

Facilities Development Division Office of Statewide Health Planning and Development 400 R Street, Suite 200 • Sacramento, CA 95811 • (916) 440-8300 700 N. Alameda Street, Suite 2-500 • Los Angeles, CA 90012 • (213) 897-0166

POLICY INTENT NOTICE (PIN)

SUBJECT PIN: 44

Senate Bill 306 Facility Master Plan Components and Submittal Approach

Effective: 6/23/2009



PURPOSE

The purpose of the Policy Intent Notice (PIN) is to clarify the information that must be identified in the Facility Master Plan required by Senate Bill 306 (Chapter 642, Statute of 2007), which added Section 130061.5 to the Health and Safety Code.

BACKGROUND

Existing law requires that any acute care hospital buildings that are determined to be a potential risk of collapse or pose significant loss of life be used only for non-acute care hospital purposes after January 1, 2008, or January 1, 2013 with extensions as provided for by law. In 2007, Senate Bill 306 (SB 306) added Health and Safety Code Section 130061.5, which authorizes granting of an extension for city and county hospitals or certain hospitals that meet strict financial hardship criteria to replace their Structural Performance Category 1 (SPC-1) building(s) by 2020. Facilities approved for this extension must comply with several criteria in order to maintain their eligibility, including:

- By January 1, 2010, a facility master plan for all the buildings that are subject to subdivision (a) of Section 130060 that the hospital intends to replace by January 1, 2020.
- By January 1, 2013, the hospital owner submits to the office a building plan that is deemed ready for review by the office, for each building.
- By January 1, 2015, the hospital owner receives a building permit to begin construction, for each building that the owner intends to replace pursuant to the master plan.
- Within six months of receipt of the building permit, the hospital owner submits a construction timeline.
- Every six months thereafter, the hospital owner reports to the office on the status of the project, including any delays or circumstances that could materially affect the estimated completion date.

For additional information regarding SB 306, refer to: http://www.oshpd.ca.gov/HID/SB306/index.html

§ 130061.5, Article 1, Chapter 1, Part 7, of the Health and Safety Code states the following:

Hospitals lacking financial capacity to retrofit Structural Performance Category-1 buildings; replacement of buildings in satisfaction of section 130060(a); conditions; extension of deadline; penalty for failure to meet deadline.

. . .

(b) A hospital owner may meet the requirements of subdivision (a) of Section 130060 by replacing all of its buildings subject to that subdivision by January 1, 2020, if it meets all of the following conditions:

. . .

- (4) The hospital owner submits, by January 1, 2010, a facility master plan for all the buildings that are subject to subdivision (a) of Section 130060 that the hospital intends to replace by January 1, 2020. The facility master plan shall identify at least all of the following:
 - (A) Each building that is subject to subdivision (a) of Section 130060.
 - (B) The plan to replace each building with buildings that would be in compliance with subdivision (a) of Section 130065.
 - (C) The building or buildings to be removed from acute care service and the projected date or dates of that action.
 - (D) The location for any new building or buildings, including, but not limited to, whether the owner has received a permit for that location. The replacement buildings shall be planned within the same service area as the buildings to be removed from service.
 - (E) A copy of the preliminary design for the new building or buildings.
 - (F) The number of beds available for acute care use in each new building.
 - (G) The timeline for completed plan submission.
 - (H) The proposed construction timeline.
 - (I) The proposed cost at the time of submission.
 - (*J*) A copy of any records indicating the hospital governing board's approval of the facility plan.

POLICY

Facility Master Plan Submittal

Health and Safety Code Section 130061.5(b)(4) requires the submission of the Facility Master Plan by January 1, 2010, for all buildings subject to subdivision (a) of Section 130060 of the Health and Safety Code. The format of the submittal shall include graphics, tabular data, and text that describe each element of the Facility Master Plans required information. Some information can be combined into single graphic or tabular displays, if appropriate.

(E) A copy of the preliminary design for the new building or buildings.

The Preliminary Design shall consist of the following:

Preliminary Floor Plans

- All required services and other department layouts describing the relative size of space assigned to each. Include form, adjacencies and spatial relationships of the departments through blocking diagram or schematic drawings showing proposed room and space configurations.
- Confirmation of space program meeting code requirements and applicable standards, and alignment with overall project program and goals. Identification of the essential services required by law for licensure as a General Acute Care Hospital, including Basic Services, Support Services and Supplemental Services, when provided. Indication of required room sizes showing compliance with code required distances and/or dimensions; the function; and occupancy or usage of each room, area or space. This information may be graphically shown on plans or provided in a tabular or narrative format.
- Identification of the following:
 - Unique project and system requirements, if applicable.
 - Enclosures for vertical transportation and stairs.
 - Major mechanical shafts.
 - Rooms and/or spaces for electrical switchgear and major building equipment, as applicable.
 - Primary accessible entrance(s) and the covered drop-off locations.

Diagrammatic Section/Stacking Plan

Graphical display of the array of space assignment by floor.

Preliminary Exterior Elevations

- Show building mass and scale including overall height.
- Indicate exterior building materials and finishes.
- (J) A copy of any records indicating the hospital governing board's approval of the facility plan.

Records are defined as the following:

 A copy of the official board record indicating the governing board's approval and adoption of the master plan.

The Facility Master Plan submittal must be received by the Office no later than December 31, 2009. The Office will send a letter to the applicant acknowledging receipt and acceptance of the Facility Master Plan. The applicant should retain this letter as evidence of compliance with the SB 306 criteria as no OSHPD Project number will be assigned to the project at this time.

The Preliminary Design required in the Facility Master Plan does not meet the requirements of Section 7-121 of the California Administrative Code (CAC); and therefore, will not establish the enforceable codes for the project. To establish enforceable codes for a project, a Preliminary Application for Plan Review, plans complying with Section 7-121, CAC or with sufficient architectural and fire/life safety detail to perform a meaningful preliminary review, and a fee in accordance with Section 7-133(d), CAC, may be submitted. In this event, an OSHPD Project number will be assigned to the project.

Original signed	6/23/09
Paul Coleman	Date