



**SUBJECT**

Clinics

**CAN:** 1-7-2100

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**Revised:** 1/23/2017



**CODE SECTION**

**Article 21, Chapter 7  
 California Administrative Code (CAC)**

Article 21 - Plan Review, Building Inspection and Certification of Surgical Clinics, Chronic Dialysis Clinics and Outpatient Services Clinics

**PURPOSE**

The determination of which clinics and outpatient facilities are subject to the OSHPD 3 requirements found in Title 24, California Building Standards Code is complex. This results in a lack of consistency in application of the model code and OSHPD 3 requirements to clinic facilities, and uncertainty regarding the roles of the local building jurisdiction and OSHPD in the plan review, certification, and construction inspection processes.

Confusion exists, in part, because the use of the generic terms “clinics” and “outpatient facilities”. The OSHPD 3 requirements found in the code apply only to those clinics and outpatient facilities that are licensed pursuant to Health and Safety Code (H&SC) Section 1200 or 1250. There are variables in statute and regulations regarding the use and licensing of these clinic facilities, making consistent application of the regulations complex.

Another source of confusion is that the applicability of certain requirements is determined by factors that are normally out of the scope of work of the building department and designer. For example, sources of financial reimbursement and the specific type of license a clinic owner desires to obtain determine what regulations apply and who has jurisdiction for the project.

**INTERPRETATION**

In order to determine the applicability of OSHPD 3 requirements, it is necessary to know if the clinic facility is licensed, and if so, how it is licensed. OSHPD 3 requirements for clinics only apply to clinics that are licensed pursuant to H&SC Section 1200 (which includes primary care clinics and specialty clinics) or H&SC Section 1250 (which includes outpatient clinical services of a licensed hospital). Where the term “clinic” or “outpatient facility” is used relative to OSHPD 3 requirements in the California codes, it shall mean a clinic or outpatient facility licensed pursuant to H&SC Section 1200 or 1250.

The application of OSHPD 3 requirements is independent of the determination of occupancy classification. A Group B Occupancy doctor's office is subject to OSHPD 3 requirements if the office is licensed as a clinic pursuant to H&SC Section 1200. Conversely, a surgical clinic classified as a Group I-2.1 occupancy is not subject to OSHPD 3 requirements if it is not licensed pursuant to H&SC Section 1200 or 1250.

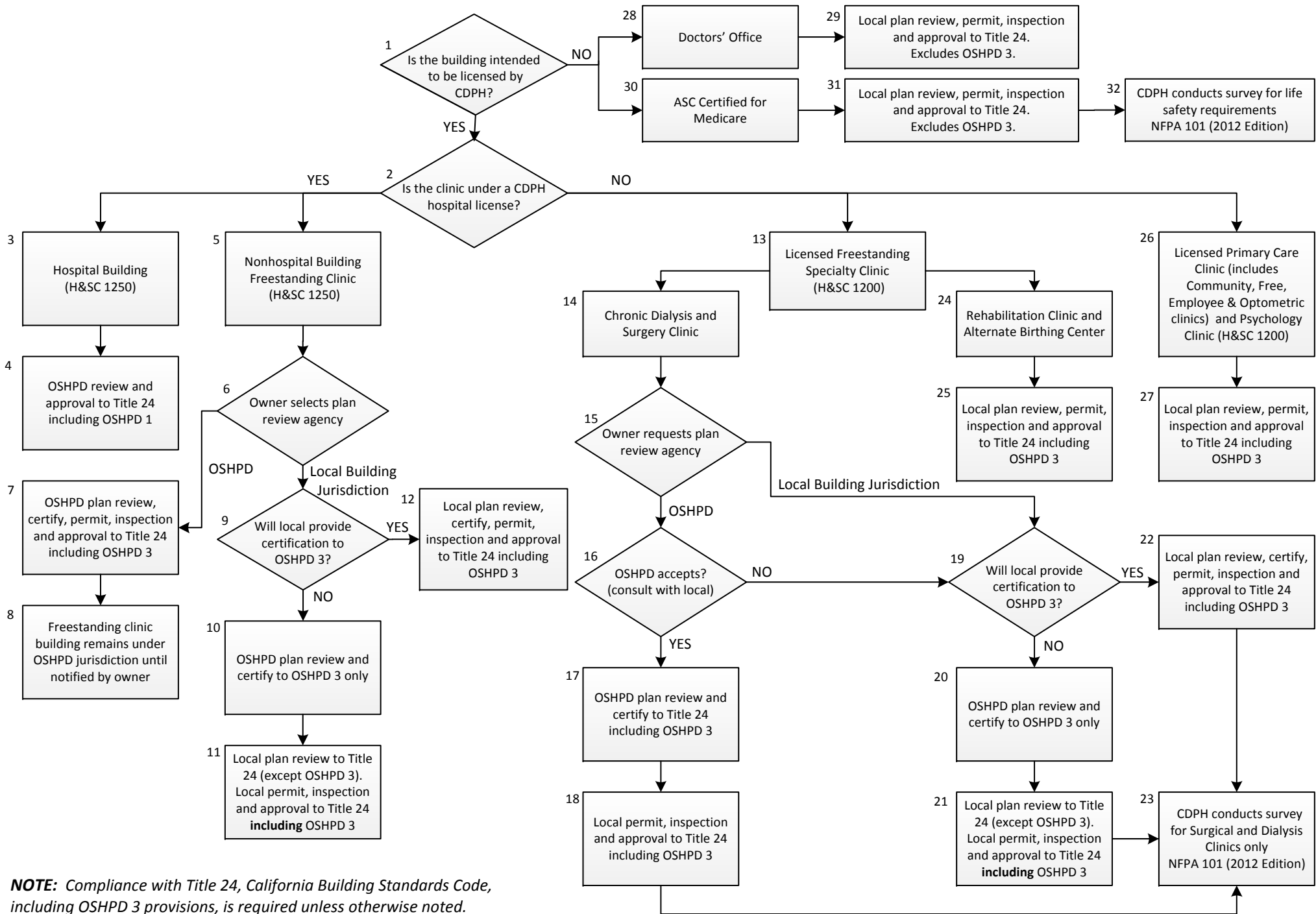
It should be noted that other requirements, not enforced by OSHPD or the local building jurisdiction may apply, for example, the NFPA 101 Life Safety Code.

The attached documents are intended to assist local building jurisdictions and designers in applying OSHPD 3 regulations, and determining which jurisdiction has authority over the plan review, certification and construction inspection of clinic facilities.

- **California Medical Clinic Guidelines, Plan Review, Approval, Inspection and Certification Flowchart.** Provides a process to follow in determining the appropriate authority having jurisdiction and applicable regulations for various clinic facilities.
- **Flowchart Explanatory Notes.** Provides additional information to use in applying the flowchart.
- **Appendix.** Contains a glossary of terms, identifies common acronyms, and provides a summary of roles of agencies involved in the plan review, certification, and inspection of clinic facilities.

Original signed	1/23/17
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# CALIFORNIA MEDICAL CLINIC GUIDELINES FOR PLAN REVIEW, APPROVAL, INSPECTION AND CERTIFICATION



**NOTE:** Compliance with Title 24, California Building Standards Code, including OSHPD 3 provisions, is required unless otherwise noted.

**California Medical Clinic Guidelines  
Plan Review, Approval, Inspection and Certification**

**Flowchart Explanatory Notes** (*Keyed to numbers at upper left corner of each box on flowchart.*)  
Citations are from the Health and Safety Code (H&SC) and the California Administrative Code (CAC) Chapter 7.

1. If the clinic is not licensed by California Department of Public Health (CDPH), Licensing and Certification, compliance and certification to the requirements of OSHPD 3 are not required.
2. How a clinic is licensed will affect which sections of Title 24, California Building Standards Code apply, how they are applied, and what agency (local building jurisdiction or OSHPD) will enforce them.
3. "Hospital building" is defined in H&SC Section 1250. OSHPD preempts the local building jurisdiction for enforcement of the Title 24, California Building Standards Code.
4. Hospital buildings are subject to OSHPD jurisdiction and must comply with OSHPD 1 requirements in the California Building Code (CBC).
5. Freestanding clinic buildings under the hospital license are typically subject to the local building jurisdiction, although they are licensed under H&SC Section 1250.
6. The owner or governing authority may submit plans directly to the local building jurisdiction or may select OSHPD to perform the plan review and certification for freestanding hospital outpatient clinics. (Also refer to CBC section on "Removal of Hospital Buildings from General Acute Care Services.")
7. If the governing authority selects OSHPD to perform the plan review and certification responsibilities for a freestanding hospital licensed outpatient clinic, then the entire project, including plan review and approval to Title 24 including OSHPD 3 requirements, building permit and construction inspection is under OSHPD jurisdiction.
8. Freestanding clinic buildings that have been reviewed by OSHPD will remain under the jurisdiction of the Office until the owner or governing authority notifies OSHPD otherwise in writing.
9. Written certification of compliance to OSHPD 3 is required for outpatient clinical services of a hospital including surgical clinics and dialysis clinics. If plans are submitted to the local building jurisdiction, the local building jurisdiction must notify the owner or governing authority if their review will include written certification for OSHPD 3 conformance.
10. If the local building jurisdiction will not provide written certification to OSHPD 3 requirements, then plans shall be submitted to OSHPD for plan review and certification to OSHPD 3 requirements only. The local building jurisdiction shall review the plans for compliance to Title 24 excluding OSHPD 3.
11. Concurrent with OSHPD's review to OSHPD 3 requirements, the local building jurisdiction reviews the plans for compliance to Title 24, except OSHPD 3. The design professional of record is required to coordinate the OSHPD certification documents with those permitted by

the local jurisdiction. The local building jurisdiction shall also issue the building permit and perform construction inspection to Title 24 including OSHPD 3 requirements.

12. If the local building jurisdiction will provide written certification to OSHPD 3 requirements, then the entire project, including plan review and approval, building permit, and construction inspection for the project is under the local building jurisdiction.
13. Licensed freestanding specialty clinics are defined in H&SC Section 1200. Specialty clinics include surgical, chronic dialysis, and rehabilitation clinics and alternate birthing centers. All specialty clinics are required to conform to the requirements of OSHPD 3.
14. Written certification to OSHPD 3 is required for licensed surgical and dialysis specialty clinics and only these specialty clinics may be reviewed and certified by OSHPD.
15. The owner or governing authority must submit plans directly to the local building jurisdiction or may request OSHPD to perform the plan review and certification for surgery and dialysis specialty clinics.
16. OSHPD must consult with the local building jurisdiction, and either accept or not accept the clinic project for plan review. One purpose for this consultation is to determine whether or not the local building jurisdiction will issue a building permit and inspect construction for a project for which OSHPD did the plan review. If the local building jurisdiction is unwilling or unable to do this, OSHPD cannot accept the review.
17. If, after consultation with the local building jurisdiction, OSHPD accepts the project for plan review, then OSHPD must perform a complete plan review of Title 24 requirements, including OSHPD 3. The local building jurisdiction is not involved in plan review.
18. The local building jurisdiction must issue the building permit and perform construction inspection to Title 24 including OSHPD 3.
19. If plans are submitted to the local building jurisdiction, the local building jurisdiction must notify the owner or governing authority if their review will include certification for OSHPD 3 conformance.
20. If the local building jurisdiction will not provide written certification to OSHPD 3 requirements, then plans shall be submitted to OSHPD for plan review and certification to OSHPD 3 requirements only. The local building jurisdiction shall review the plans for compliance to Title 24 excluding OSHPD 3.
21. Concurrent with OSHPD's review to OSHPD 3 requirements, the local building jurisdiction reviews the plans for compliance to Title 24, except OSHPD 3. The design professional of record is required to coordinate the OSHPD certification documents with those permitted by the local jurisdiction. The local building jurisdiction shall also issue the building permit and perform construction inspection to Title 24 including OSHPD 3.
22. If the local building jurisdiction will provide written certification to OSHPD 3 requirements, then the entire project, including plan review and approval, building permit and construction inspection for the project is under the local building jurisdiction.

23. The CDPH will survey surgical and dialysis clinics for compliance to NFPA 101.
24. Rehabilitation Clinics and Alternate Birthing Centers are not subject to OSHPD review or certification.
25. Rehabilitation Clinics and Alternate Birthing Centers are under the jurisdiction of the local building jurisdiction only. Conformance to OSHPD 3 is required.
26. Primary Care Clinics and Psychology Clinics, as defined in H&SC Section 1200, are required to conform to the requirements of OSHPD 3. Certification to OSHPD 3 may be required for Primary Care Clinics which may include Community Clinics, Free Clinics, Employee Clinics and Optometric Clinics.
27. Primary Care Clinics are under the jurisdiction of the local building jurisdiction only. Conformance to OSHPD 3 is required. Written certification to OSHPD 3 may be provided by a licensed architect or the local building jurisdiction. (H&SC Section 1226.3)
28. Doctor's offices that are not licensed as clinics are not subject to OSHPD 3 regulations or certification.
29. These buildings are reviewed by the local building jurisdiction, and are not subject to OSHPD 3 regulations or OSHPD plan review.
30. If an Ambulatory Surgical Center (ASC) licensed for Medicare reimbursement only is not licensed as a specialty clinic, conformance and certification to OSHPD 3 are not required.
31. These facilities are reviewed by the local building jurisdiction and are not subject to OSHPD 3 regulations or OSHPD plan review.
32. The CDPH will survey ASC for compliance to NFPA 101.

## APPENDIX

### GLOSSARY

**Certification for Medicare and/or Medicaid** – *(Not related to OSHPD 3 certification requirements)* A process to determine the eligibility of health care providers for reimbursement under the Medicare and/or Medicaid (Medi-Cal) programs. Certification for Medicare is provided by CMS, based on recommendation by CDPH. Certification for Medi-Cal is provided by CDPH.

**Certification of Nonhospital Freestanding Building Outpatient Clinical Services (H&SC Sections 1250 and 129730)** - A written document from the local building jurisdiction or OSHPD stating that design drawings, specifications and/or construction for licensed clinics are in compliance with applicable OSHPD 3 requirements. This certification is only for OSHPD 3 requirements, and is in addition to the normal plan review process provided by the local building official. Certification to OSHPD 3 requirements is a completely separate process from certification for Medicare and/or Medicaid.

**Certification of Licensed Freestanding Specialty Clinics (H&SC Section 1200)** - A written document from the local building jurisdiction or OSHPD stating that design drawings, specifications and/or construction for surgical or dialysis licensed clinics are in compliance with applicable OSHPD 3 requirements. This certification is only for OSHPD 3 requirements, and is in addition to the normal plan review process provided by the local building jurisdiction. Certification to OSHPD 3 requirements is a completely separate process from certification for Medicare and/or Medicaid.

**Certification to Primary Care Clinic (H&SC Section 1226.3)** – A primary clinic may establish compliance with the minimum construction standards of adequacy and safety for the physical plant by submitting written certification from a licensed architect or a written statement from a local building jurisdiction that design drawings, specifications and/or construction for a specified licensed clinic are in compliance with applicable OSHPD 3 requirements.

**Clinic** – An outpatient health facility which provides direct medical, surgical, dental, optometric, or podiatric advice, services, or treatment to patients who remain less than 24 hours. (H&SC Section 1200.1) (Also see definition of “Outpatient Clinical Services of a Licensed Hospital.”)

**Dental Clinic** – Provides comprehensive dental services, and is licensed as a Primary Care Clinic by CDPH. A dental office provides comprehensive dental services to patients, but is not a licensed clinic.

**Employee Clinic** – Operated by an employer or jointly by two or more employers for their employees only, or by a group of employees, or jointly by employees and employers, without profit to the operators thereof or to any other person, for the prevention and treatment of accidental injuries to, and the care of the health of, the employees comprising

the group. Employee clinics are specifically exempted from licensure requirements of H&SC, Division 2, Chapter 1, Clinics. (H&SC Section 1206(n))

**Optometric Clinic** – Provides comprehensive eye services to patients. It may be licensed as a Primary Care Clinic or Surgical Clinic. An Optometric Office provides optometric services, but is not a licensed clinic.

**Primary Care Clinic** – Clinics specified in H&SC Section 1204 (a):

**Community Clinic** – A clinic operated by a tax-exempt nonprofit corporation that is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds or contributions, that may be in the form of money, goods, or services. In a community clinic, any charges to the patient shall be based on the patient's ability to pay, utilizing a sliding fee scale. No corporation other than a nonprofit corporation, exempt from federal income taxation under paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954 as amended, or a statutory successor thereof, shall operate a community clinic; provided, that the licensee of any community clinic so licensed on the effective date of this section shall not be required to obtain tax-exempt status under either federal or state law in order to be eligible for, or as a condition of, renewal of its license. No natural person or persons shall operate a community clinic. (H&SC Section 1204(a)(1))

**Free Clinic** – A clinic operated by a tax-exempt, nonprofit corporation supported in whole or in part by voluntary donations, bequests, gifts, grants, government funds or contributions, that may be in the form of money, goods, or services. In a free clinic there shall be no charges directly to the patient for services rendered or for drugs, medicines, appliances, or apparatuses furnished. No corporation other than a nonprofit corporation exempt from federal income taxation under paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954 as amended, or a statutory successor thereof, shall operate a free clinic; provided, that the licensee of any free clinic so licensed on the effective date of this section shall not be required to obtain tax-exempt status under either federal or state law in order to be eligible for, or as a condition of, renewal of its license. No natural person or persons shall operate a free clinic. (H&SC Section 1204(a)(2))

**Psychology Clinic** – A clinic which provides psychological advice, services, or treatment to patients, under the direction of a clinical psychologist as defined in Section 1316.5, and is operated by a tax-exempt nonprofit corporation which is supported and maintained in whole or in part by donations, bequests, gifts, grants, government funds, or contributions which may be in the form of money, goods, or services. In a psychology clinic, any charges to the patient shall be based on the patient's ability to pay, utilizing a sliding fee scale. No corporation other than a nonprofit corporation, exempt from federal taxation under paragraph (3), subsection (c) of Section (501 of the Internal Revenue Code of 1954, as amended, or a statutory successor thereof, shall operate a psychology clinic. (H&SC Section 1204.1) Psychology clinics are eligible for licensure pursuant to H&SC, Division 2, Chapter 1, Clinics, but are not required to be licensed. (H&SC Section 1206.1)



**Specialty Clinic** – Types of clinics specified in H&SC subdivision (b) of Section 1204, including surgical clinics, chronic dialysis clinics, rehabilitation clinics and alternate birth centers. Specialty clinics must be licensed by CDPH, **except** for surgical clinics that are under a physician’s medical license or corporation.

**Surgical Clinic** – Provides ambulatory surgical care for patients who remain less than 24 hours. A surgical clinic does not include any place or establishment owned or leased and operated as a clinic or office by one or more physicians or dentists in individual or group practice, regardless of the name used publicly to identify the place or establishment, provided, however, that physicians or dentists may, at their option, apply for licensure. (H&SC Section 1204(b)(1))

**Chronic Dialysis Clinic (End-Stage Renal Dialysis (ESRD))** – A clinic that provides less than 24-hour care for the treatment of patients with end-stage renal disease, including renal dialysis services. (H&SC Section 1204(b)(2))

**Rehabilitation Clinic** – A clinic that, in addition to providing medical services directly, also provides physical rehabilitation services for patients who remain less than 24 hours. Rehabilitation clinics shall provide at least two of the following rehabilitation services: physical therapy, occupational therapy, social, speech pathology, and audiology services. A rehabilitation clinic does not include the offices of a private physician in individual or group practice. (H&SC Section 1204(b)(3))

**Alternative Birth Center (ABC)** – A clinic that provides comprehensive perinatal services and delivery care to pregnant women who remain less than 24 hours at the facility. (H&SC Section 1204(b)(4))

**Health & Safety Code Section 1200** – Statute that pertains to licensed clinics not under a hospital license.

**Health & Safety Code Section 1250** – Statute that pertains to “health facilities,” which include general acute care hospitals, and outpatient clinics under a hospital license.

**Hospital Building** – Hospital building is any building used for a health facility of a type required to be licensed pursuant to Section 1250 of the Health and Safety Code. The facility may also need to comply with NFPA 101 requirements for CMS and JCAHO standards under the Environment of Care. “Hospital building” does not include any building in which outpatient clinical services of a health facility licensed pursuant to Section 1250 are provided that is separated from a building in which hospital services are provided. If any one or more outpatient clinical services in the building provide services to inpatients, the building shall not be included as a “hospital building” if those services provided to inpatients represent no more than 25 percent of the total outpatient visits provided at the building. Hospitals shall maintain on an ongoing basis, data on the patients receiving services in these buildings, including the number of patients seen, categorized by their inpatient or outpatient status. Hospitals shall submit this data annually to the CDPH.

**License** – A written authorization to operate a health facility and/or clinic issued by the CDPH.

**Local** – See Local Building Jurisdiction.

**Local Building Jurisdiction** – City, county, or city and county building department, and fire authority responsible for enforcing the Title 24, California Building Standards Code.

**National Fire Protection Association (NFPA) Standard 101** – Life Safety Code, published by NFPA. Surveys for compliance to 2012 edition of NFPA 101 are performed by CDPH.

**Outpatient Clinical Services of a Licensed Hospital** – A service under a hospital license that provides non-emergency health care services to patients. The clinic needs to be freestanding and comply with Title 24 requirements including OSHPD 3. NFPA 101 requirements for CMS and JCAHO standards under the Environment of Care may also be applicable. The number of inpatients may represent no more than 25% of the total number of patients served by the clinic. Services provided may include those enumerated in H&SC Section 129730.

**OSHPD 3** – Regulations promulgated by OSHPD that apply to licensed clinics and hospital outpatient clinical services provided in a freestanding nonhospital building. OSHPD 3 regulations and other applicable requirements are found in the following parts of Title 24:

- Part 1, California Administrative Code (CAC), Article 21
- Part 2, California Building Code (CBC), including Section 1226
- Part 3, California Electrical Code (CEC)
- Part 4, California Mechanical Code (CMC), including Tables 4-A and 4-B
- Part 5, California Plumbing Code (CPC)

**Title 24** – California Code of Regulations (CCR), Title 24, also known as the California Building Standards Code. Title 24 includes the following parts:

- Part 1, California Administrative Code
- Part 2, California Building Code
- Part 3, California Electrical Code
- Part 4, California Mechanical Code
- Part 5, California Plumbing Code
- Part 6, California Energy Code
- Part 7, California Elevator Safety Construction Code (See CCR, Title 8)
- Part 8, California Historical Building Code
- Part 9, California Fire Code
- Part 10, California Existing Building Code
- Part 11, California Green Building Standards Code
- Part 12, California Reference Standards Code

**ROLES OF THE AGENCIES INVOLVED**

**California Medical Board** – Responsible for licensing physicians to provide medical care.

**California Department of Public Health (CDPH)** – Verifies that operational requirements are met and issues a license to operate a licensed clinic. CDPH also conducts the life safety portion of the survey, enforcing the 2012 edition of NFPA 101, Life Safety Code. Clinics must meet both State and Federal standards as a condition of participation in the Medicare program.

**Local Building Jurisdiction** – Responsible for plan review, building permit issuance, building construction inspection, and issuance of certificate of occupancy. A written certification of conformance with OSHPD 3 amendments is required for Surgical and Dialysis Clinics. When the local building jurisdiction provides certification, it shall certify within 30 days of the completion of construction that the applicable clinic provisions have been met. The local building jurisdiction may choose not to provide this certification, requiring submittal to OSHPD for plan review and certification.

**Local fire department** – Enforces all fire and life safety requirements Office of the State Fire Marshal (SFM) in Title 24.

**Office of Statewide Health Planning and Development (OSHPD)** – In consultation with the Community Clinics Advisory Committee, OSHPD shall prescribe minimum construction standards of adequacy and safety for the physical plant of clinics as found in the California Building Standards Code. Additionally, OSHPD may perform a role in the plan review, building inspection and certification process as described in Title 24, Part 1, Article 21, “Plan Review, Building Inspection and Certification of Surgical Clinics, Chronic Dialysis Clinics and Outpatient Services Clinics.”

**ACRONYMS**

<b>ABC</b>	Alternative Birthing Center
<b>ASC</b>	Ambulatory Surgical Center
<b>CCR</b>	California Code of Regulations
<b>CDPH</b>	California Department of Public Health
<b>CMS</b>	Center for Medicare/Medicaid Services ( <i>formerly known as Healthcare Financing Association (HCFA)</i> )
<b>ESRD</b>	End Stage Renal Dialysis
<b>H&amp;SC</b>	Health and Safety Code
<b>JCAHO</b>	Joint Commission Accreditation Hospitals and Organizations known as the Joint Commission
<b>NFPA</b>	National Fire Protection Association
<b>OSHPD</b>	Office of Statewide Health Planning and Development
<b>SFM</b>	Office of the State Fire Marshal