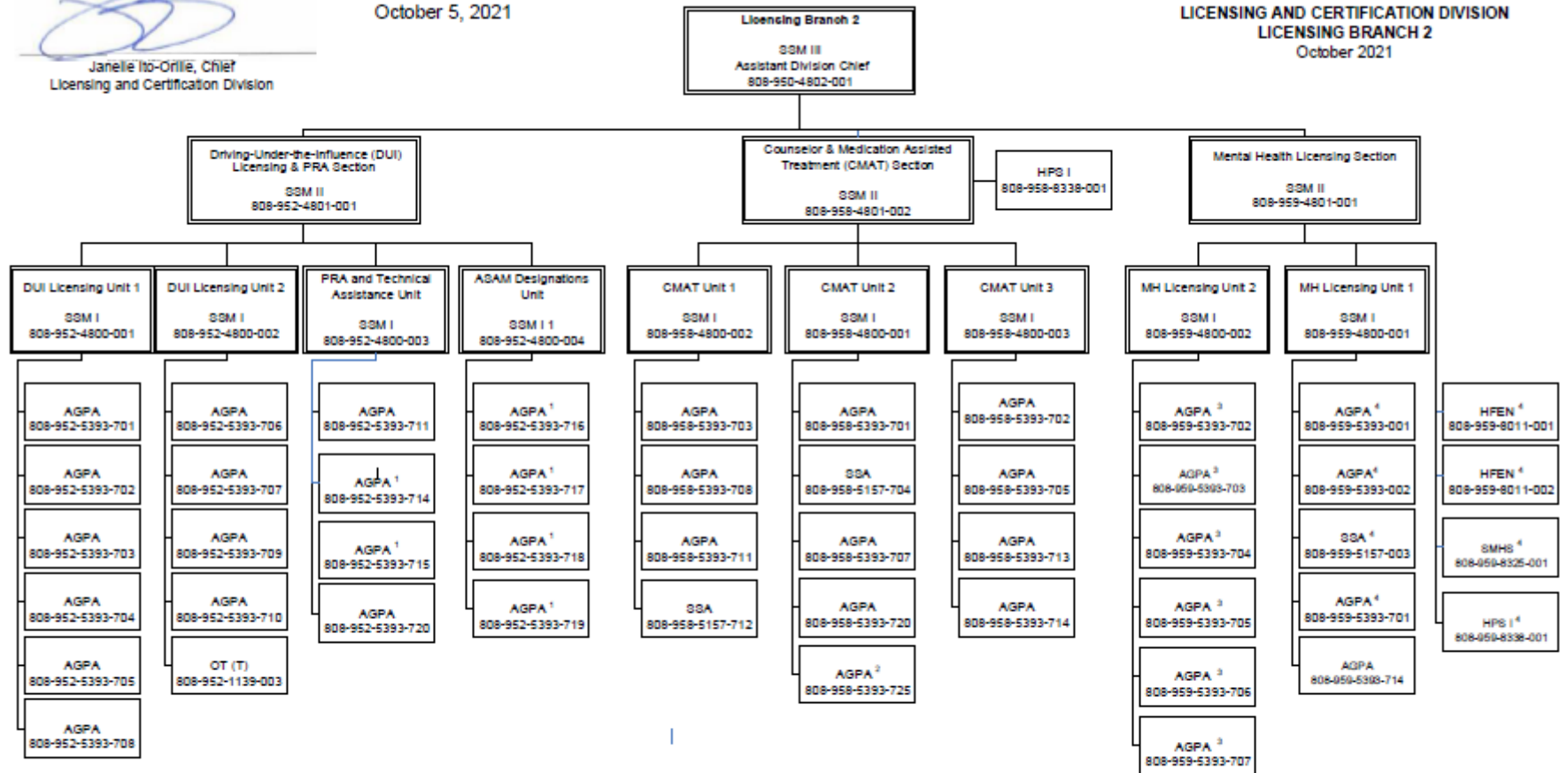
Proposed Organizational Chart
 Department of Health Care Services
 Licensing and Certification Division
 Licensing Branch 2



Janelle Ito-Orlitz, Chief
 Licensing and Certification Division

October 5, 2021

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
 LICENSING AND CERTIFICATION DIVISION
 LICENSING BRANCH 2
 October 2021



¹ 4280-018(02)021-BCP-2019-08 Drug Medi-Cal Chaptered Legislation (SB 823, SB 1228 & AB 2861). Effective: 7/1/19

² 4280-402-BCP-2019-MR SUD Emerging Epidemics, Disaster Response, and Licensing Workload. Effective: 7/1/19

³ 4280-046(05)BCP-2019-08 Unusual Occurrence Complaint Investigations and Disaster Response. Effective: 7/1/19

⁴ FY 2019-20 MH&SUD Reorg. Effective: 7/1/19

 Vacant