Department of Health Care Access and Information

Advisory Guide Series

A16

FUNCTIONAL PROGRAM

FOR
ALL BUILDINGS UNDER
OSHPD JURISDICTION

Office of Statewide Hospital Planning and Development

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Version 2.0

Department of Health Care Access and Information
Office of Statewide Hospital Planning and Development

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INTRODUCTION

The preparation and use of the functional program are required pursuant to Section 7-119 of the California Administrative Code (CAC), Part 1 of Title 24 of the California Code of Regulations. The functional program requirement applies to all new construction, additions, or modifications to specific hospital department function that affects patient care directly or indirectly. The functional program requirement is intended to result in an effective document to identify the intent of the project's design solution and the appropriate standards to apply during the review process.

A functional program must be submitted to the Department of Health Care Access and Information (HCAI) at the time of application for plan review. The Office of Statewide Hospital Planning and Development (OSHPD) of HCAI reviews the project plan based on the functional program. OSHPD forwards functional programs to the California Department of Public Health (CDPH) for review. This is an optional courtesy that CDPH provides in working with HCAI during plan review. The objective is to identify any potential licensing issues during plan review and prior to plan approval, if possible.

A written functional program must concisely reflect the proposed project. Either lacking essential information or too much unnecessary information can delay the plan review and approval process. A concise functional program promotes effectiveness and efficiency in both the CDPH and HCAI review and approval process. The intent of this Advisory Guide is to assist the facilities in developing an effective functional program that includes the required elements for the proposed project. However, it is the facility's responsibility to comply with applicable regulations and requirements.

Department of Health Care Access and Information (HCAI)
Office of Statewide Hospital Planning and Development (OSHPD)
California Department of Public Health (CDPH)

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SECTION 1
CODE REFERENCES

Section 7-119 of the CAC addresses the requirements for Functional Programs. The other parts of Title 24 should be applied as applicable for the proposed function or service space.

Access is provided to the codes promulgated by OSHPD through the California Building Standards Commission website (https://www.dgs.ca.gov/en/BSC/Codes) with active links to each publisher's website for read-only public access versions of the codes.

Part 1, California Administrative Code

Part 2, California Building Code, Volumes 1 and 2

Part 3, California Electrical Code (Note: Accessed through the National Fire Protection Association (NFPA), however, requires the creation of a user account to view the Free Access - NFPA 70: 2022 California Electrical Code - NFPA 70 (2020 NEC®)

Part 4, California Mechanical Code

Part 5, California Plumbing Code

Part 6, California Energy Code

Part 7, California Wildland Urban Interface Code

Part 9, California Fire Code

Part 10, California Existing Building Code

Although preparing and using a functional program are primarily Title 24 requirements, facilities should also observe applicable Title 22 requirements for the proposed services and spaces as they must be licensed by CDPH before providing services in those spaces. In general, the functional program should outline any potential Title 22 licensing impacts and how those impacts are addressed, including the relevant policies that would demonstrate compliance.

Title 22 regulations can be found at California Code of Regulations - California Code of Regulations (westlaw.com)

This Advisory Guide is the result of a joint effort between various regulatory authorities, namely, Hospital Building Safety Board Education and Outreach Committee and California Department of Public Health (CDPH). Consequently, references from a number of code sources are included.

SECTION 2
ACRONYMS AND DEFINITIONS

Acronyms and Definitions assist the user in recognizing and identifying various acronyms and terms generally used in OSHPD documents. Please refer to the Master Glossary of Acronyms and Definitions on the HCAI website at https://hcai.ca.gov/document/master-glossary-of-acronyms-and-definitions/.

Other definitions may also be found in the Title 24, California Code of Regulations, California Building Standards Code.

SECTION 3
OVERVIEW

1. What is a Functional Program?

A Functional Program, as outlined in CAC Section 7-119, is a comprehensive document that defines how a healthcare facility will operate once project construction is complete. Utilizing a multi-disciplinary effort, it should encompass the entire project scope, programming, and operational use of the project. It serves as the foundation for ensuring that the physical environment supports the facility's intended use, patient care services, and regulatory requirements.

2. When is a Functional Program Required?

A functional program must be submitted to the Office of Statewide Hospital Planning and Development (OSHPD) of HCAI at the time of application for plan review. The purpose of the functional program is to serve as a reference for the review of the application documents.

A Functional Program is required for:

- **New Construction**: Any new healthcare facility or building that delivers patient care services.
- **Major Alterations or Renovations**: Substantial renovations impacting patient care directly or indirectly (e.g., surgical suites, emergency departments, inpatient units, or dietary department).
- **Licensing and Certification Changes**: Projects that change the licensure status or classification of an existing facility.
- **Changes or Replacement of Imaging Equipment**: Projects that change or replace imaging equipment must have a summary Functional Program that includes a list of procedures for the proposed room.

3. What are the Key Elements of a Functional Program?

While streamlining your document, focus on these essential sections to ensure regulatory compliance:

3.1. Facility Mission and Goals

- Briefly describe the overall mission and goals of the healthcare facility.
- Highlight the services provided and the population served.

3.2. Scope of Services

- Summarize the clinical and support services the facility will offer (e.g., emergency care, outpatient services, specialty care).
- Include specific patient types or service categories.

3.3. Operational Models

- Outline the workflow for patient care delivery, including staffing patterns, patient flow, and facility departmental relationships.
- Provide an overview of anticipated staff-to-patient ratios and care delivery methods (e.g., in-person, telehealth).

3.4. Space Requirements

- Provide a high-level summary of space needs for each service, including treatment areas, support spaces, and staff spaces.
- Describe special equipment or technology needs that impact space planning.

3.5. Patient and Staff Safety

- Identify how the design will support patient and staff safety (e.g., infection control, security, emergency preparedness).
- Address any features designed for safety in critical areas such as behavioral health units (e.g. anti-ligature devices) or high-acuity care spaces.

See Appendix B for examples of successful functional programs.

SECTION 4
HOW TO DEVELOP AND SUBMIT A FUNCTIONAL PROGRAM

1. Coordination with Key Stakeholders

- Engage clinical and operational leaders early to ensure that the program reflects their needs (e.g. hospital's infection control committee for paths of travel through a restricted/sterile corridor).
- Involve architects, engineers, end user groups, and facility managers in developing operational space requirements.

2. Document Formatting and Submission

- Keep the document concise: e.g. about 2-10 pages excluding diagrams or floor plans for a small remodel project, approximately 20-50 pages excluding diagrams or floor plans for a new facility project. The different functions, such as pharmacy and dietetic, should be separated within the functional program so OSHPD can forward the different functional programs to the appropriate CDPH Consultant units.
- Use bullet points and tables where possible to simplify information.
- Include basic floor plans, thorough diagrams, and patient flow charts. Use color coding for easy reference.

3. Review and Approval Process

- Ensure alignment with Title 24 and other applicable codes.
- Use a streamlined approach to ensure that the Functional Program complies with OSHPD CAC Section 7-119 while minimizing unnecessary complexity, facilitating a smooth review and approval process.
- Be prepared for a comprehensive review of the functional program and adjustments to the document that will need to be made based on feedback from OSHPD and CDPH.

By focusing on the core elements of your facility's mission, scope, and safety considerations, the Functional Program can be efficiently created without excessive detail and assists in minimizing the need for extensive changes that need to be made based on feedback from OSHPD/CDPH. Ensuring that all the required information is clearly presented and easily navigable for regulatory bodies to review will expedite the project review process.

SECTION 5
SOME HELPFUL HINTS

1. Separate Functional Programs

OSHPD reviews and approves the functional program in coordination with CDPH. CDPH reviews the programming, operational, and clinical use whereas OSHPD reviews the building code requirements. To further expedite the review process, submitting a separate functional program for pharmacy and/or dietetic services, if applicable, allows OSHPD to forward those specific functional programs directly to the CDPH Consultant units.

For dietetic functional programs, refer to Advisory Guide A3 – Dietetic Design and Review Checklist for Hospital and SNF facilities.

For pharmacy functional programs, refer to Advisory Guide A2 – Sterile Compounding Pharmacies for Hospital Facilities.

For imaging classification, refer to Advisory Guide A10 – Imaging Room Classification Class 1, Class 2, and Class 3 Imaging rooms and related Exam/Treatment Rooms, Procedure Rooms and Operating Rooms.

2. Imaging Classification

If the scope of the project includes imaging modality, the functional program must indicate which classification of room type will be used (Class 1, 2 or 3).

If procedures will be performed within the imaging space, a list of proposed procedures must be included in the functional program. It is the responsibility of CDPH to validate/review the procedure list and determine the appropriateness of those procedures being performed in the proposed space.

More information regarding imaging rooms and procedure rooms can be found in CBC Table 1224.4.11.4a and Advisory Guide A10 – Imaging Room Classification.

3. Scope Processing Area

The Scope Processing Area functional program should include a detailed path of travel from point of care, cleaning/disinfection and the transporting of clean scopes to their covered/enclosed storage cabinets. The functional program should also describe what processes will take place at each point or room. Providing these details assists CDPH reviewers to determine if the proposed service provided in the proposed space would meet the patient safety and infection control requirements. Also, there should be evidence that the hospital's infection control committee has reviewed and developed policies/procedures for the current Scope Processing Area project.

4. Psychiatric units or hospitals projects

For psychiatric functional programs, refer to Advisory Guide A4– Acute Psychiatric Hospitals, Psychiatric Nursing Units in General Acute Care Hospitals, and Special Treatment Programs in Skilled Nursing Facilities [OSHPD 1, 2 & 5] Buildings.

5. Emergency Department

For emergency department functional program, it should indicate the location where psychiatric patients will be housed and describe a secure holding area with ligature free. Also, the staff/patient security concerns associated with having an Emergency Department need to be addressed.

6. Mobile Units

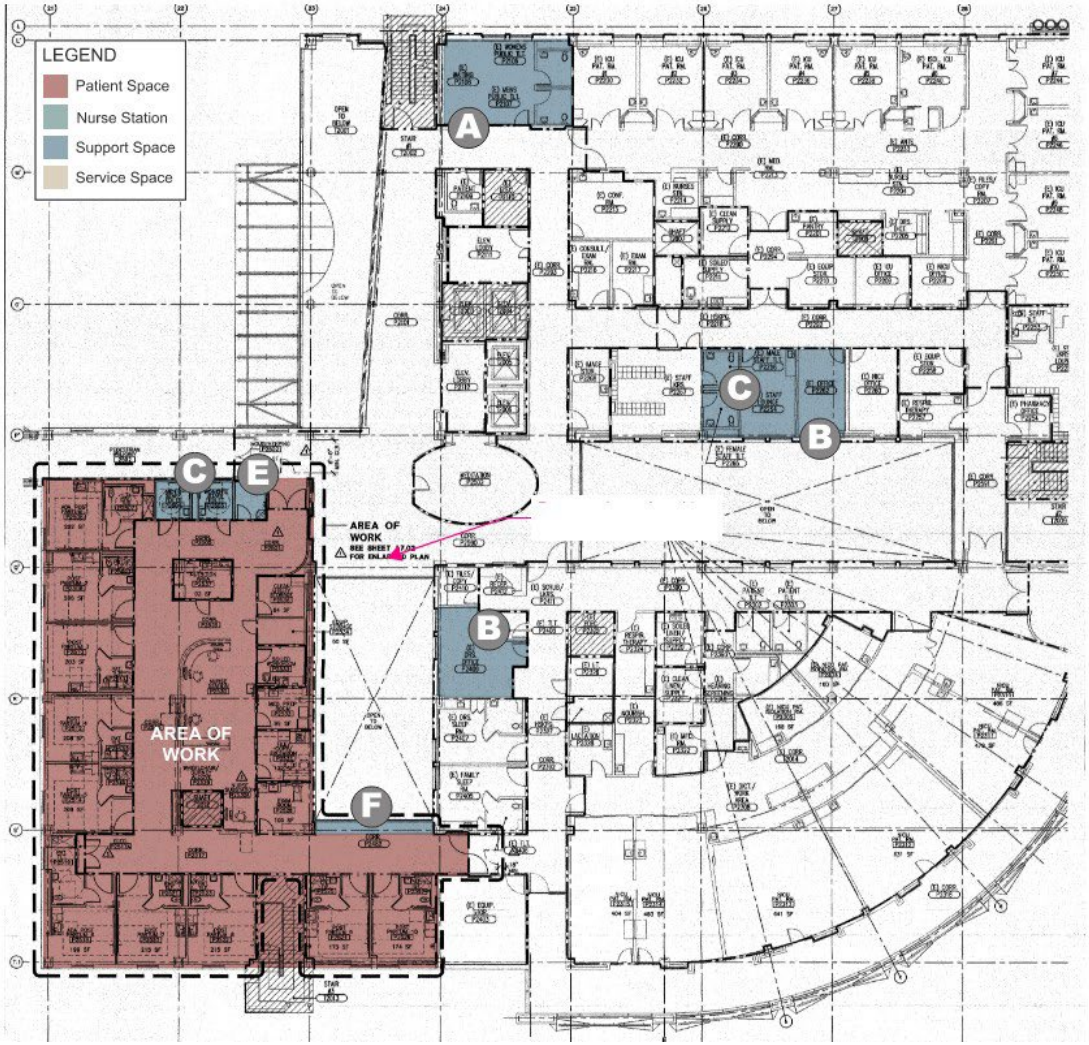
For mobile unit functional program, indicate Inpatient or Outpatient services and describe the path of travel that includes a covered walkway from the main hospital to the point of service. Refer to PIN 34 – Review of Mobile Units Used for Outpatient Hospital Services.

7. Floor plans and compliance diagrams

For new buildings and remodels: The design professional shall provide scaled, legible floor plans of the area of work/alteration and provide the information required in the Functional Program section of the California Administrative Code and applicable provisions of the California Building Code, California Electrical Code, California Mechanical Code, California Plumbing Code, California Energy Code, California Fire Code, and the California Existing Building Code (Parts 1, 2, 3, 4, 5, 6, 9 and 10). This includes names for spaces and departments which are consistent with those used in the California Building Code. Floor plans to scale may be accompanied by compliance diagrams which are intended to convey overall compliance, workflow, facility, department, or area operations.

Floor plans and compliance diagrams shall include overall color-coded floor plans with identification of departmental names and boundaries, and room names (using building code nomenclature). Floor plans and compliance diagrams shall illustrate how the area of work/alteration complies with code requirements.

Figure 1: Example of a floor plan with area of work identified (Intensive Care Unit)



1224.29.1.15 Support

The following shall be provided and shall be located immediately accessible to the unit:

A 1. Visitors' waiting room.

B 2. Office space.

C 3. Staff lounge(s) and toilet room(s).

D 4. Multipurpose room(s). Provide for staff, patients, and patients' families for patient conferences, reports, education, training sessions, and consultation.

E 5. Housekeeping room. Provide within or immediately adjacent to the intensive care unit. It shall not be shared with other nursing units or departments.

F 6. Gurney and wheelchair storage. Provide a minimum 15 square feet per each nursing unit.

Table 1224.4.6.1 Station Outlets for Oxygen, Vacuum (Suction), and Medical Air Systems

Postpartum 1 O2, 1 V

Med/Surg 1 O2, 1 V

ICU 3 O2, 3 V, 1 A

Provided in existing patient rooms:
2 O2, 2 V, 2 A - *need to add 1 O2 + 1 V for ICU compliance with the current building code*

Figure 2: Example of a compliance diagram (Intensive Care Unit)

A **1224.29.1.2 Patient Space**
In new construction, each patient space shall have a minimum of 200 square feet of clear floor area with a minimum headwall width of 13 feet per bed.
The shall be 1 foot clear space from head of the bed to the wall, a minimum of 5 clear space from the foot of the bed to the wall, a minimum of 5 feet clear space on one side of each bed for patient transfer, a minimum of 4 feet clear width on the non-transfer side, and a minimum of 8 feet clear between beds.

Exception cannot be used because building was designed under the 2013 CBC - exception is for buildings designed under the 2011 CBC or earlier. Rooms do not meet clear space requirements. Three rooms under the 200 SF clear floor area requirement.

B **1224.29.1.3 Private Rooms**
...view panels to the corridor shall be required with means to provide visual privacy. Where only a door is provided to a bed space, it shall be arranged to minimize interference with movement of beds and large equipment. Sliding doors shall not have tracks. Where sliding doors are used for access to cubicles within a service space, a 3-foot-wide swinging door may also be provided for personnel communication.

C **1224.29.1.7 Handwashing Station**
Handwashing stations shall be directly accessible to nurse stations and patient bed areas. There shall be at least one handwashing station for every three beds in open plan areas, and one in each patient room. The handwashing station shall be located near the entrance to the patient cubicle or room.

One provided in open area, three required - add two handwashing stations.

D **1224.29.1.8 Nurses' Work Area**
There shall be direct visual observation between either a centralized or distributed nurse station or work station and the heads of all patient beds in the intensive care unit.

E **1224.29.1.13 Airborne Infection Isolation Room**
At least one airborne infection isolation room shall be provided per unit. The room shall comply with the requirements of Section 1224.14.3; however, the adjoining toilet room is not required. Modular toilet units located within privacy curtain may be used within the airborne infection isolation room. The modular toilet fixture shall comply with Section 1224.29.1.4.

F **1224.29.1.14.6 Equipment Storage Room**
Appropriate room(s) shall be provided for storage of large items of equipment necessary for patient care. Each intensive care unit shall provide not less than 20 square feet per patient bed.

8. Remodels with a change in function

For remodels, if the function or use within the area of alteration is proposed to change, the floor plan or compliance diagram shall identify the area or areas which are proposed to the change function or use per **Advisory Guide A14 - Remodel** (Alteration, Addition, Change of Occupancy, Change in Function or Repair). Any change in function shall comply with all the functional requirements for new construction under the **current code** cycle.

At a minimum, the functional program for remodels with a change in function shall include:

a) Floor plans or compliance diagrams shall identify existing functions that are affected by the scope of work and clarify whether those functions are relocated elsewhere or eliminated.
b) Color-coded, overall floor plans or compliance diagrams shall identify department names and boundaries.
c) Floor plans or compliance diagrams shall provide room names, using code nomenclature, and clearly distinguish existing functions versus proposed functions.
d) If a project proposes installing a new procedure room in a previously approved space from a previous code cycle, provide the previously approved OSHPD project number. If available, provide a floor plan and a detailed code comparison analysis between the proposed layout and the layout of the previously approved layout.
e) For procedure or imaging rooms, include the class of imaging room or rooms and the procedures that will be performed - refer to Table 1224.4.11.4a of Section 1224.4, Part 2, Volume 1, California Building Code.
f) For all imaging projects, the functional program should specify whether the area of alteration serves inpatients, outpatients, or both, including the percentage of each population. The floor plans should illustrate the location of, and adjacency to, pre-op/post-op areas, the location and extent of the semi-restricted corridor, surgical staff changing areas, and the path of travel for inpatients, outpatients, and staff. The functional program should describe the line of sight from the nurse’s station to pre-op and post-op patient holding areas.

Figure 3: Example of a floor plan showing the area of work (Cath Lab)

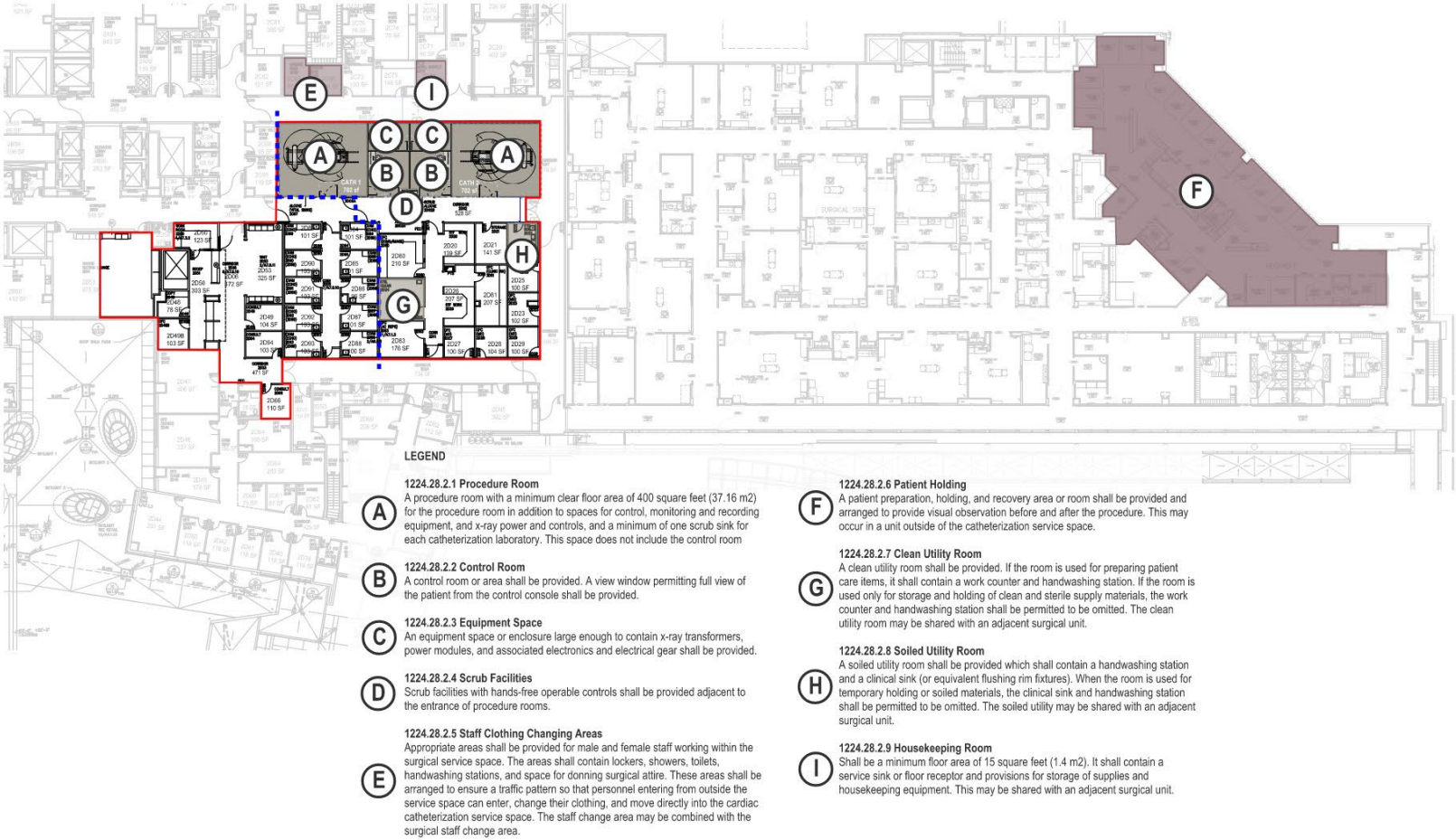


Figure 4: Example of a compliance diagram showing the area of alteration, scope of work, and path of travel (Cath Lab)

9. Construction Project Phasing and Licensing Considerations

In any healthcare construction project, phasing is critical to ensure smooth transitions between different stages of the project, while minimizing disruptions to ongoing operations. The phasing plan, which should be outlined in the Functional Program, breaks the project into manageable segments and provides a roadmap for execution, taking into account both construction and regulatory milestones. This section provides a structured approach to phasing construction projects in healthcare facilities and focusing on coordination with CDPH to ensure timely approvals and smooth transitions between phases.

9.1 Importance of Phasing in the Functional Program

Each phase of a healthcare project should be clearly defined in the Functional Program, specifying the scope of work, patient care and other areas impacted, and how it aligns with the facility's operations and licensing requirements. By detailing the phases, the following occurs:

- Ensure minimal impact on patient care services.
- Maintain clear communication with stakeholders.
- Prepare for regulatory reviews and operational planning.
- Facilitate efficient project management and construction sequencing.
- Memorializes the phasing plan for future reference.

9.2 CDPH Approval Requirements for Each Phase

For projects that involve significant renovations, new construction, or changes to licensed spaces, it is important to understand that each phase may require California Department of Public Health (CDPH) approval before progressing to the next phase. Consider the following when outlining phases:

- **Interim Licensing or Occupancy**: If a particular phase involves putting new or renovated spaces into service before the entire project is completed, CDPH must review and approve that phase for licensing. This may involve submission of separate applications to the CDPH's Centralized Applications Branch (CAB) with District Office review and on-site inspections to ensure the space is ready for patient use.
- **Transition Between Phases**: If a transition between phases involves shifting services to temporary locations or altering the functional use of certain areas, CDPH approval will be needed to ensure that patient care, safety, and regulatory standards are maintained during the transition. A Program Flexibility may also need to be submitted to CDPH using the Risk and Safety Solutions (RSS) portal/platform (Effective 09/28/2022 all healthcare facilities may submit a program flex online via RSS platform per AFL 22-01).

- **Regulatory Approvals**: For phased projects, CDPH may require the completion of certain critical components (e.g., fire/life safety systems, infection control measures) before the next phase can begin. There may also be other jurisdictions that need to review and approve spaces prior to occupancy (e.g., Board of Pharmacy) and you must account for these reviews in the project schedule.

9.3 Considerations for Timing of Licensing

Licensing needs should be closely aligned with the project schedule to avoid delays that could disrupt the transition to new spaces. Consider the following factors:

- **Early Coordination with CDPH**: Start conversations with CDPH early in the planning phase to clarify the requirements for each phase. This will help avoid surprises later in the project and ensure that CDPH has time to schedule, perform inspections, and issue necessary approvals.
- **Lead Time for Inspections**: Allocate sufficient time for CDPH to review documentation, conduct inspections, and process the licensing application. This may require coordination with OSHPD to ensure that building standards are met in advance of CDPH inspections. As per AB 2798 (Chapter 922, Statutes of 2018), CDPH is required to review and either approve or deny a written application submitted by a General Acute Care Hospital (GACH) or an Acute Psychiatric Hospital (APH) within 100 days of receipt, including all associated activities. CDPH's district offices (DO) must complete any additional reviews, including onsite inspections, and submit their findings within 30 business days after the written application is approved.
- **Contingency Planning**: Build flexibility into the project timeline to account for potential delays in receiving CDPH approval. Having a contingency plan for each phase ensures that project milestones can be adjusted without compromising overall project delivery and/or patient care.

9.4 Phasing Examples

- **Example 1: Staged Opening of Clinical Spaces**

  A phased project may involve completing and licensing outpatient areas first, while inpatient units are still under construction. In this case, CDPH would review and approve the outpatient space before it can be occupied and operational, while also planning for future reviews of the inpatient spaces.

- **Example 2: Transitioning Critical Care Units**

  If a renovation project involves relocating an intensive care unit (ICU) to a temporary space, CDPH must approve the temporary location before the ICU can operate there. Once the renovation is complete, the final ICU space will require another round of CDPH review and licensing. A program flexibility would be required to use an alternative space.

By planning your project phases with regulatory requirements in mind, you can avoid delays in licensing and occupancy, ensuring that each phase proceeds smoothly and is ready for patient use when completed.

10. Wet Procedure Locations, Anesthetizing Locations, and Fluoroscopy Locations for Electrical and Mechanical Review Considerations

Including a matrix that lists all wet procedure locations, anesthetizing locations, and imaging rooms in the functional program will help OSHPD's review staff and expedite the review process.

For OSHPD 1 facilities, identifying the designated fluoroscopy or CT room required by CBC 1224.18.1 is useful, as these special areas have unique requirements. These designated imaging rooms must remain operational for diagnostic services to emergency and trauma patients.

Note: This approach should expedite the review process. Below is an example of an acceptable matrix that can be used to identify these "special" areas. This matrix or something similar should be customized to your specific project.

Building summary regarding wet procedure/anesthetizing location/fluoroscopy locations				
	Room name	Room #	Location	
Wet Procedure Locations				
	OR-1		2nd floor	
	OR-2		2nd floor	
	OR-3		2nd floor	
	OR-4		2nd floor	
Anesthetizing Locations				
	OR-1		2nd floor	
	OR-2		2nd floor	
	OR-3		2nd floor	
	OR-4		2nd floor	
	Delivery-1		3rd floor	
	Cardiac-1		3rd floor	
	Room name	Room #	Location	Existing or new
(1) Designated fluoroscopy room or CT room required by CBC 1224.18.1 and required to be fed by Critical branch power (CEC 517.34(A)(&)(j))				
Imaging Rooms				
Category 1, 2, 3 or 4 space	Room name	Room #	Location	Invasive (Y/N)
Class 1 - Category 3				
Class 2 - Category 1 or 2 (clarify which)				
Class 3 - Category 1				

SECTION 6
UNDERSTANDING OSHPD ALTERNATE METHOD OF COMPLIANCE VS CDPH PROGRAM FLEXIBILITY

In the context of healthcare facility construction and operational planning, both the Office of Statewide Hospital Planning and Development (OSHPD) and the California Department of Public Health (CDPH) offer mechanisms for facilities to deviate from strict code compliance under certain conditions. These mechanisms—OSHPD's Alternate Method of Compliance and CDPH's Program Flexibility—allow facilities to meet the intent of regulatory requirements while providing flexibility in unique situations.

1. OSHPD Alternate Method of Compliance (Per CAC Section 7-104)

Definition:

- The OSHPD Alternate Method of Compliance (AMC) allows healthcare facilities to propose alternative solutions that meet or exceed the intent of Title 24 when strict adherence to the code is impractical or impossible. These alternatives must provide equivalent safety, functionality, and performance as the original code requirements.

When to Use:

- An OSHPD Alternate Method of Compliance should be considered when the facility encounters construction or design challenges that make compliance with Title 24 codes difficult or unfeasible.
- It is typically used in cases of innovative designs or technological solutions that meet the performance objectives of the code but do not strictly follow prescribed methods.

Approval Process:

- Submit a formal application to OSHPD, including a detailed description of the proposed alternative, supporting technical documentation, and an explanation of how it meets the intent of the original code.
- OSHPD evaluates the application based on whether the alternate method achieves the same or greater level of safety and functionality.

2. CDPH Program Flexibility (Per 22 CCR § 70129)

Definition:

CDPH's Program Flexibility permits healthcare facilities to request flexibility from specific regulatory requirements set forth in the California Code of Regulations (Title 22) related to licensing and operational standards. The facility must demonstrate that the program flexibility request achieves the same or higher standard of care and service when strict adherence to the Title 22 requirements is impractical or impossible. The proposed alternatives to the Title 22 regulations must provide sufficient documentation that the intent of those regulations is being met. These alternatives must provide equivalent safety, functionality, and performance as the original Title 22 requirements.

When to Use:

- Program Flexibility is typically sought when a healthcare facility wishes to deviate from Title 22 operational or licensing requirements without compromising the quality of care or safety of patients.
- Commonly used for operational issues, such as service delivery methods, or physical plant standards, that do not strictly adhere to the requirements, however meet the intent of the regulations.

Approval Process:

- The facility submits a request to CDPH outlining the proposed program flexibility, along with an explanation of how the alternative approach will maintain or improve patient care standards.
- CDPH evaluates whether the program flexibility ensures the same level of safety and quality as the original regulation.
- Some Program Flexes will only be approved by CDPH for up to three years and may have to be extended before expiration.

3. Key Differences

Aspect	OSHPD Alternate Method of Compliance (CAC 7-104)	CDPH Program Flexibility (22 CCR § 70129)
Regulatory Scope	Focuses on building standards	Focuses on operational and licensing standards (Title 22)
Use Case	Construction, structural design, and building performance	Service delivery and operational practices
Objective	To meet or exceed the intent of Title 24	To maintain or improve the standard of patient care
Regulatory Body	HCAI/OSHPD	CDPH
Common Scenarios	Structural retrofits, use of new materials or technology	Flexibility in operational policies or physical plant.
Application Process	Formal submission to OSHPD with supporting documentation (form HCAI-FD-126)	Formal submission to CDPH with justification of equivalency (Risk & Safety Solutions Portal)
Approval Process	Typically no expiration date upon approval	May approve up to 3 years and may need to renew before expiration

4. When to Use OSHPD Alternate Method vs. CDPH Program Flexibility: Examples

OSHPD Alternate Method of Compliance (CAC Section 7-104):

- Use when addressing physical construction challenges such as retrofitting, using alternative materials, or implementing new construction technologies that do not follow standard code requirements but meet safety and performance objectives.

- Example: Proposing an innovative seismic bracing system that achieves the same level of safety as the prescribed methods in Title 24.

CDPH Program Flexibility (22 CCR § 70129):

- Use when deviating from operational regulations set forth in Title 22, as long as patient care and safety standards are maintained or improved.
- Example: A hospital might request program flexibility to create an alternate path of travel for staff and patients during a large renovation project. For instance, if the main corridor typically used for transporting patients is under construction, the hospital could propose using a service hallway as a temporary alternate route. Though Title 22 might require specific pathways for patient transport, the hospital could demonstrate that the alternate path is safe, accessible, and meets infection control and privacy standards, ensuring patient care is not compromised during the renovation.

By understanding the difference between OSHPD's Alternate Method of Compliance and CDPH's Program Flexibility, healthcare facilities can effectively determine the appropriate path for regulatory compliance while maintaining safety, functionality, and high-quality patient care. Both mechanisms offer avenues to ensure innovation and practicality while meeting the intent of state regulations.

More design guides and resources can be found at Training & Education - HCAI

CANs and PINs that may help with the project design can be found at Codes and Regulations - HCAI

APPENDIX A
FUNCTIONAL PROGRAM CAC 7-119 CHECKLIST

The checklist summarizes and references the applicable requirements from the Office of Statewide Hospital Planning and Development (OSHPD) as adopted and amended to the California Building Standards Code. Applicants should verify compliance of the plans submitted for building permit with all referenced requirements from OSHPD when completing this checklist. The Functional Program CAC 7-119 Checklist can be downloaded and viewed at the attached link.

APPENDIX B
EXAMPLES OF SUCCESSFUL FUNCTIONAL PROGRAMS

Floor plans and diagrams are not shown in some of these examples. However, Floor plans and diagrams must be included in the Functional Program submission. Refer to sub-section 2 Document Formatting and Submission under Section 4 and sub-section 7 Floor plans and compliance diagrams under Section 5 of this advisory guide.

1. City's Edge Hospital – New hospital building [OSHPD 1]

   This functional program is clear and concise.

   The full text of this functional program example can be accessed through:

   https://hcai.ca.gov/document/example-1-citys-edge-hospital-new-hospital-building-oshpd-1-2/

2. Southern City Hospital – Surgical department remodel [OSHPD 1]

   This functional program is clear and concise.

   The full text of this functional program example can be accessed through:

   https://hcai.ca.gov/document/example-2-southern-city-hospital-surgical-department-remodel-oshpd-1-2/

3. New acute psychiatric hospital [OSHPD 5] – conversion from SNF

   This functional program is to convert SNF beds to a new psychiatric hospital. The functional program is written in a table format that includes summary of codes project description. It is clear and easy to review. The functional program also includes a risk assessment

   The full text of this functional program example can be accessed through:

   https://hcai.ca.gov/document/example-3-new-acute-psychiatric-hospital-oshpd-5-2/

4. New Skilled Nursing Facility [OSHPD 2]

   This is a new construction project. A general functional program and a separate dietary functional program were submitted. The functional programs are clear and easy to follow.

   The full text of the functional program example can be accessed through:

   General Functional Program Example: https://hcai.ca.gov/document/general-functional-program-example/

   Dietary Functional Program Example: https://hcai.ca.gov/document/dietary-functional-program-example/

5. New Nuclear Medicine Room

   This project proposes installing a new nuclear medicine room in a previously approved space. The nuclear medicine procedure room was approved a few code cycles earlier when there was no requirement for this equipment. This is a good example of a functional program, including the previously approved HCAI project number, a floor plan, and a detailed code comparison analysis.

   The full text of this functional program example can be accessed through:

   https://hcai.ca.gov/document/example-5-new-nuclear-medicine-room-2/

6. New Computed Tomography (CT) Scanner Room

   This project proposes to add a new CT scanner room to serve the Emergency Department. This is an example of a project where the appropriateness of the proposed procedure list was reviewed by CDPH to determine if they could be performed in the defined class of the imaging space.

   The full text of this functional program example can be accessed through:

   https://hcai.ca.gov/document/example-6-new-computed-tomography-ct-scanner-room/

REVISION HISTORY

Version 2.0	June 2026	First revision. Revisions include the addition of new sample designs, new submission requirements to identify wet procedure and anesthetizing locations and related electrical design impacts, and additional approval process information.
Version 1.0	September 2025	First published.