

**State of California
Office of Administrative Law**

In re:
Department of Health Care Access and
Information

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections: 95000, 95001, 95002,
95003, 95004, 95005,
95006, 95007, 95008,
95009, 95010, 95011,
95012, 95013, 95014

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2022-0714-01

OAL Matter Type: Regular Resubmittal (SR)

This action by the Department of Health Care Access and Information adopts notice and reporting requirements concerning hospital supplier diversity in accordance with Assembly Bill 962 (Stats. 2019, ch. 815).

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on October 1, 2022.

Date: August 22, 2022



Nicole C. Carrillo
Senior Attorney

For: Kenneth J. Pogue
Director

Original: Elizabeth Landsberg, Director
Copy: Sharon Takhar

RESUBMITTAL

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2022-0111-02	REGULATORY ACTION NUMBER 2022-0714-01	EMERGENCY NUMBER SR
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For use by Office of Administrative Law (OAL) only

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

AUG 22 2022

1:44 pm

OFFICE OF ADMIN. LAW
2022 JUL 14 AM 8:35

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY
Department of Health Care Access and Information

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Hospital Supplier Diversity Reporting Program	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2022-0414-02 <i>per agency request</i>
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 95000,95001,95002,95003,95004,95005,95006,95007,95008,95009,95010,95011,95012,95013,95014
TITLE(S) 22	AMEND
	REPEAL

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
15-Day Comment Period: June 15-June 30, 2022

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY		
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Sharon Takhar	TELEPHONE NUMBER (916) 326-3975	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) sharon.takhar@hcai.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Elizabeth A Landsberg</i>	DATE 7/12/2022
TYPED NAME AND TITLE OF SIGNATORY Elizabeth A Landsberg ; Director	<i>per agency request</i>

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 22 2022

Office of Administrative Law

PROPOSED REGULATIONS
CALIFORNIA CODE OF REGULATIONS

Title 22, Division 7, Chapter 8. ~~Clinic Renovation (Construction) Grant and Loan Program [Repealed]~~ Hospital Community Reports (New Chapter 8 is Added)

Article 1. Hospital Supplier Diversity Reporting

§ 95000 Definitions

For the purposes of this chapter, the following definitions apply:

- (a) "Director" means the Director of the Department of Health Care Access and Information, as described in Health and Safety Code section 127005.
- (b) "Department" means the Department of Health Care Access and Information.
- (c) "Operating expenses" means total patient-related operating expenses for the most recent fiscal year reported to the Department on the Hospital Annual Financial Disclosure Report CHC 7041 d-1, column 1, line 200, submitted as specified in Title 22, California Code of Regulations, Section 97040.
- (d) "Disabled Veteran Business Enterprise" has the same meaning as defined in subparagraph (A) of paragraph (7) of subdivision (b) of Section 999 of the Military and Veterans Code or any successor provision. Disabled veteran business enterprise certification eligibility requirements shall be consistent with the requirements imposed by the Department of General Services, and this chapter shall only apply to a disabled veteran business enterprise certified by the Department of General Services.
- (e) "LGBT business enterprise" means (1) a business enterprise (a) that is at least 51 percent owned by a lesbian, gay, bisexual, or transgender person or persons or (b) if a publicly owned business, at least 51 percent of the stock of which is owned by one or more lesbian, gay, bisexual, or transgender persons; and (2) whose management and daily business operations are controlled by one or more of those individuals.
- (f) "Minority business enterprise" means (1) a business enterprise (a) that is at least 51 percent owned by a minority individual or group(s) or (b) that is, if a publicly owned business, physically located in the United States or its trust territories, at least 51 percent of the stock of which is owned by one or more minority groups, and (2) whose management and daily business operations are controlled by one or more of those individuals. The contracting hospital shall presume that minority includes, but is not limited to, African Americans, Hispanic Americans, Native Americans, and Asian Pacific Americans.
 - (1) African Americans: Black Americans-persons having origins in any black racial groups of Africa.
 - (2) Hispanic Americans: Hispanic Americans-all persons of Mexican, Puerto Rican, Cuban, South or Central American, Caribbean, and other Spanish culture or origin.
 - (3) Native Americans: Native Americans-persons having origin in any of the original peoples of North America or the Hawaiian Islands, in particular, American Indians, Eskimos, Aleuts, and Native Hawaiians.
 - (4) Asian Pacific Americans: Asian Pacific Americans-persons having origins in Asia or the Indian subcontinent, including, but not limited to, persons from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the U.S. Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, Taiwan, India, Pakistan, and Bangladesh.
- (g) "Women business enterprise" means a business enterprise physically located in the United States or its trust territories, that is at least 51 percent owned by a woman or women, or, in the case of any publicly owned business at least 51 percent of the stock of which is owned by one or more women.

- (h) "WMDVLGBTBE" means a women-owned, minority-owned, disabled veteran-owned and/or LGBT-owned business enterprise.
- (i) "Procurement" means the purchase or lease of supplies, services, equipment, and capital expenditures related to buildings and fixed equipment during the previous calendar year. Procurement does not include items such as employee salaries and wages, fixed asset depreciation, amortization, or taxes.
- (j) "Tier I procurement" means the procurement by direct contract between a hospital and a supplier directly to provide goods and services that support the operations of the hospital.
- (k) "Tier II procurement" means procurement by any agreement or arrangement between a contractor and any third party.
- (l) "Hospital" means any facility that is required to be licensed under subdivision (a), (b), or (f) of Health and Safety Code section 1250, with operating expenses of fifty million dollars (\$50,000,000) or more, and each licensed hospital with operating expenses of twenty-five million dollars (\$25,000,000) or more that is part of either a hospital system or regional network.
- (m) "Hospital system/regional network" means two or more hospitals owned, sponsored, or managed by the same organization.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code

§ 95001 Contact Registration

- (a) Each hospital or hospital system/regional network must designate a primary contact person and must register with the Department for the purpose of receiving advanced notice of report due dates and to submit the required report.
- (b) A primary contact person must register on the Department's website using the registration portal at <https://hcai.ca.gov/data-and-reports/cost-transparency/hospital-supplier-diversity/>. A contact person must provide the following information:
 - (1) The legal name of the hospital or hospital system.
 - (2) The name of a contact person designated to receive notices.
 - (3) The business title of the designated contact person.
 - (4) A business address.
 - (5) A business email address.
 - (6) A business phone number.
- (c) Each hospital shall update, through the online portal, within 15 days after any change in the person designated as the primary contact person, or in the primary contact person's name, mailing address, business phone number, or email address.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code

§ 95002 Individual Hospital Supplier Diversity Report

- (a) A hospital as defined in Section 95000 shall file a report with the Department.
- (b) Data elements for individual hospital-level reports shall include:
 - (1) Hospital name

- (2) Hospital HCAI ID
- (3) Reporting organization
- (4) Report period start date [January 1 of prior calendar year]
- (5) Report period end date [December 31 of prior calendar year]
- (6) The hospital's Supplier Diversity Policy Statement
- (7) The hospital's outreach and communications to WMDVLGBTE enterprises.
- (8) Does the hospital require certification?
- (9) Does the hospital accept self-certification?
- (10) Other relevant information.
- (11) The hospital's outreach and communications to WMDVLGBTE to become potential suppliers, including:
 - (A) How the hospital encourages and seeks out WMDVLGBTE to become potential suppliers.
 - (B) How the hospital encourages its employees involved in procurement to seek out WMDVLGBTE to become potential suppliers.
 - (C) How the hospital conducts outreach and communication to WMDVLGBTE.
- (12) How the hospital supports organizations that promote or certify WMDVLGBTE.
- (13) The hospital's Tier I procurements that are made from WMDVLGBTE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.
 - (A) Tier I Total Minority Business Enterprises
 - (B) Tier I African American Business Enterprise
 - (C) Tier I Hispanic American Business Enterprise
 - (D) Tier I Native American Business Enterprise
 - (E) Tier I Asian Pacific American Business Enterprise
 - (F) Tier I Unknown Minority Business Enterprise (if unable to identify which qualified minority category).
 - (G) Tier I Women Business Enterprises
 - (H) Tier I LGBT Business Enterprises
 - (I) Tier I Disabled Veteran Business Enterprises
 - (J) Tier I Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
 - (K) Combined Tier I total
- (14) The hospital's Tier II procurements that are made from WMDVLGBTE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.
 - (A) Tier II Total Minority Business Enterprise
 - (B) Tier II African American Business Enterprise
 - (C) Tier II Hispanic American Business Enterprise

- (D) Tier II Native American Business Enterprise
 - (E) Tier II Asian Pacific American Business Enterprise
 - (F) Tier II Unknown Minority Business Enterprise (if unable to identify which qualified minority category).
 - (G) Tier II Women Business Enterprises
 - (H) Tier II LGBT Business Enterprises
 - (I) Tier II Disabled Veteran Business Enterprises
 - (J) Tier II Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
 - (K) Combined Tier II total
- (15) The hospital's combined Tier I and Tier II procurements that are made from WMDVLGBTE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.
- (A) Combined Total Minority Business Enterprise
 - (B) Combined African American Business Enterprise
 - (C) Combined Hispanic American Business Enterprise
 - (D) Combined Native American Business Enterprise
 - (E) Combined Asian Pacific American Business Enterprise
 - (F) Combined Unknown Minority Business Enterprise (if unable to identify which qualified minority category)
 - (G) Combined Women Business Enterprises
 - (H) Combined LGBT Business Enterprises
 - (I) Combined Disabled Veteran Business Enterprises
 - (J) Combined Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
 - (K) Combined Tier I and Tier II total
- (16) How much your hospital has spent on procurement in total during the reporting period (prior calendar year).
- (17) Indicate if your hospital also has procurement through a hospital system or regional network within a hospital system, which was reported by the health system.
- (A) If yes, please list the entity(s) this procurement is reported by.
- (18) Information regarding appropriate contacts at the hospital for interested business enterprises. Include relevant information as it pertains to your facility.
- (A) Name of contact person(s) who will be involved with hospital procurement.
 - (B) Email of contact person(s) or general email where hospital procurement questions/inquiries may be answered.
 - (C) Phone number of contact person(s) or general phone number where hospital procurement questions/inquiries may be answered.
 - (D) Website for hospital procurement where information, instructions, requirements, and/or other information will be available.
 - (E) Third party procurement organization information.
 - (F) Other helpful website links.
 - (G) Other relevant information.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code

§ 95003 System/Regional-Level Hospital Supplier Diversity Report (optional)

- (a) A hospital that is part of a hospital system or is organized within a regional network within a hospital system may report the diversity of its procurement in compliance with this subparagraph from a systemwide or regional network level if there are suppliers that provide services or goods to all hospitals within the hospital system or regional network. A hospital shall report the diversity of the remainder of its procurement, including the suppliers that do not resource the entire hospital system or regional network, as an individual hospital.
- (1) When submitting a system/regional-level report, the report will only apply to the procurements purchased at a system/regional-level. A hospital system may use diverse suppliers for the hospitals within their own networks that would apply in this report.
 - (2) Individual hospital-level reports will highlight procurement data purchased on an individual level.
- (b) The system/regional-level report is optional to submit in addition to the individual report, not as a substitution. The individual hospital, as defined above, must be submitted.
- (c) A hospital that is part of a hospital system or is organized within a regional network within a hospital system may report the diversity of its procurement from a systemwide or regional network level if there are suppliers that provide services or goods to all hospitals within the hospital system or regional network. Data elements for system/regional-level reports include:
- (1) Reporting organization
 - (2) System or regional network description
 - (3) Report period start date [January 1 of prior calendar year]
 - (4) Report period end date [December 31 of prior calendar year]
 - (5) The hospital system or regional network Tier I procurements that are made from WMDVLGBTE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital system/regional network. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital system/regional network. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.
 - (A) Tier I Total Minority Business Enterprises
 - (B) Tier I African American Business Enterprise
 - (C) Tier I Hispanic American Business Enterprise
 - (D) Tier I Native American Business Enterprise
 - (E) Tier I Asian Pacific American Business Enterprise
 - (F) Tier I Unknown Minority Business Enterprise (if unable to identify which qualified minority category).
 - (G) Tier I Women Business Enterprises
 - (H) Tier I LGBT Business Enterprises
 - (I) Tier I Disabled Veteran Business Enterprises
 - (J) Tier I Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
 - (K) Combined Tier I total

- (6) The hospital system or regional network Tier II procurements that are made from WMDVLGBTE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital system/regional network. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital system/regional network. If \$0 were spent on procurement for a category, you may enter \$0. If the procurement data is not readily accessible, you may leave the category blank.
- (A) Tier II Total Minority Business Enterprise
 - (B) Tier II African American Business Enterprise
 - (C) Tier II Hispanic American Business Enterprise
 - (D) Tier II Native American Business Enterprise
 - (E) Tier II Asian Pacific American Business Enterprise
 - (F) Tier II Unknown Minority Business Enterprise (if unable to identify which qualified minority category).
 - (G) Tier II Women Business Enterprises
 - (H) Tier II LGBT Business Enterprises
 - (I) Tier II Disabled Veteran Business Enterprises
 - (J) Tier II Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
 - (K) Combined Tier II total
- (7) The hospital system or regional network combined Tier I and Tier II procurements that are made from WMDVLGBTE with at least a majority of the enterprise's workforce in California, with each category aggregated separately, to the extent that information is readily accessible, as determined by each hospital system/regional network. For the purpose of this requirement, reports shall include total dollar amount for each category, to the extent that information is readily accessible, as determined by each hospital system/regional network.
- (A) Combined Total Minority Business Enterprise
 - (B) Combined African American
 - (C) Combined Hispanic American
 - (D) Combined Native American
 - (E) Combined Asian Pacific American
 - (F) Combined Unknown Minority (if unable to identify which qualified minority category)
 - (G) Combined Women Business Enterprises
 - (H) Combined LGBT Business Enterprises
 - (I) Combined Disabled Veteran Business Enterprises
 - (J) Combined Less duplicated amount (if amounts have been included in multiple categories, enter the duplicated amounts and subtract it when calculating the combined total).
 - (K) Combined Tier I and Tier II total
- (8) How much your hospital system/regional network has spent on procurement in total during the reporting period (prior calendar year)?
- (9) Does the hospital system/regional network require certification?
- (10) Does the hospital system/regional network accept self-certification?
- (11) Other relevant information.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code.

§ 95004 Report Due Dates

- (a) Each hospital shall annually update its supplier diversity report and submit the new report to the office no later than July 1 of that year.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code

§ 95005 Extension Request

- (a) A hospital may request, and the Department may grant, a 30-day extension to file the report if needed due to unintended or unforeseen delays.
- (b) The registered contact person(s) of the hospital may file with the Department a request for an extension of time to file for this required report. A request for extension shall be filed on or before the required due date, prescribed in Section 95004, by using the extension request screen available through the Department's website using the report submission portal at <https://hcai.ca.gov/data-and-reports/cost-transparency/hospital-supplier-diversity/>. Notices regarding the use of extension days, and new due dates, as well as notices of approval and rejection, will be e-mailed to the registered contact person(s) provided.
- (c) The Department shall respond to an extension request with an email confirmation to the requestor that their 30-day extension has been granted.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code

§ 95006 Method of Submission

- (a) A report required under Section 95002 shall be submitted to the Department through the Department's website using the report submission portal at <https://hcai.ca.gov/data-and-reports/cost-transparency/hospital-supplier-diversity/>.
- (b) Reports must be submitted using one of the following methods:
 - (1) Uploading comma separated value (.csv) files including all of the required information for one or more reports. Such files shall comply with the Department's Format and File Specifications for Submission of Hospital Supplier Diversity Reports Version 1.0, dated December 31, 2021, and hereby incorporated by reference; or
 - (2) Entering the required information for reports online.

Note: Section 127010, Health and Safety Code. Reference: Sections 1339.86 and 1339.87, Health and Safety Code

§ 95007 Penalties for Late Filing of Reports

- (a) A hospital that fails to file a required report by the due date established by Section 95004 is liable for a civil penalty of one hundred dollars (\$100) for each day after the due date that the required report is not filed.
- (b) If the report is delinquent at the time the next report is due, the Department, on an annual basis, shall determine a maximum civil penalty of no more than thirty-six thousand, five hundred dollars (\$36,500) for failure to file a required report.

Note: Authority cited: Section 127010, Health and Safety Code and Section 1339.87, Health and Safety Code. Reference: Section 1339.87, Health and Safety Code.

§ 95008 Penalty Assessment

- (a) When a report required by Section 95002 is filed after the due date specified in Section 95004, the Department will notify the hospital of the accrued penalty. The notice shall be provided by email to the authorized individual identified by the hospital under subdivision (b)(2) of Section 95001.
- (b) The Department will calculate the accrued penalty pursuant to Section 95007.

Note: Authority cited: Section 127010, Health and Safety Code and Section 1339.87, Health and Safety Code. Reference: Section 1339.87, Health and Safety Code.

§ 95009 Filing an Appeal

- (a) A hospital that has received notice of an accrued penalty under Section 95008 may appeal the penalty assessment by filing, as explained in Section 95010, a written request for hearing no later than 30 days from the date of the notice. The request shall be filed with the Department's hearing officer.
- (b) The request for hearing shall include the following:
 - (1) The name of the hospital.
 - (2) The name of the authorized representative of the hospital and contact information for that representative.
 - (3) The date of the penalty assessment notice.
 - (4) A statement of the basis for the appeal.
 - (5) A copy of the penalty notice.

Note: Authority cited: Section 127010, Health and Safety Code and Section 1339.87, Health and Safety Code. Reference: Section 1339.87, Health and Safety Code.

§ 95010 Hearing Officer Contact Information

(a) Hearing requests and other communications, including requests for consolidation, questions about the hearing schedule or process, and all documents and proposed exhibits, shall be addressed to the hearing officer either by mail or by email as follows:

(1) Mail shall be sent to the hearing officer at the Legal Office of the Department of Health Care Access and Information in Sacramento.

(2) Email shall be sent to the following email address: HearingOfficer@hcai.ca.gov.

Note: Authority cited: Section 127010, Health and Safety Code and Section 1339.87, Health and Safety Code. Reference: Section 1339.87, Health and Safety Code.

§ 95011 Prehearing Provisions

(a) The hospital and the Department will be notified of the hearing date and time at least 30 calendar days in advance.

(b) The hospital and the Department shall provide copies of all proposed exhibits to the hearing officer and to the other party no later than 10 calendar days prior to the hearing date.

(c) Request to Change Hearing Date. Either party may request a change of hearing date, if necessary. Requests for rescheduling must be submitted to the hearing officer at least 10 business days before the scheduled hearing. Requests for rescheduling must be based upon good cause, as determined by the hearing officer, and will only be granted if the change would not prejudice the other party.

(d) Request to Change Hearing Method. All hearings will be held in Sacramento at the business location of the Department; however, the hearing officer may schedule a hearing to be conducted by telephone or other electronic means. If so, either party may object; upon receipt of such an objection, the hearing officer will schedule an in-person hearing in Sacramento. If the hearing officer does not initially plan to conduct a hearing by telephone or other electronic means, either party may so request; if the hospital and the Office consent, the hearing officer may, but is not required to, conduct the hearing by telephone or other electronic means. The hospital and the Department will be notified of the hearing officer's decision.

(e) Request for Consolidation. The hearing officer may, on their own determination or upon written request of one of the parties, consolidate for hearing or decision any number of appeals when the facts and circumstances are similar and no substantial right of any party will be prejudiced. The hearing officer shall notify both the hospital and the Department if consolidation is occurring. Within five days of receiving the notice of hearing, either party may request consolidation by filing a request with the hearing officer containing the following information:

(1) Identification of the appeals to be consolidated.

(2) A statement of the basis for consolidation.

(f) Request for Interpreter. If a party or a witness of a party does not speak English proficiently, that party may request language assistance and the Department will provide an interpreter.

Such a request must be received by the hearing officer at least 10 business days before the hearing.

(g) Request for Court Reporter. Hearings will be recorded electronically; however, either party may provide a court reporter at that party's expense. If a party chooses to provide a court reporter, that party shall notify the hearing officer in advance and make all necessary arrangements. The original of the transcript shall be provided directly to the Department. The non-appearance of a court reporter will not be considered adequate grounds for cancelling or rescheduling a hearing.

Note: Authority cited: Section 127010, Health and Safety Code and Section 1339.87, Health and Safety Code. Reference: Section 1339.87, Health and Safety Code.

§ 95012 Conduct of Hearing

(a) The hearing shall be conducted by an employee of the Department appointed by the Director of the Department to serve as hearing officer.

(b) The hearing shall be conducted in person in Sacramento or by telephone or other electronic means as determined by the hearing officer, as specified in Section 95011.

(c) The hearing shall not be conducted according to technical rules relating to evidence and witnesses. Any relevant evidence shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs.

(d) All testimony at the hearing shall be taken under oath or affirmation.

(e) The hearing shall be recorded by electronic means unless one party has chosen to provide a court reporter at their own expense as specified in Section 95011. A court reporter shall provide the original of the transcript directly to the hearing officer.

(f) The hearing shall be open to the public.

Note: Authority cited: Section 127010, Health and Safety Code and Section 1339.87, Health and Safety Code. Reference: Section 1339.87, Health and Safety Code.

§ 95013 Settlement

If a settlement is reached between the parties prior to the hearing, the Department shall notify the hearing officer and no hearing shall be held.

Note: Authority cited: Section 127010, Health and Safety Code and Section 1339.87, Health and Safety Code. Reference: Section 1339.87, Health and Safety Code.

§ 95014 Decision

(a) The hearing officer shall prepare a recommended decision for the Director of the Department; the recommended decision shall be in writing and shall include findings of fact and conclusions of law.

(b) The Director of the Department may either adopt or reject the proposed decision. If the Director does not adopt the proposed decision as presented, they will independently prepare a decision based upon the hearing record; the Director may adopt factual findings of the hearing officer.

Note: Authority cited: Section 127010, Health and Safety Code and Section 1339.87, Health and Safety Code. Reference: Section 1339.87, Health and Safety Code.

ADOPT

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION

FORMAT AND FILE SPECIFICATIONS
FOR SUBMISSION OF
HOSPITAL SUPPLIER DIVERSITY REPORTS

Version 1.0

FORMAT AND FILE SPECIFICATIONS
FOR SUBMISSION OF
HOSPITAL SUPPLIER DIVERSITY REPORTS
STANDARD RECORD FORMAT

Individual Report

Data Element	Label	Format	Size
Hospital Name	Hospital_Name	Alphanumeric	200
Hospital HCAI ID	HCAI_ID	Numeric	9
Reporting Organization	Reporting_Organization	Alphanumeric	100
Report Period Start Date	Report_Start_Date	Date	10
Report Period End Date	Report_End_Date	Date	10
Supplier Diversity Statement	Supplier_Diversity_Statement	Alphanumeric	5000
Encourage diverse enterprises	Encourage_Suppliers	Alphanumeric	5000
Encourage employees to seek diverse suppliers	Encourage_Employees	Alphanumeric	5000
Conduct outreach and communication	Conduct_Outreach_Comm	Alphanumeric	5000
Support organizations that certify	Certification_Support	Alphanumeric	5000
Require Certification	Require_Certification	Alphanumeric (yes/no)	3
Accept Self-Certification	Self_Certification	Alphanumeric (yes/no)	3
Tier I: African American	Tier_I_African_American	Numeric	12
Tier I: Hispanic American	Tier_I_Hispanic_American	Numeric	12
Tier I: Native American	Tier_I_Native_American	Numeric	12
Tier I: Asian Pacific American	Tier_I_Asian_Pacific_American	Numeric	12
Tier I: Unknown Minority	Tier_I_Unknown_Minority	Numeric	12
Tier I: Women Owned	Tier_I_Women	Numeric	12
Tier I: LGBT Owned	Tier_I_LGBT	Numeric	12
Tier I: Disabled Veteran Owned	Tier_I_Disabled_Veteran	Numeric	12
Tier I: Less Duplicated Amount	Tier_I_Less_Duplicated_Amount	Numeric	12

Data Element	Label	Format	Size
System Tier I African American	System_Tier_I_African_American	Numeric	12
System Tier I Hispanic American	System_Tier_I_Hispanic_American	Numeric	12
System Tier I Native American	System_Tier_I_Native_American	Numeric	12
System Tier I Asian Pacific American	System_Tier_I_Asian_American	Numeric	12
System Tier I Unknown Minority	System_Tier_I_Unknown_Minority	Numeric	12
System Tier I Women Owned	System_Tier_I_Women	Numeric	12
System Tier I LGBT Owned	System_Tier_I_LGBT	Numeric	12
System Tier I Disabled Veteran Owned	System_Tier_I_Disabled_Veteran	Numeric	12
System Tier I Less Duplicated Amount	System_Tier_I_Less_Duplicated_Amount	Numeric	12
System Tier II African American	System_Tier_II_African_American	Numeric	12
System Tier II Hispanic American	System_Tier_II_Hispanic_American	Numeric	12
System Tier II Native American	System_Tier_II_Native_American	Numeric	12
System Tier II Asian Pacific American	System_Tier_II_Asian_American	Numeric	12
System Tier II Unknown Minority	System_Tier_II_Unknown_Minority	Numeric	12
System Tier II Women Owned	System_Tier_II_Women	Numeric	12
System Tier II LGBT Owned	System_Tier_II_LGBT	Numeric	12
System Tier II Disabled Veteran Owned	System_Tier_II_Disabled_Veteran	Numeric	12
System Tier II Less Duplicated Amount	System_Tier_II_Less_Duplicated_Amount	Numeric	12
System Total Procurement	System_Total_Procurement	Numeric	12
Other Relevant Info	System_Other_Relevant_Info	Alphanumeric	5000