

FILE NO. 1-1.5.2

DATE: March 1, 2002

**CODE APPLICATION NOTICE**

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**CODE SECTION:** Section 1.5.2, Paragraph 1, Article 1, Chapter 6, Part 1, Title 24, California Building Standards Administrative Code

**1.5.2 Delay in Compliance**

1. The Office may grant the hospital owner an extension to the January 1, 2008 seismic compliance deadline for both structural and nonstructural requirements if compliance will result in diminished health care capacity which cannot be provided by other general acute care hospitals within a reasonable proximity.

1.1 Hospital owners requesting an extension in accordance with Section 1.5.2 must submit an application form to the Office by January 1, 2007. The application form shall be accompanied by a statement explaining why the hospital is seeking the extension to the January 1, 2008 seismic compliance deadline. The statement shall include, at a minimum, the following information:

(a) The length/duration of the extension request;

(b) The hospital buildings requiring an extension; and

(c) The acute care services that will be completely or partially unavailable if the extension is denied.

1.2 The hospital owner shall request an extension for seismic compliance in one year increments, up to a maximum of five (5) years, beyond the mandated year of compliance. The hospital owner shall also submit an amended compliance plan and schedule in accordance with Section 1.4.5 indicating when compliance will be obtained.

**1.5 Delay in Compliance**

~~1. After January 1, 2008, any general acute care hospital which continues acute care operation must be at a minimum of an SPC-2 facility as defined in Article 2, Table 2.5.3 or shall no longer provide acute care services.~~

~~2. The Office may grant the hospital owner a delay to Section 1.5.1 if compliance will result in diminished health care capacity which cannot be provided by other general acute care hospitals within a reasonable proximity.~~

~~2.1 Hospital owners seeking a delay must submit a written request to the Office including a statement with supporting documentation regarding the reason for noncompliance with subdivision 1.5.1 and a schedule indicating when compliance will be obtained. A delay request and compliance schedule may be submitted simultaneous with~~

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(Additions or changes indicated by underline; deletions by strikeout.)

~~the hospital's evaluation and compliance plan pursuant to the requirements of this article. If a delay request is submitted after the seismic evaluation report, compliance plan and schedule, the request must include an amended compliance schedule and must be submitted to the Office no later than January 1, 2007.~~

~~2.2 The time extension for compliance shall be granted in one year increments, up to a maximum of five (5) years, beyond the mandated year of compliance. The facility requesting the extension shall provide evidence of efforts to implement an approved compliance plan which may include design/construction contracts and schedules which demonstrate efforts to implement the compliance measures within the requested period of extension.~~

## REASON:

The purpose of this Code Application Notice (CAN) is to provide an interpretation of Section 1.5.2, Paragraph 1, of Title 24, Part 1, Chapter 6, to provide hospital owners with a suggested an acceptable procedure for requesting a compliance extension pursuant to the regulations for diminished health care capacity. The Office has received numerous inquiries regarding the type of information that would support a request for an extension. In addition to the minimum requirements of Section 1.5.2, subparagraph 1.1, this This CAN suggests some of the types of information and documents that may be included when submitting a request for an extension based on a demonstration that diminished health care capacity will result if a hospital is required to comply with the January 1, 2008, SPC/NPC requirements. ~~The request may include some or all of the items listed in this CAN.~~ Each hospital must decide how best to provide the Office with sufficient information to grant an extension.

OSHPD's granting of an extension will be based on confirmation of the data submitted by the hospital and a finding that diminished capacity would result if the requested extension were not granted. Once the extension is granted, the Office will not revoke the approved extension request.

## INTERPRETATION:

### ADMINISTRATIVE PROCEDURE

A hospital owner may request an extension in complying with the January 1, 2008, SB 1953 (Chapter 740, Statute 1994) requirements for any hospital building, pursuant to Section 1.5.2, paragraph 1, of Title 24, Part 1, Chapter 6, by submitting to the Office of Statewide Health Planning and Development (OSHPD) an extension request application accompanied by ~~the~~ types of information and documents suggested listed below. The hospital owner need only submit one application per general acute care hospital license, regardless of the number of noncompliant buildings for which the owner is seeking ~~a delay~~ an extension.

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(Additions or changes indicated by underline; deletions by strikeout.)

~~In order to support~~ For the Office to consider a request for a compliance extension based on diminished health care capacity, the following written information must be provided ~~would be helpful to the Office in considering an extension request:~~

- ~~1. Identification of the~~ The buildings for which you are requesting the a time extension is requested.
- ~~2. Section 1.5.2.2.2 allows an extension for compliance in one-year increments up to a maximum of five years. Indicate t~~ The duration of the time extension requested for each building in one-year increments, up to a maximum of five (5) years. Also, indicate whether the extension request is for a total of one, two, three, four or five years. Requests for time extensions of partial years (i.e. 2.5 or 3.25 years etc.) will be returned for resubmittal.
- ~~3. Identification of the basic and/or supplemental acute care services that are currently being provided in the hospital building(s) for which this delay is requested and provision of the numbers of patients served by each acute care service.~~
- ~~4. Identification of the~~ The service(s) that would be completely or partially unavailable in the hospital's primary service area if the request for an extension is denied. For purposes of this CAN, the hospital primary service area means the geographic region of the population served by the hospital as identified by zip code(s). The hospital's primary service area is generally defined as those zip codes which include at least 75% of the residences of the hospital's patients. This hospital primary service area will define the limits of reasonable proximity. NOTE: If the hospital's primary service area is different than what is defined in this CAN, then the hospital shall include in the extension request the definition of its primary service area and an explanation of why the hospital's definition is more appropriate for purposes of the request.

The following additional information would also be helpful to the Office in considering an extension request:

1. The basic and/or supplementary acute care services that are currently being provided in the hospital buildings(s) for which the delay is requested and the numbers of patients served by each acute care service.
2. Provision of data and a A narrative description and supporting data of the effect that complying with the January 1, 2008 requirements will have on the patient capacity of acute care services within the hospital's primary service area.
- ~~63.~~ Identification of each Each payer category (i.e. Medi-Cal, Medicare, private coverage, or county indigent programs) by percentage of the population served within the hospital's primary service area and how they will be impacted if the time extension request is denied.

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- 74. ~~Identification of each~~ Each type of insurance coverage by percentage of the population served within the hospital's primary service area and how they will be impacted if the time extension request is denied. As a minimum, the following categories should be included in types of insurance coverage: (~~Health Maintenance Organization (HMO) managed care - Knox Keene/Medi-Cal County Organized Health Systems, other managed care - Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO) and Exclusive Provider Organization with Point-of Service Option (POS), and fee-for-service~~).
  
- 85. ~~Provision of a~~ A map of the hospital's primary service area that includes the following information:
  - ~~Identification of the~~ The zip code(s) of the population served within that service area, and
  - ~~Identification of any~~ The location of any other general acute care hospital(s) within the service area.

Hospital owners are required, by Section ~~1.5.2.2.1~~ 1.5.2, Subparagraph 1.2, to submit an amended compliance plan that reflects the timeline of the requested compliance extension period. **Exception:** If the original compliance plan that was submitted with the hospital seismic evaluation already reflects this information, an amended compliance plan will not be necessary.

**Authority:** Section 104.2.1 of Title 24, Part 2, California Building Code

ORIGINAL SIGNED	9/20/04
Kurt A. Schaefer	Date

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(Additions or changes indicated by underline; deletions by strikeout.)