

PLAN DEVELOPMENT MANUAL AND STATEWIDE POLICIES

**Applicable for the
First Health Systems Plans and
the 1978 State Health Plan**

**California Department of Health
Office of Statewide Health Planning and Development**

June 1, 1977

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TABLE OF CONTENTS

<u>PART A: PLAN DEVELOPMENT MANUAL</u>	<u>Page</u>
I. INTRODUCTION.	1
II. TIMETABLE, PROCEDURES, AND FORMAT SPECIFICATIONS FOR PLAN DEVELOPMENT.	2
A. Timetable	2
B. Procedures.	7
C. Format Specifications	8
III. CONTENTS OF HEALTH SYSTEMS PLAN AND THE STATE HEALTH PLAN	10
A. Minimum Contents.	10
B. Content Specifications.	12
<u>PART B: STATEWIDE POLICIES</u>	
I. INTRODUCTION.	18
II. STATEWIDE OBJECTIVES FOR SPECIFIC SERVICES.	20
A. General Acute Care (Medical/Surgical, Perinatal, Pediatrics, ICU,CCU Services)	20
B. General Acute Care (Other Supplemental and Special Services)	22
C. Acute Psychiatric Care.	22
D. Skilled Nursing Care.	22
E. Intermediate Care	23
III. STATEWIDE METHODOLOGIES	25
IV. GENERAL REQUIREMENTS.	28
V. ALTERNATIVES TO STATEWIDE OBJECTIVES AND METHODOLOGIES	30
 APPENDICES	
A. Classification and Coding Systems for Health Systems Plans and State Health Plan.	A-1
B. Data and Analysis Specifications	B-1
C. Health Service Areas in California	C-1

PART A.
PLAN DEVELOPMENT MANUAL

I. Introduction

Many hours of closely coordinated efforts between the Office of Statewide Health Planning and Development and California's Health Systems Agencies are represented by this document.

The function of the Plan Development Manual and Statewide Policies is to provide a planning process which will enable the integration of Health Systems Plans (HSPs) into a State Health Plan (SHP) (Public Law 93-641) and a Statewide Health Facilities and Services Plan (Chapter 854, Statutes of 1976). Area agencies shall develop a single plan, the Health Systems Plan. In that plan, a specific section or sections, pursuant to Chapter 854, Statutes of 1976 shall be developed consistent with State regulations and policies.

The document sets forth procedures and specifications for the preparation of the first Health Systems Plan with identified sections to be developed pursuant to State law. It includes Statewide policies, along with objectives for specific services pursuant to Chapter 854, Statutes of 1976. The procedures and specifications are not designed to inhibit the ability of local agencies to address local concerns, but rather to design a process by which local values can have the greatest viability in the State plan. Local viability in the State Health Plan is essential, given the authorities and responsibilities vested in the State by both federal and State law.

The Plan Development Manual and Statewide Policies is not the final statement on planning coordination. It is the first increment in building a strong local and State planning process. The first iteration of the State Plan will of necessity be limited in scope. Each year, the State and local plans will be expanded until the full range of health services are included.

II. TIMETABLE, PROCEDURES, AND FORMAT SPECIFICATIONS
FOR PLAN DEVELOPMENT

A. Timetable

(Specific events and completion dates are subject to change depending upon enactment of State enabling legislation for P.L. 93-641)

1. POLICIES AND STATISTICAL DATA FOR PLAN DEVELOPMENT

Area agency boundaries delineated
per Chapter 854, Statutes of 1976. 10-19-76

Local and Area agency designation
commences per Chapter 854, Statutes
of 1976. 12-02-76

Annual Report Questionnaire sent
to all health facilities and clinics. 12-15-76

The Office of Statewide Health
Planning and Development submits
the "Plan Policy Document" to the
Advisory Health Council's Planning
Committee. 04-77

The Advisory Health Council's Plan-
ning Committee considers contents
of the "Plan Development Manual
and Statewide Policies" and for-
wards recommendations to the full
Advisory Health Council. 05-77

The Advisory Health Council makes
recommendations to the Office of
Statewide Health Planning and De-
velopment concerning the "Plan
Development Manual and Statewide
Policies". 05-77

The Office of Statewide Health Plan-
ning and Development, in consulta-
tion with the Health Systems Agencies
adopts the Plan Development Manual
and Statewide Policies. 06-77

The Office of Statewide Health Plan-
ning and Development forwards to
area agencies health facility util-
ization and Department of Finance
population estimates. 05-77

2. HEALTH SYSTEMS PLAN DEVELOPMENT

Health Systems Agency (HSA) prepares a preliminary Health Systems Plan. 07-77 thru 01-78

Health Systems Agency issues a 30 day advance public notice announcing a public hearing concerning the preliminary Health Systems Plan. 07-77 thru 01-78

Health Systems Agency conducts a public hearing on the preliminary Health Systems Plan. 08-77 thru 02-78

Health Systems Agency revises its preliminary Health Systems Plan based on the input received at public hearing. 09-77 thru 03-78

Upon the completion of the revised Health Systems Plan, the Health Systems Agency issues a 30 day advance public notice announcing a public meeting for adopting the Health Systems Plan. 09-77 thru 03-78

The Health Systems Agency adopts a Health Systems Plan and adopts those components developed pursuant to Chapter 854, California Statutes of 1976 as the Area Health Facilities and Services Plan. 10-77 thru 4-78

The Health Systems Agency forwards its adopted Health Systems Plan and Area Health Facilities and Services Plan to the Office of State-wide Health Planning and Development and the Advisory Health Council. 10-77 thru 04-78

3. STATEWIDE HEALTH FACILITIES AND SERVICES PLAN DEVELOPMENT

The Office of Statewide Health Planning and Development identifies those sections of the submitted Health Systems Plans which are applicable to Chapter 854, Statutes of 1976.

11-77 thru 05-78

The Office of Statewide Health Planning and Development reviews those identified Chapter 854 Sections among the Health Systems Plan, makes findings on the conformance to Statewide goals and objectives and planning policies adopted by the Department, and forwards findings and recommendations to the Advisory Health Council's Planning Committee and Health Committee.

11-77 thru 05-78

The Office of Statewide Health Planning and Development issues a 30 day advance public notice of the Advisory Health Council's consideration of area plans pursuant to Chapter 854.

11-77 thru 05-78

The Advisory Health Council's Planning Committee and Health Committee considers Office of Statewide Health Planning and Development's review comments and makes recommendations to the full Advisory Health Council pertaining to area plan conformance requirements pursuant to Chapter 854.

12-77 thru 06-78

The Advisory Health Council makes a determination as to the conformance of area plans pursuant to Chapter 854 and specifies the changes necessary in those area plans which are not deemed in conformance.

12-77 thru 06-78

Area agencies revise those Chapter 854 sections which the Advisory Health Council deemed as nonconforming and resubmits those sections to the Office of Statewide Health Planning and Development and the Advisory Health Council.

01-78 thru 07-78

The Advisory Health Council concludes the determination of conformance of area plans.	02-78 thru 08-78
The Office of Statewide Health Planning and Development prepares a preliminary Statewide Health Facilities and Services Plan.	06-78 thru 08-78
The Office of Statewide Health Planning and Development issues a 30 day advance public notice announcing a public hearing concerning the preliminary Statewide Health Facilities and Services Plan.	08-78
The Office of Statewide Health Planning and Development conducts a public hearing on preliminary Statewide Health Facilities and Services Plan.	09-78
The Office of Statewide Health Planning and Development revises the preliminary Statewide Health Facilities and Services Plan.	09-78 thru 10-78
The Office of Statewide Health Planning and Development submits a revised preliminary Statewide Health Facilities and Services Plan to the Advisory Health Council.	10-78
The Advisory Health Council Planning Committee and Health Committee reviews, considers, and recommends a Statewide Health Facilities and Services Plan to the full Advisory Health Council.	10-78 thru 11-78
The full Advisory Health Council adopts a Statewide Health Facilities and Services Plan.	10-78 thru 12-78

4. STATE HEALTH PLAN DEVELOPMENT

The Office of Statewide Health Planning and Development reviews all Health Systems Plans and identifies any inconsistencies among them and proposes revisions to achieve appropriate coordination or to deal more effectively with Statewide health needs. 04-78 thru 05-78

The Office of Statewide Health Planning and Development develops a preliminary State Health Plan. 05-78 thru 08-78

The Office of Statewide Health Planning and Development issues a 30 day advance public notice announcing a public hearing concerning the preliminary State Health Plan. 08-78

The Office of Statewide Health Planning and Development conducts a public hearing on the preliminary State Health Plan. 09-78

The Office of Statewide Health Planning and Development submits a revised preliminary State Health Plan along with proposed revisions to the Health Systems Plans to the Statewide Health Coordinating Council. 10-78

The Statewide Health Coordinating Council adopts the State Health Plan. 11-78 thru 12-78

NOTE: Area agencies completing plans before the target dates may submit completed plans to the Advisory Health Council for review prior to the scheduled dates.

B. Procedures

1. Public Hearing

Each Health Systems Agency shall conduct at least one public hearing on a proposed HSP prior to its adoption. Interested parties shall be given the opportunity to submit their views orally at the hearing and in writing prior to the public hearing.

A notice shall precede the holding of the public hearing by at least 30 days and shall be published in at least two newspapers of general circulation throughout the health service area. The notice shall identify the time and place of the hearing and the availability and location of the proposed plan for public review. Such notice shall be presented in display advertisement, expressed in the predominant languages used in the health planning area, using words of plain meaning. Predominant languages shall be English and any other language used as a primary language by 3% or more of the population in the planning area and where a newspaper of general circulation is available which will reach persons using such predominant languages.

2. Public Meeting

The meeting of the governing body to adopt the HSP shall be a public meeting. A 30 day notice shall precede the public meeting of the governing body. The public notice shall be published in at least two newspapers of general circulation throughout the health service area and shall set forth the time and place for the meeting and the matter to be addressed. Such notice shall be presented in display advertisement, expressed in the predominant languages used as a primary language by 3% or more of the population in the planning area and where a newspaper of general circulation is available which will reach persons using such predominant languages.

3. Transmittal of the Health Systems Plan

Each Health Systems Plan shall forward a copy of the minutes of the meeting at which the HSP was adopted and five copies of the plan to the Office of Statewide Health Planning and Development. The minutes of the meeting and twenty-five copies of the plan shall be forwarded to the Advisory Health Council.

4. Review of the Health Systems Plan

The Office of Statewide Health Planning and Development will review adopted HSPs and prepare a preliminary State Health Plan which shall be made up of the HSPs. The Office of Statewide Health Planning and Development shall identify revisions of HSPs found necessary to achieve appropriate coordination or deal more effectively with Statewide health needs.

C. Format Specifications

For the purposes of having Health Systems Plans (1) comparable to one another, and (2) compatible with the process of integrating them into a State Health Plan, each Health Systems Agency shall submit its Health Systems Plan to the Office of Statewide Health Planning and Development in conformance with the following format requirements:

1. Size - The size of the plan shall be 8½" x 11".
2. Binding - The plan shall be bound along the 11" dimension.
3. Text - The plan shall be printed, duplicated, mimeographed in a neat and readable manner and style. The plan may be printed on both sides of a single sheet, provided that the paper used is of sufficient thickness which assures printing clarity. Sufficient margins shall be used so that the text of the plan shall not be obscured by the binding of the plan.
4. Cover - The cover shall be noticeably distinguishable from the text of the plan. The plan shall be covered on both front and back sides. Minimally, the cover must have the title of the document, the name of the producing area agency, and the year for which the plan is applicable.
5. Title Page - The first page of the plan shall be the "Title Page". It shall include the title of the document, the name, address, and phone number of the producing area agency, the year for which the plan is applicable, and specific authority for producing the plan: (Section 1513(b)(2) of the National Health Planning and Resources Development Act of 1974, P.L. 93-641 and Section 437.7(b), Chapter 854, Statutes of 1976.)
6. Preface - A preface may be included prior to the table of contents.
7. Acknowledgments - Acknowledgment of those responsible for the development and adoption of the plan shall be made either within or immediately following the "Preface". This will include the names of: the agency's governing body or governing board and governing body, names of committee and subcommittee members, appropriate staff members, and any consultants which were utilized.

8. Table of Contents - The plan shall have a "Table of Contents", which at a minimum shall include the following:
 - a list of plan chapters and service sections by title, with the appropriate page number location;
 - a list of all illustrations within the plan by title, with the appropriate page number location;
 - a list of appendices by title, with the appropriate designation reference; and
 - a list of "compendium" sections by title, with the appropriate designation reference.
9. Chapters and Sections - Chapters and sections of the plan, as listed in the Table of Contents, shall be clearly indicated and identified within the plan by the use of separate title pages.
10. Page Number - The plan shall be paginated in a clear and consistent manner throughout its entirety.
11. Illustrations - Tables, charts, graphs, maps, and other illustrations may be used throughout the plan where necessary. All illustrations used shall be titled, and the sources shall be documented.
12. Glossary - A glossary of terms shall be included in the plan's appendices. Those specific definitions which are provided in Chapter 854, Statutes of 1976 and Title 22, Division 7 of the California Administrative Code shall be so noted. Other terms included in the glossary should be accompanied with either an appropriate reference source, clarifying explanation, or both.
13. Bibliography - A bibliography shall be included in the appendices of the plan. This should be an alphabetical listing of references utilized including sources of data, illustrations, technical, and community information.

III. CONTENTS OF HEALTH SYSTEMS PLANS AND STATE HEALTH PLAN

A. Minimum Contents

The first Health Systems Plans and State Health Plan shall be organized according to the outline below. Every effort has been made to assure that plans developed to meet this minimum outline will comply with federal and State requirements. Specifications for developing the plan contents are provided following the plan outline below.

OUTLINE OF HEALTH SYSTEMS PLAN AND THE STATE HEALTH PLAN

Part A. Summary of Health Systems Plan (State Health Plan) Document

Part B. Health Systems Plan (State Health Plan) Document

Introduction

Chapter I Health Service Area (State) Profile

Chapter II General Goals and Objectives

Chapter III Health Promotion and Protection Services (3000)*

Chapter IV Prevention and Detection Services (4000)

Chapter V Diagnosis and Treatment Services (5000)

Section A. General Medical Services (5100)

Medical-Surgical Service

(Short Stay Inpatient General Medical Service)

(5100.41)

Skilled Nursing and Intermediate Care

(Long Term Inpatient General Medical Service)

(5100.50)

Pediatric Service

(Short Stay Inpatient Pediatric Service)

(5104.41)

Section B. Special Medical Service (5150)

Chronic Dialysis (5151)

Burn Center (5152)

Coronary Care (5153)

Intensive Care (5154)

*The numbers in parentheses indicate the designation assigned to the particular service in the "Classification and Coding Systems for Health Systems Plans and the State Health Plan". (See Appendix A)

Section C. Perinatal Services (5300)

Perinatal Service
(Short Stay Inpatient Perinatal Services)
(5300.41)

Section D. Surgical Service (5200)

Ambulatory Surgical Service (5200.35)
Cardiovascular Surgery (5205)

Section E. Diagnostic Imaging Service (5400)

Computerized Tomography (5403)

Section F. Radiation Therapy (5450)

Radiation Therapy
(Short Stay Inpatient Radiation Therapy)
(5450.41)

Section G. Emergency Medical Service (5600)

EMS Basic (5604)
EMS Comprehensive (5605)

Section H. Mental Health Services (5800)

Acute Psychiatric
(Short Stay Inpatient Mental Health Services)
(5800.40)

Chapter VI Habilitation and Rehabilitation Service (6000)

Chapter VII Maintenance Services (7000)

Chapter VIII Personal Health Care Support Services (8000)

Chapter IX Health System Enabling Services (9000)

APPENDICES

Part C. Compendium

NOTE: When an agency addresses services other than the required minimums established above, the coding and classification system in Appendix A shall be utilized.

B. Content Specifications

PART A. - SUMMARY OF HEALTH SYSTEMS PLAN DOCUMENT

The summary of the Health Systems Plan shall be a brief separable document developed for broad distribution to the residents of the Health Service Area. It highlights the recommended actions of the Health System's Plan in a readable and understandable way. The summaries may vary in style so as to permit each HSA to communicate with its own unique constituency.

PART B. - HEALTH SYSTEMS PLAN DOCUMENT

INTRODUCTION

The introduction shall include:

- a. the legal basis for the plan - purpose, authority;
- b. the process for developing and implementing the plan;
- c. a brief description of the agency - its functions, responsibilities, jurisdiction;
- d. a summary of the plan contents; and
- e. a descriptive model of the health system.

CHAPTER I. - Health Service Area Profile

The profile shall provide a descriptive overview of the health service area. It shall summarize those characteristics of the health service area which account for unique local conditions and concerns. Supplemental or supporting evidence of such characteristics shall be available at the agency and may be included in an information compendium to the plan.

In developing a health service area profile, an area agency shall utilize data and information which is already available from other governmental agencies. The profile shall include, as a minimum, the following five characteristics:

a. Geography and Environment

Attention shall be given to geographic characteristics that serve as barriers to the use of health services. Environmental factors shall be analyzed as they relate to the health of the population.

b. Characteristics of the Population

Relevant demographic statistics shall be reviewed and a summary of important characteristics displayed. Particular emphasis shall be given to population characteristics that potentially

effect the use of resources or health of the population. Population characteristics used shall be provided by the Department or from sources acceptable to the Department.

c. Economic, Cultural, and Linguistic Factors

This section shall contain an identification of economic, cultural, and linguistic factors that potentially effect the health of the population and their use of health resources. The profile shall relate these factors to other population characteristics.

d. Community Health Status

This section shall contain a concise description of the current health of the population using generally accepted indicators, including morbidity, mortality, and disability days. An attempt shall be made to assess the overall health of the population of a small geographic subarea in relation to other geographic subareas within the HSA, as well as to other areas of the State and county.

e. Health Care Resources

A summary of available information on categories of health services addressed by the plan shall be provided. Brevity and conciseness shall be emphasized in order that the profile of resources concentrate on key characteristics. Priority in the description shall be given to the availability, accessibility, and cost of health services. Area agencies should seek and use available data from sources such as PSROs, the California Health Facilities Commission, and local government agencies if it is feasible to do so.

CHAPTER II. - General Goals and Objectives

General goals and objectives relating to health status and the health systems shall be developed by each health planning agency. While such goals and objectives shall not be inconsistent with the State and federal goals and objectives, they shall address the unique needs and resources of the planning area.

CHAPTERS III thru IX - The Health Services System

Each of the seven chapters (III - IX) of the Health Systems Plan shall be developed according to the following criteria.

A. Introduction

The introduction at a minimum shall describe what types of services are to be addressed within the chapter in terms of their general relationship to the total health care system.

B. Chapter Description

1. Definition

The chapter shall be defined along with a complete specification of those service sections and elements addressed within the plan.

2. Backgrounds and Trends

This part shall describe the existing federal, State and area patterns for organizing, utilizing, and delivering the group of appropriate services covered within the chapter.

The following shall be considered in developing this section:

- . Implications of changing diagnostic or treatment methods, including alternative and substitute levels of care.
- . Implications of new financing mechanisms for payment of the service such as: National Health Insurance, changes in present Medi-Care/Medi-Cal programs and insurance trends.
- . Trends identified in the health service area profile that could affect the requirements for services.
- . Trends in service delivery such as HMOs, physician assistants, and nurse practitioners.

C. An overall assessment of those services within a Chapter as a whole shall be provided. This analysis shall be developed in terms of the following characteristics: accessibility, availability, and cost. It shall include a discussion concerning the relationship of services within the Chapter to services within other Chapters. ATTENTION SHALL ALSO BE GIVEN TO THE SETTINGS AND THE RELATIONSHIPS AMONG SETTINGS IN WHICH SUCH SERVICES ARE DELIVERED. Finally, an assessment of those services shall be made regarding future patterns of utilization given the assumption of agency nonintervention.

D. Goals and Subgoals

For the range of services addressed in the Chapter as a whole, goals shall be established with measurable indicators and desired levels where possible. As a minimum, goals for the services within a given chapter shall address availability, accessibility, and cost of the services. Subgoals

should be developed where greater specificity is desired. The "Model Goals and Objectives" provided by the Office of Statewide Health Planning and Development shall be considered in developing goals and subgoals.

E. Service Sections

Upon completion of the contents specified for a Chapter, each service section identified within the chapter shall be developed according to the following criteria.

1. Introduction

Each service section shall be briefly discussed in relationship to the other services within the Chapter.

2. Service Section Description

a. Definition

A specific definition for each service section will be included in the plan. Where applicable, definitions of services specified in Title 22, Division 5 of the California Administrative Code shall be utilized.

b. Background and Trends

A discussion of background and trends shall be developed for each service section. It should be developed, taking into consideration national, State and local influences and standards, along with existing patterns of utilization and organization for the delivery of health services. Where it is appropriate, service area boundaries should be specified and delineated.

3. Analysis

Analysis for each service section shall augment the goals and objectives for the appropriate Chapter. Each service shall be analyzed in terms of availability, accessibility, and cost settings in which such services are delivered and the relationship to other services.

4. Goals and Objectives

Goals and objectives shall be established for each service section. Such goals and objectives shall not be inconsistent with any of those established at the Chapter level.

Long range (5 years) objectives for each service section shall be developed for the health service area as a whole which express expected achievements within a 5 year time frame. While objectives should be established for all services, those services in particular settings set forth in Chapter 854 must be addressed.

The "Model Goals and Objectives" provided by the Office of Statewide Health Planning and Development shall be considered in developing this part of the Health Systems Plan.

5. Resource Requirements

Additional resources or reallocations of existing resources required to carry out recommended actions and move toward achievement of long range goals shall be established for each service section. Resource requirements should be specific to individual service areas, where appropriate, for purposes of planning and reviewing specific services, addressed within a service section.

6. Recommended Actions

Long range (5 year) recommended actions shall be developed for each service section. These shall be area-wide in scope, expressing actions that are required to achieve 5 year objectives.

7. Service Elements

Upon the completion of the contents specified for the service sections, individual service elements shall be developed where appropriate. When a service element is addressed, it shall be developed according to the outline above. This would include an introduction, service description, analysis, goals and objectives, resource requirements, and recommended actions. The contents of a service element should augment the contents of the appropriate service section and Chapter of the Health Systems Plan.

APPENDICES

The appendices of an area plan shall consist of the following:

- A. Glossary (For specifications, see Format Specifications, Page 9).
- B. Bibliography (For specifications, see Format Specifications, Page 9).

Part C - COMPENDIUM

State provided data concerning facility health resources, utilization of those resources, and related costs, along with the area agency generated data shall be assembled into a separate, but accompanying document. The cover of the compendium document shall clearly identify itself as the compendium and not the plan itself for the health planning area, along with the producing agency's name and the year for which the data is applicable.

Compendium contents shall include:

- I. Office of Statewide Health Planning and Development
Inventory of Licensed Beds and Services
- II. Office of Statewide Health Planning and Development
Annual Utilization Statistics
- III. California Health Facilities Commission Cost Data
- IV. Agency Collected Data

PART B.

STATEWIDE POLICIES

I. INTRODUCTION

Statewide Policies shall be those set forth in Division 7, Title 22, California Administrative Code.

Area goals and objectives should be developed in conformance with Statewide policies, taking into consideration cost containment, quality health care, and the effective use of health care resources.

Additionally, the following considerations expressed in Chapter 854, California Statutes of 1976 shall be considered by area agencies in establishing area goals and objectives.

- A. Development of comprehensive health service programs which directly or indirectly through formal linkages with other health programs provide a continuum of integrated services including preventive, diagnostic, treatment, and rehabilitation services and services that promote health.
- B. Encouragement of preadmission programs and the use of ambulatory and other less costly settings for the provision of health care services in lieu of more costly provision of services in the inpatient setting.
- C. Promotion of the possible economies and improvement in service that may be derived from the following:
 1. Operation of joint, cooperative, or shared health care resources.
 2. Maximum utilization of health facilities consistent with the appropriate levels of care, including but not limited to intensive care, acute general care, and skilled nursing care.
 3. Development of medical group practices, especially those providing services appropriately coordinated or integrated with institutional health service, and development of health maintenance organizations.
- D. Eliminate physical, financial, organizational, linguistic, and cultural barriers to health services.
- E. Encourage availability of appropriate health personnel by expanding roles of health personnel including midlevel practitioners in providing health care services especially in medically underserved areas.
- F. Consider the needs or reasonably anticipated needs of special populations including members of comprehensive group practice prepayment health care plans, members of a religious body or denomination who desire to receive care and treat-

ment in accordance with their religious conviction, or persons otherwise contracted or enrolled under extended health care arrangements, including life-care agreements.

- G. Upgrade or eliminate substandard services or services with inappropriate utilization.

II. STATEWIDE OBJECTIVES FOR SPECIFIC SERVICES

A. General Acute Care (Medical/Surgical, Perinatal, Pediatric, ICU, and CCU Services)

Objective (a)

Reduce the current utilization of general acute care inpatient services by 10% by 1983 through the provision of services such as preadmission, ambulatory, or home care services which may serve as less costly alternatives or substitutes for care in inpatient health facilities.

Objective (b)

Encourage the development of preventive and health promotion services including nutrition and health education.

Objective (c)

Encourage alternative methods for the delivery of health care which have a significant impact on health status and which are cost effective.

Objective (d)

Each service area by 1983 shall have the capacity (through the existence of general acute care beds) to provide services at the Statewide rates listed below. If 1976 patient day rates/1,000 civilian resident population differ from the Statewide rate, the lower rate should be used unless the area agency can demonstrate that the higher rate is more appropriate.

<u>Service</u>	<u>Statewide Rate of Patient Days per 1,000 Population**</u>
Medical Surgical*	645
Perinatal	40
Pediatric	45
ICU	45
CCU	45

*Medical/Surgical shall include all general acute care beds except perinatal, pediatric, intensive care, coronary care, burn care, and intensive care newborn nursery.

**Agencies may calculate their utilization on the basis of population at risk, providing adequate justification is submitted for the alternative method.

Objective (e)

Each service area shall by 1983 have beds available for each of the above services at a capacity to provide patient days per 1,000 civilian population at the following occupancy rates:

1983 Estimated Population of Service Area	Percent Occupancy	
	Medical, Surgical Pediatrics, ICU, & CCU	Perinatal
Less than 25,000	70	60
25,000 to 49,999	75	65
50,000 to 99,999	80	70
100,000 to 399,999	85	75
400,000 and over	90	80

Objective (f)

Individual facility sizes in relationship to the population of the service area for health facility beds in which they are located should approximate the following facility sizes:

<u>Population of Service Area</u>	<u>Minimum Size Per Facility</u>
Less than 25,000	One (1) facility
24,000 to 49,999	50 beds
50,000 to 74,999	75 beds
75,000 to 99,999	100 beds
100,000 to 124,999	125 beds
125,000 to 199,999	150 beds
200,000 to 399,999	200 beds
400,000 and over	300 beds

Existing and proposed facilities should be studied selectively by the area agency to establish minimum size of facilities for a given service area, taking into consideration population density, utilization of facilities, scope of services, and location of other facilities and services in the service area.

Objective (g)

Existing and proposed facilities should have a cost per patient day and a cost per discharge which is not greater than the 80th percentile of costs for comparable facilities. Comparable facilities shall include similar size, type of ownership and geographical location.

B. General Acute Care (Other Supplemental and Special Services)

Objectives shall be based on the review criteria found in Title 22, Division 7, Article 11 of the California Administrative Code. Recommended actions for the other supplemental services and the special services shall comply with the section titled "General Requirements for Recommended Actions" (Page 28).

C. Acute Psychiatric Care

Objective (a)

Reduce the current inappropriate utilization of acute psychiatric inpatient services through the provision of services such as outpatient services, partial hospitalization, emergency services, consultation, and education services, diagnostic and rehabilitation services, and precare and after care services which may serve as less costly alternatives or substitutes for care in inpatient health facilities.

Objective (b)

Each service area shall by 1983 have a number of acute psychiatric beds with a capacity to provide the 1976 patient days for the service area times the ratio of 1983 population to 1976 population.

Objective (c)

Acute psychiatric beds within a service area shall operate at an 85% occupancy rate (equivalent to 310.25 patient days per bed per year) consistent with appropriate lengths of stay and admission rates.

Objective (d)

Existing and proposed facilities should have a cost per patient day and a cost per discharge which is not greater than the 80th percentile of costs for comparable facilities. Comparable facilities shall include similar size, type of ownership, and geographical location.

D. Skilled Nursing Care

Objective (a)

Reduce the current inappropriate utilization of skilled nursing service through the provision of services such as intermediate care, community care, adult day health, home health, homemaker, and chore services which may serve as less costly alternatives or substitutes for inpatient care.

Objective (b)

Each service area shall by 1983 have a number of skilled nursing beds with a capacity to provide 1976 patient days for skilled nursing care times the ratio of 1983 population to 1976 population.

Objective (c)

Skilled nursing beds within a service area shall provide, at a minimum, 95% occupancy (346.75 patient days per bed) consistent with appropriate lengths of stay and admission rates unless the area agency can demonstrate that a lower rate of 90% (328.50 patient days per bed) is more appropriate.

Objective (d)

Facilities providing skilled nursing care shall have services which are:

- (1) Available and accessible to the total resident population especially those aged 65 and over.
- (2) Reasonably adequate to provide for the anticipated needs of special population groups.
- (3) Available to provide adequate special disability services.
- (4) A less costly alternative to inpatient general acute care.

E. Intermediate Care

Objective (a)

To reduce the current inappropriate utilization of intermediate care services through the provision of services such as community care, adult day health, home health, homemaker, and chore services, which may serve as less costly alternatives or substitutes to inpatient care.

Objective (b)

Each service area shall by 1983 have a number of intermediate care beds with a capacity to provide the 1976 patient days for intermediate care times the ratio of 1983 population to 1976 population.

Objective (c)

Intermediate care beds within a service area shall provide at a minimum 95% occupancy (346.75 patient days per bed) consistent with appropriate lengths of stay and admission rates.

Objective (d)

Facilities providing intermediate care shall have services which are:

- (1) Available and accessible to the total resident population especially those aged 65 and over.
- (2) Reasonably adequate to provide for the anticipated needs of special population groups.
- (3) Available to provide adequate special disability services.
- (4) A less costly alternative to inpatient care.

III. STATEWIDE METHODOLOGIES FOR RESOURCE REQUIREMENTS

A. Introduction

The identification of resources required to provide the amount of service needed to meet objectives is a three step process. The area agency shall recommend a utilization rate as determined by a comparison of the Statewide utilization rate and the 1976 utilization rate.

For each service within a service area, the area agency shall:

1. Determine by service, the number of patient days required for 1983.*
2. Determine by service, the number of beds required to provide the level of service by 1983.
3. Identify the numbers and type of beds which are:
 - a. excess
 - b. to be converted
 - c. to be added

B. Determining Services Required for 1983

(1) General Acute Care Beds

Determine the number of beds for each service, i.e., medical/surgical, pediatric, perinatal, ICU, or CCU required to provide the patient day requirements for 1983 as follows:

$$\frac{\text{Recommended Patient Days/Per 1,000 Population*} \times \text{1983 Civilian Population}}{365 \times \text{Recommended Occupancy Rate**}}$$

* See Objective (d) of General Acute Care

**See Objective (e) of General Acute Care

(2) Acute Psychiatric Beds

The number of acute psychiatric care beds required for 1983 shall be calculated as follows:

$$\frac{1976 \text{ Patient Days} \times \frac{1983 \text{ Population}}{1976 \text{ Population}}}{365 \times 85\% \text{ Occupancy}}$$

(3) Skilled Nursing Beds

The number of skilled nursing beds required for 1983 shall be determined as follows:

$$\frac{1976 \text{ Patient Days} \times \frac{1983 \text{ Population}}{1976 \text{ Population}}}{365 \times \text{Recommended Occupancy Rate}^*}$$

*See Objective (c) of Skilled Nursing Care

(4) Intermediate Care Beds

The number of intermediate care beds required for 1983 shall be determined as follows:

$$\frac{1976 \text{ Patient Days} \times \frac{1983 \text{ Population}}{1976 \text{ Population}}}{365 \times 95\% \text{ Occupancy}}$$

C. Beds to be Converted, Developed, or Identified as Excessive

Within each service area, resource shortages or excess resources for each specific service should be determined by applying the following calculation:

$$\text{Existing beds} - \text{Required Beds} = \begin{matrix} \text{Excess Resource Capacity (if positive)} \\ \text{(or)} \\ \text{Resource Capacity Shortage (if negative)} \end{matrix}$$

1. Excess Resource Capacity

- a. For each service area, identify excess beds for one service that may be converted to provide additional beds for another service that shows a capacity shortage. Conversions may occur within a facility or between facilities within the same service area through identification of areas requiring joint planning efforts.
- b. Excess capacity that cannot appropriately be converted to another service shall be identified.

2. Resource Capacity Shortages

- a. For each service area, identify capacity for one service that may be met by the conversion of beds from another service that shows an excess capacity. Conversions may occur within a facility or between facilities within the same service area through identification of areas requiring joint planning efforts.

- b. For each service area, identify where similar services are available and accessible in adjacent service areas.
- c. Capacity shortages that cannot appropriately be met by conversion from another service shall be recommended for development. Data which conclusively demonstrates that additional beds will not cause a decrease in utilization for similar services within the same or adjacent service areas should be provided.

D. Determining General Acute Care Patient Days Required for 1983

1. Calculate the required days for 1983 by multiplying the 1983 projected population (in thousands) by the Statewide utilization rates.
2. Calculate the 1976 utilization per 1,000 population.
3. Quantify discrepancies between the two rates above.
4. Identify and quantify the amount of discrepancy attributable to each of the following factors:
 - a. In-migration and out-migration of persons obtaining care in the service areas.
 - b. A higher or lower than average percentage of residents in the service area, which have requirements for care different from that of the Statewide utilization rate; e.g., Medi-Cal eligible residents, group practice prepayment health care service plans.
5. For general acute care services within each service area, the area agency will make findings and a determination as to whether the factors identified will continue or change in the next five years.
6. The area agency shall use the appropriate utilization rate for general acute care services within each service area. If 1976 patient day rates per 1,000 population differs from the Statewide rates, the lower rate should be used unless the area agency can demonstrate that the higher rate is more appropriate.

IV. GENERAL REQUIREMENTS FOR RECOMMENDED ACTIONS

- A. Each chapter, section, and element shall be organized as described in the "Content Specifications" of the Plan Development Manual. Where Statewide objectives for a service component are established, the area agency may adopt additional objectives that are consistent and not in conflict with such Statewide objectives and which take into consideration the provisions of Section 437.8 of the Health and Safety Code.
- B. The long range (5 years) recommended actions adopted for each service component shall include one of the following minimum recommended actions:
 1. Where existing capacity is greater than that required to meet the five year objectives, the recommended action shall be to:
 - a. Identify excess resource capacity within specific services, i.e., medical/surgical, pediatric, intensive care unit, coronary care unit, perinatal, acute psychiatric, skilled nursing, and intermediate care, taking into consideration the comprehensive and/or uniqueness of services provided within individual facilities.
 - b. Recommend conversion of excess resources to meet identified needs for another service within a facility or between facilities through joint planning efforts.
 2. Where existing capacity is less than that required to meet five year objectives, the recommended action shall be to:
 - a. Develop alternatives to reduce the inappropriate use of the service through alternatives, i.e., less costly settings or through health promotion or prevention programs.
 - b. Take into consideration the availability of such service within a 30 mile or 30 minute transportation time or other distance as appropriate to the service.
 - c. Identify excess capacity for another service that may be converted to meet the shortage.

- d. Stimulate the development of service capacity where needed within specific services, i.e., medical/surgical, pediatric, intensive care unit, coronary care unit, perinatal, acute psychiatric, skilled nursing, and intermediate care.
3. Where the proposed new resources would result in a service capacity greater than that required to meet five year objectives, the recommended action shall be to recommend disapproval of such proposals.

V. ALTERNATIVES TO STATEWIDE OBJECTIVES AND METHODOLOGIES

Area agencies should develop alternative objectives and methodologies for institutional services which are designed to provide for a lower bed count in each individual service category than does the Statewide methodology. Area agency goals and objectives shall be consistent with Statewide goals and objectives, but may vary from quantitative Statewide objective levels where the area agency can justify the different level.

Area agencies must use Statewide methodologies for estimating health resource requirements unless the area agency can justify another methodology which will provide greater technical reliability and which will be more responsive to characteristics of the planning area.

Two procedures are available to area agencies that desire to use alternatives to the Statewide objectives or methodologies.

1. The area agency may submit the proposed alternative objective or method to the Advisory Health Council prior to the development of the plan for review and comment.
2. The area agency may submit both the alternative objective or methodology and the completed plan for review and approval by the Advisory Health Council after the plan has been developed.

At the time the plan is submitted for review and approval by the Advisory Health Council, both the Statewide objective or method and the alternative objective or method must be included in the plan.

The area agency shall provide the following for review by the Advisory Health Council:

1. Reason(s) for the alternative.
2. Statement of the problem that cannot be handled through use of the Statewide objective or method.
3. Results of review of pertinent literature
4. Statement of the hypothesis to be tested.
5. Description of the method, including:
 - a. Population definition
 - b. Data collected or to be collected
 - c. Data sources
 - d. Data analysis

6. Analysis including test of assumptions, reliability, and prediction validity of the proposed method.
7. Inferences, including the types of plans, administrative decisions, or public policies that might emerge from the finding.
8. The implications for the achievement of Statewide goals and objectives.
9. Applicability for Statewide use.

Area agencies shall show that area residents reviewed and support use of the proposed objective or methodology. Such support shall be demonstrated by testimony from consumers and providers, taken during at least one public meeting held prior to submission of the proposal. Area agencies shall submit, with the proposal, copies of the minutes of the area public meeting to consider the proposal and a detailed description of the expected impact on the health care system.

APPENDICES

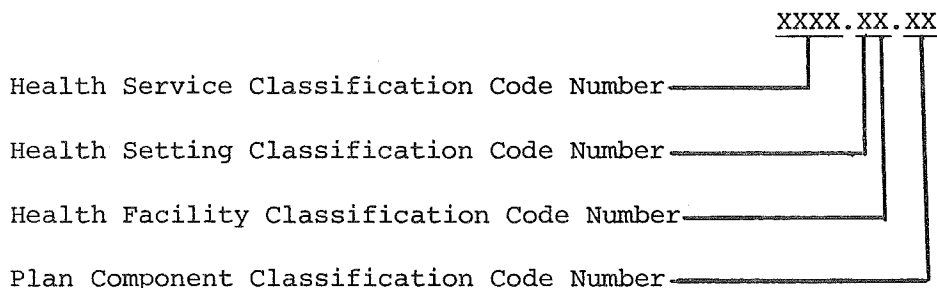
A. CLASSIFICATION AND CODING SYSTEM FOR HEALTH SYSTEMS PLANS AND THE STATE HEALTH PLAN

The appendix presents a classification and coding system for Health Systems Plans and the State Health Plan which shall be used to identify individual services within specific settings along with delineating the individual components for that service within the plan document.

This system presented herein is designed to permit two things. First, it gives each HSA the flexibility to develop their HSPs to meet the requirements of their particular health service area. Second it facilitates generalizing findings from one HSA to another, and permits the integration of the HSPs into the State Health Plan.

The coding of the HSP should be done after the plan is developed and should not be a consideration in the planning process. Thus, an HSA shall develop its HSP in accordance with the classification system, and the State Agency can extract the information it needs to prepare the SHP by using the standard Statewide classification and coding system.

This classification coding scheme utilizes an eight digit number arranged in three groups as shown in the illustration below. Each digit or group of digits represents either a specific health care service, health care setting, health care facility type, or plan component as shown in the following illustration:



HEALTH SERVICES CLASSIFICATION AND CODING SYSTEM

XXXX.XX.XX

The first digit corresponds to the chapter number of the plan as specified in the "Contents for First Health Systems Plan and State Health Plan." The second digit indicates a section number which is a subcategory of the chapter. The last two digits indicate specific elements within a section.

3000 COMMUNITY HEALTH PROMOTION AND PROTECTION SERVICES

3100 Health Education Services

- 3101 Transfer of Health Knowledge
- 3102 Transfer of Health Information
- 3103 Motivation Toward Positive Health Behavior

3200 Environmental Quality Management

- 3201 Water Supply Treatment and Waste Water Disposal
- 3202 Solid Waste Disposal
- 3303 Air Pollution Control
- 3304 Noise Control
- 3205 Housing and Residential Hazards Control
- 3206 Vector Control
- 3207 Recreational Area Hazards Control
- 3208 Highway Safety

3300 Food Protection

- 3301 Sanitation
- 3302 Safety
- 3303 Nutritional Quality

3400 Occupational Health Safety

- 3401 Mining (including oil and gas drilling and similar extractive occupations)
- 3402 Construction
- 3403 Agriculture
- 3404 Transportation
- 3405 Manufacturing, Service, and Other

3500 Radiation Safety

- 3501 Industrial Radiation
- 3502 Medical Radiation
- 3503 Radioactive

3600 Biomedical and Consumer Product Safety

- 3601 Drugs and Medical Devices
- 3602 Hazardous Substances and Products

4000 PREVENTION AND DETECTION SERVICES

4100 Individual Health Protection Services

- 4101 Immunization
- 4102 Well-Person Maintenance
- 4103 Dental Prophylaxis
- 4104 Family Planning

4200 Prevention and Detection Services

- 4201 Condition - Specific Screening
- 4202 Multiphasic Screening
- 4203 Contact/Collateral Follow-up

5000 DIAGNOSIS AND TREATMENT SERVICES

5100 General Medical Services

- 5101 Anesthesia
- 5102 Podiatry
- 5103 Optometry
- 5104 Pediatric
- 5105 Other Supplemental Services

5150 Special Medical Services

- 5151 Chronic Dialysis
- 5152 Burn Center Care
- 5153 Coronary Care
- 5154 Intensive Care
- 5155 Specialized Diagnostic Procedures

5200 Surgical Services

- 5201 General Surgery
- 5202 Postanesthetic Recovery Care
- 5203 Postoperative Care
- 5204 Renal Transplant
- 5205 Cardiovascular Surgery
- 5206 Other Specialized Surgery

5300 Perinatal Services

- 5301 Prenatal Care
- 5302 Intrapartum Care
- 5303 Post Partum
- 5304 Neonatal Care
- 5305 Intensive Care Newborn Nursery

5400 Diagnostic Imaging Services

- 5401 General X-Ray
- 5402 Contrast Radiology
- 5403 Computer Tomography
- 5404 Nuclear Medicine
- 5405 Ultrasound
- 5406 Thermography
- 5407 Dental X-Ray

5450 Radiation Therapy Services

- 5451 Megavoltage Therapy
- 5452 Orthovoltage Therapy
- 5453 Superficial Therapy
- 5454 Brachy Therapy

5500 Clinical Laboratory Services

- 5501 Routine Laboratory
- 5502 Hematology
- 5503 Chemistry
- 5504 Histology
- 5505 Microbiology
- 5506 Serology
- 5507 Pathology
- 5508 Toxicology

5600 Emergency Medical Service

- 5601 Emergency Communication
- 5602 Emergency Transportation
- 5603 Standby Emergency Medical Services
- 5604 Basic Emergency Medical Services
- 5605 Comprehensive Emergency Medical Services
- 5606 First Aid

5700 Dental Health Services

- 5701 Dental Restoration
- 5702 Peridontics
- 5703 Oral Surgery
- 5704 Orthodontics

5800 Mental Health Services

- 5801 General Psychiatric Services
- 5802 Psychotherapeutic

5900 Substance Abuse

- 5901 Alcohol Abuse Treatment
- 5902 Drug Abuse Treatment

6000 HABILITATION AND REHABILITATION SERVICES

6100 Medical and Psychological Evaluation

- 6101 Mentally Disabled
- 6102 Developmentally Disabled

6200 Therapy Services

- 6201 Physical Therapy
- 6202 Occupational Therapy
- 6203 Recreational Therapy
- 6204 Prosthetic/Orthotic Services
- 6205 Speech Pathology
- 6206 Social Service

7000 MAINTENANCE SERVICES

7100 Miscellaneous

- 7101 Homemaker/Chore Services
- 7102 Board and Care Facilities
- 7103 Day Care

8000 PERSONAL HEALTH CARE SERVICES

8100 Direct Patient Care Support Services

- 8101 Pharmacy Services
- 8102 Tissue Services
- 8103 Medical Social Work Services
- 8104 Medical Records Services
- 8105 Dietetic Services

8200 Administrative Services

- 8201 Management and Supervision of Medical Care Resources
- 8202 Facility Maintenance and Housekeeping Services
- 8203 Patient Representation/Advocacy

9000 HEALTH SYSTEM ENABLING SERVICES

9100 Health Planning

9200 Resources Development

9300 Financing

9400 Regulation

9500 Research

HEALTH SETTINGS CLASSIFICATION CODING SYSTEM

XXXX.XX.XX

- .0 Not Applicable
- .1 Home
- .2 Mobile
- .3 Ambulatory
- .4 Short-Stay Inpatient
- .5 Long-Stay Inpatient
- .6 Free Standing Support
- .7 Community
- .8 Involuntary Confinement (Prisons)
- .9 Other

HEALTH FACILITIES* CLASSIFICATION CODING SYSTEM

XXXX.XX.XX

- 0 Not Applicable
- 1 General Acute Care Hospital
- 2 Acute Psychiatric Hospital
- 3 Skilled Nursing Facility
- 4 Intermediate Care Facility
- 5 Surgical Clinic
- 6 Chronic Dialysis Clinic
- 7 Other Clinics
- 8 Home Health Agency
- 9 Other Licensed Health Care Related Facilities

* Licensing Designations per Title XXII of California Administrative Code

PLAN COMPONENTS CLASSIFICATION CODING SYSTEM

XXXX.XX.XX

- .01 Statewide Service Description
- .02 Statewide Goals
- .03 Statewide Objectives
- .04 Statewide Resource Requirements
- .05 Statewide Recommended Actions
- .06
- .07
- .08
- .09
- .10
- .11 Area Service Description
- .12 Area Goals and Subgoals
- .13 Area Objectives
- .14 Area Resource Requirements
- .15 Area Recommended Actions
- .16
- .17
- .18
- .19

B. DATA AND ANALYSIS SPECIFICATIONS

A. Service Areas

1. Service areas set forth in regulation shall be used in the Statewide and Area Health Facilities Plan except as provided below.
2. Request for changes to service areas for health facility beds shall be made to the Department on prescribed forms by July 15 each year to be considered in the development of the Statewide and Area Facilities and Services Plan for the subsequent year. Request for changes shall be accepted only from those area agencies designated by the Advisory Council. Prior to officially recommending such approval, the governing body of the area agency shall:
 - (a) Conduct a public meeting with a 30 day advance public notice in newspapers of general circulation setting forth the proposed modification and including the time and place of the public meeting.
3. New service areas for health facility beds may be established where:
 - (a) In sections of high population density, service areas may be established where population is 20,000 or more within 30 minutes travel time, (e.g., reasonable travel time) of the area center as determined by the Department.
4. Sparsely settled sections of metropolitan areas are expected to obtain health facility services from established centers until future population increases justifies creation of separate health service areas.
 - (a) In metropolitan areas with a current population of 500,000 or over, new health service areas shall have a minimal estimated projected population of 100,000.

B. Population

1. Population estimates provided by the Department shall be for civilian population of counties as determined by the Department of Finance.
2. Population estimates and projections for service areas for health facility beds within counties shall be determined by the Department based on estimates and projections from the County Planning Commission or Council of Governments Agency unless the area agency has requested and been approved by the Department to prepare such information. Totals for subcounty estimates and projections shall equal county totals as determined by the Department of Finance.

3. For subcounty population areas, the Department shall determine population estimates and projections where no response has been received from the area agency or where the response does not pertain to estimates and projections for specified subareas.
4. The Department shall forward population estimates to area agencies by April 15 of each year. Population estimates shall include current and projected population for the following age groups: Ages 0 - 14; Ages 15+, Female ages 15 - 44, Ages 65+.

C. Inventory and Utilization Data

1. The inventory of existing beds and utilization data shall be furnished to the area agencies by the Department on or about April 15 of each year.
2. The date of inventory of existing beds shall be as of December 31 for the previous year.
 - (a) The inventory of each existing health facility shall show the health service area and the city in which it is located, the number of licensed beds by bed classification, licensed services, and utilization data related thereto.
 - (b) The total number of existing beds in a service area shall include those beds which are licensed, placed in suspense, exempted or approved under Chapter 854, Statutes of 1976. Licensed beds being replaced by new beds, beds closed and beds in federal hospitals shall be listed for information purposes.

HEALTH SERVICE AREAS IN CALIFORNIA



AS PUBLISHED IN THE FEDERAL REGISTER
SEPTEMBER 2, 1975

HEALTH SYSTEMS AGENCIES IN CALIFORNIA

1. Northern California Health Systems Agency
P.O. Box 548
Durham, CA 95938
(916) 345-1379
 2. Golden Empire Health Systems Agency
650 University Avenue - Suite 104
Sacramento, CA 95825
(916) 929-7872
 3. North Bay Health Systems Agency
730 Randolph Street - Suite D
Napa, CA 94558
(707) 253-4671
 4. West Bay Health Systems Agency
215 Market Street - 7th Floor
San Francisco, CA 94105
(415) 543-4930
 5. Alameda/Contra Costa Health Systems Agency
1322 Webster Street - Room 210
Oakland, CA 94607
(415) 835-1650
 6. North San Joaquin Valley Health Systems Agency
510 East Magnolia Street
Stockton, CA 95202
(209) 466-2106
 7. Santa Clara Health Systems Agency
1190 South Bascom Avenue - Suite 217
San Jose, CA 95128
(408) 292-9572
 8. Mid-Coast Health Systems Agency
344 Salinas Street - Suite 103
P.O. Box 1068
Salinas, CA 93901
(408) 757-2044
 9. Central California Health Systems Agency
208 West Main Street - Suite 9
Visalia, CA 93277
(209) 733-8676
 10. Ventura/Santa Barbara Health Systems Agency
3418 Loma Vista - Suite B
P.O. Box 3966
Ventura, CA 93003
(805) 644-7128
 11. Health Systems Agency for Los Angeles County, Inc.
1930 Wilshire Blvd. - Suite 1000
Los Angeles, CA 90057
(213) 483-8930
 12. Inland Counties Health Systems Agency
12150 La Crosse Avenue
Colton, CA 92324
(714) 825-7510
 13. Orange County Health Planning Council
202 Fashion Lane - Suite 219
Tustin, CA 92680
(714) 832-1841
 14. Health Systems Agency for San Diego and Imperial Counties
2831 Camino del Rio South - Suite 204
San Diego, CA 92110
(714) 297-4721
- Office of Statewide Health Planning and Development
714 "P" Street - Room 977
Sacramento, CA 95814
(916) 445-1945

