

**Advisory
Guide
Series**

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**FUNCTIONAL
PROGRAM**

Office of Statewide Hospital Planning and Development

DRAFT

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INTRODUCTION

The preparation and use of the functional program are required under California Administrative Code (CAC) Section 7-119 of Title 24. 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 would delay the plan review and approval. A concise functional program would promote the effectiveness and efficiency in both CDPH and HCAI review and approval process. The intent of this Advisory Guide is to assist the facilities to develop an effective functional program that includes the required elements for the proposed project. However, it is the facilities' responsibility to comply with applicable regulations and requirements.

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

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SECTION 1 CODE REFERENCES

Title 24, Part 1, California Administrative Codes, Section 7-119 addresses the requirements for Functional Program. The other parts of Title 24 should be applied as applicable for the proposed 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 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 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.

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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.

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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 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 (OSHDP) 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.

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 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 or high-acuity care spaces.

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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.
- 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 10 pages excluding diagrams or floor plans for a small remodel project, about 22 pages excluding diagrams or floor plans for a new facility project.
- 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 California Building Standards Code (Title 24, Part 2) 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 iterative reviews and adjust 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. Ensure all required information is clearly presented and easily navigable for regulatory bodies to expedite the review process.

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SECTION 5 SOME HELPFUL HINTS

1. Separate Functional Programs

OSHPD reviews and approves the functional program in coordination with CDPH. CDPH reviews the programming and clinical use whereas OSHPD reviews the building code requirements. Therefore, submitting a separate functional program for pharmacy and dietetic services allows OSHPD to forward the specific functional program to the different disciplines within CDPH.

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.

2. Imaging Classification

If the scope of the project includes an imaging modality, the functional program must indicate which classification of room type will be used (Imaging class I, II, III).

If procedures will be performed within the imaging space, a list of procedures must be included in the functional program. It is the responsibility of CDPH to validate the procedure list with the proposed imaging classification.

More information regarding imaging rooms and procedure rooms can be found at CBC section 1224.4.11.4a and **Advisory Guide A10** [need to verify this guide if it would be published.]

3. Scope Processing Department

The Scope Processing Department functional program should include a detailed path of travel from point of care to transporting clean scopes to their storage cabinets. The functional program should also describe what processes will take place at each point or room. Providing these details would help CDPH reviewers to determine if the proposed service provided in the proposed space would meet the patient safety and infection control requirements.

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 are housed and describe a secure holding area with ligature free.

6. Mobile Units

For mobile unit functional program, indicate Inpatient or Outpatient services and describe the path of travel including walkway. 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 3, 4, 5, 6, 9 and 10). This includes names for spaces and departments which are consistent with the those used in the California Building Code. Scaled floor plans may be accompanied by compliance diagrams which intended to convey overall compliance, workflow, or 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.

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 **CAN 2-102.6 Remodel** (Renovations, Alterations, Repairs). 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.

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, 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, areas impacted, and how it aligns with the facility's operations and licensing requirements. By detailing the phases, all:

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

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. 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 Central 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 may be needed to ensure that patient care, safety, and regulatory standards are maintained during the transition. A Program Flexibility may need to be submitted.
- **Regulatory Approvals:** For phased projects, CDPH may require the completion of certain critical components (e.g., life safety systems, infection control measures) before the next phase can begin. There may also be other jurisdictions that need to review and approve 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 perform inspections and issue necessary approvals.
- **Lead Time for Inspections:** Allocate sufficient time for CDPH to review documentation, conduct inspections, and process licenses. 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.

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 may be required.

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.

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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 Health 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 California's Building Standards Code (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 alternative method of operation achieves the same or higher standard of care and service.

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 but 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.

3. Key Differences

Aspect	OSHPD Alternate Method of Compliance (CAC 7-104)	CDPH Program Flexibility (22 CCR § 70129)
Regulatory Scope	Focuses on building standards (Title 24, Part 2)	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 building codes	To maintain or improve the standard of patient care
Regulatory Body	OSHPD	CDPH
Common Scenarios	Structural retrofits, use of new materials or technology	Flexibility in operational policies
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)

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

OSHPD Alternate Method of Compliance (CAC 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](#)

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APPENDIX A FUNCTIONAL PROGRAM CAC 7-119 CHECKLIST

The checklist summarizes and references the applicable requirements from the Office of Statewide Health 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.

Facility Name:	Click or tap here to enter text.		
OSHPD Project Number:	Click or tap here to enter text.		
Facility Number:	Click or tap here to enter text.	Date:	Click or tap here to enter text.
No. of Beds:			
(a) General			
<input type="checkbox"/>	1. Functional program requirement. The owner or legal entity responsible for the outcome of the proposed health care facility design and construction project shall be responsible for providing a functional program to the project's architect/engineer and to OSHPD.		
<input type="checkbox"/>	2. Functional program purpose. A. An owner-approved functional program shall be made available for use by the design professional(s) in the development of project design and construction documents, and shall be submitted to OSHPD. B. Revisions to the functional program shall be documented and a final updated version shall be submitted to OSHPD prior to approval of the construction documents. C. Retain the functional program with other design data to facilitate future alterations, additions, and program changes.		
<input type="checkbox"/>	3. Nomenclature in the functional program. A. The names for spaces and departments used in the functional program shall be consistent with those used in the California Building Code. If acronyms are used, they should be defined clearly. B. The names and spaces indicated in the functional program shall also be consistent with those used on submitted floor plans.		

(b) Functional program executive summary.	
1. Purpose of the project.	
<input type="checkbox"/>	A. The narrative shall describe the services to be provided, expanded, or eliminated by the proposed project.
<input type="checkbox"/>	B. The narrative shall describe the intent of the project and how the proposed modifications will address the intent.
2. Project type and size.	
<input type="checkbox"/>	A. The type of health care facility(ies) proposed for the project shall be identified as defined by the California Building Code.
<input type="checkbox"/>	B. Project size in square footage (new construction and renovation) and number of stories shall be provided.
3. Construction type/occupancy and building systems.	
<input type="checkbox"/>	A. New construction. If the proposed project is new construction that is not dependent on or attached to an existing structure, the following shall be included:
<input type="checkbox"/>	(1) A description of construction type(s) for the proposed project.
<input type="checkbox"/>	(2) A description of proposed occupancy(ies) and, if applicable, existing occupancy(ies).
<input type="checkbox"/>	(3) A description of proposed engineering systems.
<input type="checkbox"/>	(4) A description of proposed fire protection systems.
<input type="checkbox"/>	B. Renovation. For a project that is a renovation of, or addition to, an existing building, the following shall be included in the project narrative:
<input type="checkbox"/>	(1) A description of the existing construction type and the construction type for any proposed renovations or additions shall be described.
<input type="checkbox"/>	(2) A general description of existing engineering systems serving project and how these systems will be modified, extended, augmented, or replaced by the proposed project.
<input type="checkbox"/>	(3) A general description of existing fire protection systems serving the area of the building affected by the proposed project and how these systems will be modified, extended, augmented, or replaced by the proposed project.

(c) Functional program content. The functional program for the project shall include the following:	
1. Purpose of the project.	
<input type="checkbox"/>	The physical, environmental, or operational factors, or combination thereof, driving the need for the project and how the completed project will address these issues shall be described.
2. Project components and scope.	
<input type="checkbox"/>	A. The department(s) affected by the project shall be identified.
<input type="checkbox"/>	B. The services and project components required shall be described.
3. Indirect support functions.	
<input type="checkbox"/>	The increased (or decreased) demands throughout, workloads, staffing requirements, etc., imposed on support functions affected by the project shall be described. (These functions may or may not reside adjacent to or in the same building or facility with the project.)
4. Operational requirements.	
<input type="checkbox"/>	The operational requirements, which include but are not limited to the following, shall be described:
<input type="checkbox"/>	A. Projected operational use and demand loading for affected departments and/or project components.
<input type="checkbox"/>	B. Relevant operational circulation patterns, including staff, family/visitor, and materials movement.
<input type="checkbox"/>	C. Departmental operational relationships and required adjacencies.
5. Environment of care requirements.	
<input type="checkbox"/>	The functional program shall describe the functional requirements and relationship between the following environment of care components and key elements of the physical environment:
<input type="checkbox"/>	A. Delivery of care model (concepts).

<input type="checkbox"/>	(1) A description of the delivery of care model, including any unique features.
<input type="checkbox"/>	(2) A description of the physical elements and key functional relationships necessary to support the intended delivery of care model.
<input type="checkbox"/>	B. Patients, visitors, physicians, and staff accommodation and flow. Design criteria for the following shall be described:
<input type="checkbox"/>	(1) The physical environment necessary to accommodate facility users and administration of the delivery of care model.
<input type="checkbox"/>	(2) The physical environment (including travel paths, desired amenities and separation of users and workflow) necessary to create operational efficiencies and facilitate ease of use by patients, families, visitors, staff, and physicians.
<input type="checkbox"/>	C. Building infrastructure and systems design criteria.
	Design criteria for the physical environment necessary to support organizational, technological, and building systems that facilitate the delivery of care model shall be described.
<input type="checkbox"/>	D. Physical environment.
	Descriptions of and/or design criteria for the following shall be provided:
<input type="checkbox"/>	(1) Light and views – How the use and availability of natural light, illumination, and views are to be considered in the design of the physical environment.
<input type="checkbox"/>	(2) Wayfinding.
<input type="checkbox"/>	(3) Control of environment – How, by what means, and to what extent users of the finished project are able to control their environment. A. The departments(s) affected by the project shall be identified.
<input type="checkbox"/>	(4) Privacy and confidentiality – How the privacy and confidentiality of the users of the finished project are to be protected.
<input type="checkbox"/>	(5) Security – How the safety and security of patients or residents, staff, and visitors shall be addressed in the overall planning of the facility consistent with the functional program.
<input type="checkbox"/>	(6) Architectural details, surfaces, and furnishing characteristics and criteria.
<input type="checkbox"/>	(7) Cultural responsiveness – How the project addresses and/or responds to local or regional cultural considerations.
<input type="checkbox"/>	(8) Views of, and access to, nature.

6. Architectural space and equipment requirements.	
<input type="checkbox"/>	A. Space list.
<input type="checkbox"/>	(1) The functional program shall contain a list organized by department or other appropriate functional unit that shows each room in the proposed project, indicating its size by gross floor area and clear floor area.
<input type="checkbox"/>	(2) The space list shall indicate the spaces to which the following components, if required, are assigned:
<input type="checkbox"/>	(a) Fixed and movable medial equipment.
<input type="checkbox"/>	(b) Furnishings and fixtures.
<input type="checkbox"/>	(c) Technology provisions.
<input type="checkbox"/>	B. Area.
<input type="checkbox"/>	(1) Gross floor area for the project shall be aggregated by department, and appropriate multiplying factors shall be applied to reflect circulation and wall thicknesses within the department or functional area. This result shall be referred to as department gross square footage (DGSF).
<input type="checkbox"/>	(2) DGSF for the project shall be aggregated, and appropriate multiplying factors shall be applied to reflect inter-departmental circulation, exterior wall thickness, engineering spaces, general storage spaces, vertical circulation, and any other areas not included within the intra-department calculations. This result shall be referred to as building gross square footage (BGSF) and shall reflect the overall size of the project.
7. Technology requirements.	
<input type="checkbox"/>	Technology systems for the project shall be identified to serve as a basis for project coordination and budgeting.
<input type="checkbox"/>	A. Any technology systems integration strategy shall be defined.
<input type="checkbox"/>	B. Department and room specific detail for system and device deployment shall be developed.
8. Short- and long-term planning considerations.	
<input type="checkbox"/>	A statement addressing accommodations for the following, as appropriate for the project shall be included.
<input type="checkbox"/>	A. Future growth.
<input type="checkbox"/>	B. Impact on existing adjacent facilities.

<input type="checkbox"/>	C. Impact on existing operations and departments.
<input type="checkbox"/>	D. Flexibility.
9. Patient safety risk assessment.	
<input type="checkbox"/>	Projects associated with acute psychiatric hospitals, acute psychiatric nursing units in general acute-care hospitals, and special treatment program service units in skilled nursing facilities shall include a Patient Safety Risk Assessment. At a minimum, a Behavioral and Mental Health Risk Assessment shall be addressed as part of the Patient Safety Risk Assessment. The Patient Safety Risk Assessment shall be subject to review and approval by the California Department of Public Health.
<input type="checkbox"/>	A. Behavioral and mental health risk assessment.
<input type="checkbox"/>	A Behavioral and Mental Health Risk Assessment shall be prepared for all acute psychiatric hospitals, psychiatric nursing units within general acute-care hospitals, and special treatment program units in skilled nursing facilities. The risk assessment shall include evaluation of the population at risk and the nature and scope of the project, taking into account the model of care and operational considerations, and proposed built environment solutions to mitigate potential risks and hazards.
<input type="checkbox"/>	B. Behavioral and mental health elements (psychiatric patient injury and suicide prevention).
	The safety risk assessment report shall identify areas that will serve patients at risk of mental health injury and suicide.
<input type="checkbox"/>	C. Behavioral and mental health response.
<input type="checkbox"/>	(1) The safety risk assessment team shall identify mitigating features for the identified at-risk locations.
<input type="checkbox"/>	(2) The design of behavioral and mental health patient care settings shall address the need for a safe treatment environment for those who may present unique challenges and risks as a result of their mental condition.
<input type="checkbox"/>	(i) The patient environment shall be designed to protect the privacy, dignity, and health of patients and address the potential risks related to patient elopement; and harm to self, to others, and to the environment.
<input type="checkbox"/>	(ii) The design of behavioral/mental health patient areas shall accommodate the need for clinical and security resources.

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APPENDIX B EXAMPLES OF SUCCESSFUL FUNCTIONAL PROGRAMS

1. City's Edge Hospital – New hospital building [OSHDP 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. Southern City Hospital – Surgical department remodel [OSHDP 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>

3. New acute psychiatric hospital [OSHDP 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>

4. New skilled nursing facility with special treatment program [OSHDP 2] – new building addition

This functional program outlines applicable codes with narratives. The functional program includes a Behavioral and Mental Health Risk Assessment.

The full text of this functional program example can be accessed through:
<https://hcai.ca.gov/document/example-4-new-skilled-nursing-facility-with-special-treatment-program-oshpd-2>

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>